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of the
Legislative Assembly of Manitoba

**DEBATES
and
PROCEEDINGS
(HANSARD)**

40 Elizabeth II

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MANITOBA LEGISLATIVE ASSEMBLY
Thirty-Fifth Legislature

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WASYLYCIA-LEIS, Judy	St. Johns	ND
WOWCHUK, Rosann	Swan River	ND

LEGISLATIVE ASSEMBLY OF MANITOBA

Tuesday, July 2, 1991

The House met at 7 p.m.

CONCURRENT COMMITTEES OF SUPPLY

SUPPLY—HEALTH

Mr. Deputy Chairman (Marcel Laurendeau): Order, please. The committee will be continuing. We will now start on Appropriation 3. Continuing Care Programs (a) Administration: (1) Salaries \$95,200. Shall the item pass?

Ms. Judy Wasylycia-Lels (St. Johns): Just by way of moving on this whole area of continuing care and seniors, let me just ask a couple of general questions in terms of some commitments previously made. I note that during the past election a number of promises were made. One was an overall strategy for seniors. I am wondering if the minister could comment at this time in terms of progress on meeting that promise.

Hon. Donald Orchard (Minister of Health): Mr. Deputy Chairman, let me deal first of all with the ministry's strategy. -(interjection)- That is advice that I will take from my honourable friend the member for St. Johns.

Let me deal first off with the ministry's response. As we discussed earlier on in the reorganization of the ministry, we have brought together under one ADM, Betty Havens, the responsibility for Continuing Care Programs; inclusive of the Continuing Care Program, issues of PCH, personal care home rehabilitation and support services, and chronic care. That blends functions that were the line of reporting for which was both within the ministry through Regional Services and Continuing Care, and through the commission in terms of, for instance, personal care homes.

* (1905)

In doing so, we are bringing together under one administrative line the major program expenditures and policy areas of one ADM who continues as Provincial Gerontologist. So, in the ministry of Health, we are bringing together those areas of responsibility toward the seniors population in the province of Manitoba.

As a government, two initiatives that I would like to basically discuss with my honourable friend: First of all, ongoing development of the role of the ministry of Seniors—I think those Estimates have passed. I am not sure. I think they have been dealt with. There is an overall role of the ministry of Seniors that is maturing, not the least of which is lead responsibility on the issue of elder abuse as one of the initiatives. Then within the Healthy Public Policy general policy direction—I guess it would be the safest terminology to use—we are attempting to further co-ordinate and initiate service delivery as government so that in around Healthy Public Policy, depending on the issue, you can have Family Services, Education, Health, Justice, Housing. It is part of those discussions which are government's response, so there are two line ministries and then, under Healthy Public Policy, government's response.

What I think is fair to say is that we are building on and certainly maturing a number of initiatives that have been started over the past 20 years in trying to maintain, and I think successfully trying to maintain, our leadership in Canada in terms of services and opportunities for seniors in the province of Manitoba.

Ms. Wasylycia-Lels: I take it that the promise to develop a five-year health strategy for seniors is in the works.

Mr. Orchard: That is all part of it. Part of that component, of course, is the Health Advisory Network task force on health promotion for the elderly, services to the elderly. So that my honourable friend knows, I have received that report. I have only got through the summary and the first report. I have two others to get through. I did not get over them all over the weekend, but certainly there are some recommendations within there in the first report that I have read and in the overview, which complement initiatives that we have already undertaken, as I have described already, within the ministry in terms of line reporting within the ministry of Health, maturing of program and policy in the ministry of Seniors, and then the Healthy Public Policy initiative.

Ms. Wasylycia-Lels: I take it, from that, the minister has now received the final task force reports on health services for the elderly, and we can now talk about them.

Mr. Orchard: Yes, I have, but you have not, so maybe we cannot talk about them. I have not released the final reports to my honourable friend, so I would not know what she was quoting from other than its being the interim reports. I simply cannot tell you whether there are variations or changes therefrom, so until we table a report, I would prefer to keep discussions to a generic level, if you will.

* (1910)

Ms. Wasylycia-Lels: When might we expect the minister to table those reports?

Mr. Orchard: I would answer with a rhetorical question: When might we expect to finish the ministry of Health Estimates so I can get on with reading them?

Ms. Wasylycia-Lels: It depends on the length of the minister's answers to usually short questions.

My next question has to do with some specific parts to the five-point promise in the 1990 election with respect to health care in seniors. Has there been a move to keep the promise to expand the respite care program providing additional home base service for families caring for elderly parents?

Mr. Orchard: That is ongoing and has been part of Continuing Care, as well as institutional.

Ms. Wasylycia-Lels: Is the minister saying that was a recycled election promise and that really that did not reflect a particular need and therefore there is no new initiative to respond to that promise?

Mr. Orchard: Well, my honourable friend might want to say that, but I certainly would not. That is building on a very successful initiative brought in by the Honourable Bud Sherman back in 1979.

Ms. Wasylycia-Lels: Has this government moved on the promise to create a safe house for seniors to provide temporary sanctuary for individuals suffering abuse?

Mr. Orchard: No. I believe the mandate for that is under the responsibility of the Minister responsible for Seniors (Mr. Ducharme), and I cannot give you a status on that.

Ms. Wasylycia-Lels: Has there been any action in terms of the promise to help fund a seniors assistance program to provide additional in-home aid and personal care?

Mr. Orchard: In-home aid and personal care?

Ms. Wasylycia-Lels: That is what your Premier (Mr. Filmon) promised.

Mr. Orchard: Again, that is part of the ongoing improvements to Home Care that we have undertaken, some of which I hope we get to discuss tonight in terms of service co-ordinators, et cetera.

Ms. Wasylycia-Lels: Could the minister indicate, give us a breakdown in terms of the increase for Continuing Care announced in the last budget? Is it primarily in terms of volume and caseloads, or is it spread throughout this whole area?

Mr. Orchard: There is both, Mr. Deputy Chairman, but to answer my honourable friend on respite care, let us just go back to '87-88 when there was the change in government.

There were 742 admissions in '87-88. For '88-89 that had grown to 804; for '89-90, 893 and '90-91, 925. The number of days of care increased in the same year, '87-88, 10,793 to 11,395 to 13,193 to 13,724, so we are on a constant increase. The number of homes offering respite care were 27 in 1987-88; to 32 in '88-89; to 34 in '89-90; to a fairly large increase in '90-91 to 42. The number of individuals served were 486 in '87-88; down slightly to 471 in '88-89; up to 534 in '89-90; and a fairly significant increase to 640 in 1990-91, accounting for the additional new homes.

In terms of the Continuing Care Program, I will provide my honourable friend with statistics. We are looking at an increase in Home Care from Adjusted Vote in '90-91 of \$48,425,000 to a requested level of funding of \$54,966,600 this year, an increase of six and a half million and of 13.5 percent increase over the Adjusted Vote from last year.

Ms. Wasylycia-Lels: Yes, I realize the amount. I am just wondering where the increase shows up. It appears to be all in terms of volume and additional caseloads. Is that correct?

Mr. Orchard: That is essentially correct and in intensity of individual cases as well.

* (1915)

Ms. Wasylycia-Lels: Do I gather then from that statement that there has been no increase in case co-ordinators or case assessors?

Mr. Orchard: Not as we speak, but it is in process in Winnipeg Region on the case co-ordination side. No, the case co-ordinators are the same.

Ms. Wasylycia-Lels: Could the minister—in last year's Estimates, I had asked the question about case co-ordinators, and he gave me the breakdown for '89-90. I am assuming, based on his comments, that there has been no change for '90-91. I had also asked last year for a breakdown for the three years leading up to '89-90. I am not asking him to come up with that on the spur of the moment right now, but if he could make a commitment to give us a breakdown for case co-ordinators by region for the last three to four years, including the present.

Mr. Orchard: I think we should be able to make that available, yes.

Ms. Wasylycia-Lels: Could the minister indicate whether or not there has been any change from his statement last year and his policy of last year that cases are generally only reassessed and reviewed once a year?

Mr. Orchard: That, I think, was an outside number that I gave my honourable friend last year. It still remains so. Reviews happen on a much quicker basis in the majority of individuals' circumstances.

Ms. Wasylycia-Lels: My question really is, what is the policy in terms of reassessment and review?

Mr. Orchard: The target that we set is a maximum of three months in terms of review. I do not know what percentage of cases we would achieve the three-month review in. The outside cases take upwards of a year, but those are ones in which the care regime remains rather constant.

Ms. Wasylycia-Lels: It seems to me, though, that is quite a divergence from original policy which was for regular reassessments on a quarterly basis. Is the problem in terms of workload and demands on case co-ordinators?

Mr. Orchard: That has always been the problem. That was the problem in 1988. That was the problem in 1986-87 when the Price Waterhouse group were asked to investigate. We will lay some information on you. You see, you have to appreciate, too, as I indicated in the earlier remark, that the upwards of a year on reassessment are for individuals who are stable in their needs. It becomes something of a quality judgment call based on experience where, given the knowledge of the patient, some reviews are not undertaken quarterly. There will be no change in the service delivery levels because of the stability of the individual and the consistency of care requirement.

Ms. Wasylycia-Lels: It seems to me that a policy like a quarterly review is probably put in place for a very good reason, and that was to have regular reassessment to determine if care was appropriate or whether over-service care was being provided. I assume that policy has not been adhered to because of lack of resources. I am wondering if any attempts are being made to deal with the adequacy of resources at the case co-ordinator and case assessor level to not only ensure that assessments can be done on a regular basis, as the policy stipulates, but also to deal with the workload, the burnout, the problems that have been mentioned in all of these task force reports.

Mr. Orchard: Sure, my honourable friend can draw a lot of conclusions from it, but, basically, the ones who approach the one year on reassessment, as I have indicated, are relatively stable care needs. I think the professional judgment of those involved would say that it would be an inappropriate use of resource, those same scarce resources that my honourable friend is alluding to, if we did a reassessment on a quarterly basis on a stable individual to come to the same conclusion that service levels ought to be maintained. Therefore, some of them are to that time frame for reassessment.

Now, my honourable friend indicated that some of the reassessment is to find out areas of overservice. That is one reason, and the second reason is to also reassess on the basis of the potential for increased needs, because there are both cases, experienced.

* (1920)

Ms. Wasylycia-Lels: The problem of only annual reassessments is only, I think, one of the issues tied to inadequacy of staffing complement with the Continuing Care, Home Care program. All of the reports, and I know the minister does not want to get into the specifics of the reports he now has on his desk, but I would guess that the descriptive passages in the final report do not vary significantly from the interim report. Particularly, I am referring to the task force entitled Options for Living: Housing and Home Care, which states quite clearly that the understaffing in the Home Care program is a contributing factor to the consistent negative feedback that the task force had about the program.

This report also talks about the severe understaffing of the Home Care program, which has been caused by increased demands without

increased resources, resulting in high demand, high pressure, high potential for staff burnout within the program. It seems to me we are dealing with a whole series of problems in what was once considered a model program in terms of the rest of the country. It may still well be, but I am worried about the deterioration of such a program if we are experiencing such enormous problems at the grassroots level. I am wondering if the minister has been working on any plans to deal with that problem of understaffing and too many demands being placed on too few staff, resulting in inadequate, inappropriate, inflexible service to our seniors.

Mr. Orchard: Mr. Deputy Chairman, I full well realize and I happen to have read that particular part of the recommendation section. I knew my honourable friend would immediately focus in on that and attempt to paint some horrendous picture in the Continuing Care Program. What my honourable friend did not mention is that, prior to making that statement and that observation, it said that the Manitoba Continuing Care Program continues to be the best in Canada, not deteriorating and maybe, as my honourable friend would like to allude, but does. Again, I simply say to my honourable friend that those problems in terms of staffing have been there for a number of years. That was the whole genesis behind Price Waterhouse. We have attempted within a budget to try and alleviate some of that. There are still concerns that will be expressed from time to time. That will go on probably over the next several budget cycles.

* (1925)

We are moving in terms of our ability to free up staff time by bringing in a better patient computerized information system which was nonexistent before, which frees up staff time which allows a better use of staff time in terms of providing service rather than shuffling paper, if you will. There are a number of improvements to the program ongoing, but again, I do not want my honourable friend to carry out tonight's debate on two scopes, (a) that a whole series of problems have miraculously appeared in continuing care over the last three years, which is not so, and secondly, that the program has fallen into disregard in Manitoba, again, not so. If you were to do a survey, I would venture to say, as was done in 1987, despite all the problems that confronted the Continuing Care Program then, you would find a high degree of satisfaction with the program.

I get letters on a regular basis to my office quite in opposite to the statements and the impression left by my honourable friend in her question, that in fact the program works extremely well. Staff are complimented for their effectiveness, the efficiency with which they approach their job and the dedication which they bring to it. I get certainly more letters that way than letters of complaint, which is quite unusual for a program this size. The only time it ever hits the news is when an opposition member tries to say it is not working. All you ever hear of the Continuing Care Program are the instances where service is not provided according to the wish of the individual, but you never hear the other side of the story where individuals are greatly satisfied with the program.

Ms. Wasylycia-Lels: I am the first one to acknowledge the incredible contribution made by staff in this area, but I think we are on a serious path in terms of losing good staff and burning out hard-working individuals. The caseloads are increasing, but there has been no increase in terms of co-ordinators, assessors and no doubt other staff.

I note, from the statistics that we receive through the minister's office, there is a steady increase in the number of senior citizens in our province. Presumably, that has meant an increase in the number of seniors accessing or trying to access the Home Care service, yet there has been no increase, from what the minister tells us, in terms of co-ordinating staff. How do staff keep pace with that kind of increased caseload, increased demand for the service?

Mr. Orchard: I think they cope quite well. Some of the administrative procedures that we have been putting in place help staff cope better, such as information systems which my honourable friend would note are part of the recommendations. Those are coming along, I understand, quite nicely in the Winnipeg region and we believe will certainly enhance the effectiveness of workload and care and service delivery.

Ms. Wasylycia-Lels: Is there any plan on the part of this minister to increase the staffing complement to deal with the increased caseloads that field staff and co-ordinators are faced with?

Mr. Orchard: As I indicated to my honourable friend, there is no increase in this year's Estimates. Whether there would be an increase in next year's Estimates remains to be seen, but let my honourable

friend understand that there are two ways you reduce workload. First of all is by increasing staff, which is the obvious route suggested by my honourable friend. The second way is to make staff's workplace time more effective through the introduction of information systems and technologies which will streamline the information and service delivery co-ordination among staff, so that staff can handle more individual client workload. That is part of the information revolution which we are attempting to bring in place.

My honourable friend might recall that that was a recommendation by Price Waterhouse. It has taken us this long, through some errors, trials and tribulation, to get to a system that we think now has an opportunity to work. It is showing some opportunity for success.

Ms. Wasylycia-Lels: Has there been a change in terms of the response time from last year's Estimates when the minister said the response time was two weeks?

Mr. Orchard: Yes, about the same.

* (1930)

Ms. Wasylycia-Lels: Is the minister saying that no one has to wait more than two weeks to have the service provided once they are deemed eligible?

Mr. Orchard: Mr. Deputy Chairman, that will always be subject to variables, but in general, we can provide services within that two-week period of time. There are instances where we are not going to be able to do that, and there are also instances where service is available within a day.

Ms. Wasylycia-Lels: Are there plans to improve the response time?

Mr. Orchard: Certainly, there are always plans to improve the response time, and I think that generally is the case.

Ms. Wasylycia-Lels: We have been through the issues that I am about to raise before. I hope the minister does not get too excited and get all hot under the collar, but I am wondering if there have been any changes to the homemaking part of the Home Care program.

Mr. Orchard: I am forced again to give the same answer I have always given. The answer is no.

Ms. Wasylycia-Lels: I am forced again to indicate I have had calls and concerns raised with me about the home maintenance program. In particular, I will give the minister the details of a couple who have

been receiving the homemaking service for the last 12 years on a weekly basis. An individual has been coming in, doing laundry and washing floors. The woman in the situation is quite elderly, has bad arthritis, has had a broken hip and must spend most of her time in a wheelchair. Her husband is over 73, has bad arthritis. They suddenly were told about three weeks ago that they were being cut off, that they would not longer be receiving this homemaking service. They are from the Ashern area.

I am wondering if this kind of a case is any indication of a general policy, or is it the fact that regions, given only so many resources, are forced to make some tough decisions?

Mr. Orchard: Mr. Deputy Chairman, the resources are increasing in the program, not decreasing, so that that does not stimulate these kinds of decisions. I cannot answer what stimulated this decision. However, I think my honourable friend has given enough detail that I will have the issue investigated, as always is the case, and report to my honourable friend the circumstances under which that service judgment was made.

As my honourable friend well knows, there are periodic reassessments done, and the time when one receives a call is when the level of service is reduced as a result of a reassessment. You never hear from anyone whose level of service has increased on account of that reassessment. This may be one of those cases where level of service was reduced because of reassessment. I cannot give my honourable friend any more detail.

Ms. Wasylycia-Lels: For the minister's information, the individuals involved are Rose and Peter Mamchuk from Fisher Branch, and as far as we have been able to ascertain, there has been no change in terms of their situation. There have been no facilities in their neighbourhood to which they could access. They have no relatives. They are only getting older and not getting any healthier as the days go on, so I hope the minister will look into this.

I should also let him know, they were told that they were being cut off because others were being cut off in the area. I would look forward to a response from the minister on that issue.

A number of other concerns, issues and cases get brought to our attention on a regular basis. The one I have just raised is, in my view, until I hear further from the minister, appears to be a cutback on the

home maintenance side of the Home Care program. Others are running into difficulties because they feel the program is not flexible to meet with their changing circumstances and to perhaps respond in innovative ways to different problems.

Another case the minister has heard about on a number of occasions is the Thiessens in Stony Mountain, who have been trying for some time now to persuade this government to perhaps be a little flexible in terms of its Home Care approach and allow a Home Care worker to attend with them on visits to the hospital. This may not fit a particular program guideline. It may not be something that has been supported before, but it seems to me that, when we are looking at ways to keep people in their homes, perhaps it is time to look at more creative and innovative responses to patient-client needs. I am wondering if the minister has any comments on that particular kind of situation.

Mr. Orchard: Well, Mr. Deputy Chairman, we always look at innovation, but within the flexibility of the program, there is a fair degree of flexibility. In some instances, there is not. It requires some substantial thinking around the issue before you change the policy because it is seldom ever narrowed to one individual circumstance; it generally involves a wider change than simply making an exception in one case, or changing the policy in one case.

Ms. Wasylycia-Lels: Mr. Deputy Chairperson, my sense from some other cases that we are presented with is that regional offices, their resources are stretched to the point where they have to make some pretty difficult tradeoffs and movement around a staff that is not always in the best interests of individual clients.

Another case that I have had to deal with is—it did get resolved, but it tells me that there might be a broader problem here—of an individual who has had home care for a long time, had to go into the hospital for a 24-hour period, comes out of the hospital and finds that her Home Care worker has been reassigned to another area within the region, and it takes a considerable amount of effort, concern and worry on the part of this individual to get home care reinstated.

I am wondering if resources are so stretched in terms of each region that staff are forced to make these kinds of difficult decisions that only hurt the

program, not only in terms of its name, but in actual human impact.

Mr. Orchard: Mr. Deputy Chairman, in the case of the latter individual who was in hospital for one day, it would seem to me that upon discharge from the hospital, should home care have been necessary, that is part of the discharge co-ordination and planning.

I would have to know more circumstances around the admission to hospital. Was it expected that the individual would have a much longer stay in the hospital? My honourable friend shakes her head. I simply do not know, because staff is not—and I know this is not the answer my honourable friend wants to hear—but continuing care staff are not assigned specifically to an individual. There can be changes depending on the service demands and proximity, et cetera.

As a rule of thumb, there is an attempt to have consistency between client and care provider, but not always does that happen. This may well be one of those exceptions. Again, a one-day admission to a hospital and then the reassignment of that care worker does seem to be an unusual circumstance.

(Mr. Jack Reimer, Acting Chairman, in the Chair)

I would suggest that I cannot give my honourable friend any greater detail receiving no more than I already have from my honourable friend.

* (1940)

Ms. Wasylycia-Lels: Mr. Acting Chairperson, as I said, the problem did end up getting solved, but created some grief for a short period of time. I do not want to get into the details, but simply to tell the minister that the individual went in for a routine matter, into the hospital, and when she got out was told that her Home Care worker had been reassigned to another supervisor and told, in the meantime, she would have to pay for Home Care service.

I raise these as examples of what I sense is a system that is stretched to the limit in terms of staff and overall budgets for their regions. I think staff are being forced to really try to make some tough decisions because of budgets that do not take into account the changing face of Home Care, increasing demands of clients, and just a general trend that requires more staff, not a hold-the-line approach.

I hope the minister will, when he has a chance to finish reading the Task Force Report from the Advisory Network which clearly makes some strong statements about staffing and underresourcing, I hope he will work on a plan to help deal with these enormous pressures our staff are facing in the field.

Another kind of case I have received, and it gets me into another issue, is that of palliative care. The interim report from that task force group is out, so the minister probably has not looked at it, but it probably concludes what the minister already is fully aware of, and that is that the only across-the-province palliative care program is through Continuing Care. It makes a recommendation for a much more comprehensive policy in terms of palliative care.

So I would like to ask generally about the minister's plans in that regard but also about the inadequate resources now in the field for clients, for individuals who are receiving palliative care and whose families are not—even though they are eligible for Home Care—able to access services for visits to the home on weekends or evenings.

Mr. Orchard: My honourable friend, in her earlier comments, was talking about seriously following the recommendations of the task force in terms of increasing the staffing and other initiatives in the Continuing Care Program. I note, with interest, my honourable friend is not saying or maybe will give direction as to whether we should follow the recommendation in the report which says we ought not to build any more personal care homes in Winnipeg other than the commitments we made in July of last year, because that is very much a moot topic that is discussed.

If my honourable friend is going to pick and choose, you have to accept a report in its entirety and attempt to bring out the best of recommendations given a number of factors that you have to take into consideration that are not new to this government or new to this time: (a) budget available; (b) the availability of staff expert in the job of resource co-ordination and case co-ordination; (c) to try and target appropriate needs; and, (d) which has come since 1986-87 with Price Waterhouse, to manage the existing system appropriately.

I have to tell my honourable friend that we are moving on all four of those approaches and with some success. Now my honourable friend this year

has not made an issue about, for instance, the budget in Home Care because it has been cause célèbre in other years where it was underexpended, but I note that there has not been a question to date about this year's expenditures. I think it is probably because my honourable friend knows the answer. It was overexpended last year by some almost \$3 million in terms of service provision, and we are budgeting the budget to be taken up this year as well as budgeted.

Palliative care, yes, Continuing Care Program offers that service, as well as St. Boniface and Municipal Hospital and Brandon General Hospital. Gimli has a palliative care program which is now part of their base-line funding at the Gimli Hospital. I know that, for instance, the Morden General Hospital has a palliative care program with a palliative care co-ordinator who has been retained as part of their global budget expenditures. I do not think there has been a formal program approval, but it is one of the initiatives they have undertaken by reallocation from within of their resources.

I cannot tell my honourable friend whether other hospitals throughout the province are undertaking similar initiatives within their global budgets, but the palliative care program is one that is working, I think, quite well in Manitoba and providing quite a needed range of service to Manitobans who are terminally ill.

Ms. Wasylycia-Lels: My specific question had to do with, I think, a well-recognized shortfall in terms of Home Care providers through the palliative care. Specifically, the case I was dealing with was through Municipal Hospital. The problem seems to be—and this is not suggesting any cutbacks on the part of the minister—recruiting personnel to provide this service. I am wondering if the minister has any long-term plan to deal with that situation.

Mr. Orchard: I am told that within the Continuing Care Program that our staffing recruitment and certainly the provision of service is not at issue. Palliative care is delivered in the Continuing Care Program. St. Boniface from time to time has some minor staffing problems. If you want to put it on a scale of one to 10, you would have to call the problems .5 at St. Boniface. The balance of the time it works quite well.

Ms. Wasylycia-Lels: I think perhaps I have phrased the question the wrong way. My concern is with the Home Care services through the palliative

care program. In other words, if someone is part of the palliative care program at the Municipal Hospital and attempts to go home every weekend and is eligible for Home Care services, that Home Care service cannot be guaranteed at all times, and families are left making other arrangements at the last minute, depending on availability of staff. That is the issue I am raising, not the palliative care units, per se.

Mr. Orchard: Well, I can simply say to my honourable friend that the best arrangements possible are made. Upon occasion, given that it is weekends, given a number of other factors in terms of placement, there no doubt will be some scheduling difficulties. I am also informed that it is generally not at the last minute. There is some reasonable advance notice to the individual families that there is going to be for obvious reasons, i.e., the individual who provides the care may not be available on the weekend due to the demands, personal or professional, because you are not talking mid-week service, if you will, or regular hours employment, you are talking weekend service. Given that the program works the vast majority of the times, the instances where it does not work there is generally a reasonable lead time so that alternate plans can be made.

Ms. Wasylycia-Lels: What are the plans though on the part of this minister to deal with the fact that kind of Home Care service is not necessarily available or cannot be there for families who need it?

* (1950)

Mr. Orchard: The difficulty is, I would suspect, as in the past it will continue in the future, that we cannot meet every service demand because for instance some staff—palliative care staff are unique in that they have to deal with a very difficult personal situation. The person is dying, and not all Home Care workers and home support workers and nurses and LPNs want to deal with that circumstance. That is a personal choice of the individual that you cannot force upon the staffpeople.

We cope I think very well with it. There are instances where we cannot meet the service demands on the weekend. I do not suspect that we would be able to guarantee, because the program does not guarantee that service will be available when required on weekends or for that matter at any time. You are always going to run into

circumstances where staff are simply not available or staff indicate that they do not wish to continue working with a client, that has happened, or that the client says that they no longer want to have that particular staffperson in. There are any number of circumstances like that, that are independent of such things as general staff availability, budget, ability to co-ordinate, ability to plan. There are circumstances within the program that are human to a large degree, which are beyond the management control, and that is why the program has never guaranteed that it will meet all the service requirements as assessed.

Ms. Wasylycia-Lels: Would the minister give us a breakdown in terms of what are the costs of home care on average per day versus costs of personal care home per day versus use of an acute care bed in a hospital?

Mr. Orchard: We will get you the costs of home care because we can—maybe we even have it coming right now. The acute care hospital costs vary as one might appreciate, quite substantially, and personal care homes also vary depending on the institution, the age of the institution and any number of reasons including the patient mix within it.

Ms. Wasylycia-Lels: You can get it for me later.

Mr. Orchard: Yes, but clearly, acute care, if one wanted to average acute care costs, they are going to be higher than average personal care home costs, and they are going to be higher than normal costs within Continuing Care. We still maintain some over-cost clients in Continuing Care but that is a matter of choice. The over-cost client being one that their daily costs exceed the average cost of placement in a personal care home.

Ms. Wasylycia-Lels: I look forward to receiving a precise—not a precise, an average—for each of those three categories whenever the minister could provide it.

The minister indicates in the detailed Estimates that approximately 23,000 Manitobans will receive services from the Home Care program. That is the same estimate the minister gave us for last year's Estimates. Does that mean despite the increasing aging population that there has been no increased demands on the Home Care program?

Mr. Orchard: There have been increased service levels within the program and some increase in

volume as well. They both have driven the budget higher.

Ms. Wasylycia-Lels: That is precisely my question. Where can we see what the increased number of cases is in terms of year over year if this increase in budget is to reflect not only intensity of service but also numbers of cases, where do we see it, what is expected? Does it reflect the growth in our aging population?

Mr. Orchard: To a degree, yes, it does. It also reflects—there has been a stabilization of demand as well, which we have gotten into this argument before, but I think my honourable friend would have to concede that there are generally more well elderly today than there was 10 years ago. The level of fitness and individual health, I think, has increased because of adherence to exercise programs, activity programs and other initiatives that the seniors through a variety of organizations have undertaken. What we have tending to impact upon this program as well as the Personal Care Home Program is that if you were to compare, for instance, in personal care home, the level breakdown today versus 10 years ago, you would find a significantly increased percentage of Level III, Level IV in the personal care home system and a significant decrease in Level I's, the hostel units and Level IIs.

Similarly, the Continuing Care Program has tended to provide services to more individuals, yes, but also a more intensive level of service to a greater number of individuals enrolled in the program. So what we are doing is finding that the intensity of service provision in both programs is increasing, personal care home and Continuing Care Program. That has been a trend for a number of years.

Aiding and abetting the independent living, though, and relieving the Home Care program, are areas like support services for seniors wherein a number of nonincluded services, such as even visitation and other areas, are provided by community support groups to assist elderly living independently in their homes. That has provided a lot of relief for the formal program provision in personal care home and continuing care.

Ms. Wasylycia-Lels: I am not sure I follow the minister's logic. We have an aging population. Every year those over 65 grows by well over 2,000, as far as I have been able to determine, yet the Estimates for Home Care show no change in terms of expected numbers of Manitobans who will require

or receive service. Yet I juxtapose that against the extended care treatment report which shows that there is a smaller ratio, an increasingly smaller ratio of personal care home beds per 1,000 population.

So it seems to me that our population is aging. There are more and more demands upon the system. There are certainly more and more pressures in terms of personal care homes. So I make the argument that if our Home Care program was expanding to meet the needs to keep people out of hospitals and out of personal care homes, we would be going a much more cost-effective, community-based way, much more sensitive to, I think, the needs of our elderly.

I do not see that anywhere in the Estimates or in the minister's commentary. I do not see any major breakthroughs in this area and when he gets us the figures, will no doubt show that improved, increased Home Care is going to make a heck of a difference in terms of cost for the system.

I will add a few questions to that while he is looking into that. Where is the innovation in terms of this whole area? Where is the risk taking? Where is something like the kind of model we are now seeing in Victoria, B.C., community-based services working with hospitals, sharing costs, sharing resources, sharing plans? Where is the extra effort to keep people in their homes, because it is such a more sensible way to go and a much more cost-effective approach?

* (2000)

Mr. Orchard: Mr. Acting Chairman, we are dealing with, and I should be cautious when I say this to my honourable friend, but we are probably dealing with the fastest growing line in our budget right here with an over-13 percent increase year over year, I believe, is the number.

Now I realize that may not impress my honourable friend, but recall back that my honourable friend said—well, you know, a couple of years ago the criticism was we were not spending the money. Now we are spending the money and more, providing more services to maintain the independence in the community, exactly what my honourable friend wishes to see done, yet my honourable friend shakes her head. I mean, when we underexpend, we are criticized. Now when we overexpend for last year, part of which was no doubt stimulated in part by the January nursing strike where we had more demand on the system—but

nevertheless, we are spending as budgeted, and it represents a 13 percent increase year over year—my honourable friend says, well, that is not good enough.

We are putting the resources there. Our average age of admission to a personal care home—I believe, the approach is 85 now. That is a direct reflection of supporting them in their homes through Continuing Care in the community. That has been going up every year. It is not because we are doing less in Continuing Care; it is because we are doing more in Continuing Care.

My honourable friend says, that is not good enough. Well, okay, let us have her ideas as to what is good enough, because we are doing more. It is delaying, to an older age, admission to personal care homes. Our personal care homes, we have not built a single Level I or Level II hostel bed since I came into this office. All of the plans are for Level III and Level IV in terms of the intensive care that the individual needs by the time they are panelled for placement in a personal care home, so there is more in that program line.

I guess I am at a loss. If that is not following a direction—and at the same time, we are supporting a number of initiatives which promote wellness through the Seniors Directorate, through our department, through the ministry of Education in terms of funding to various groups and organizations that support continuing education and a whole variety of activities among seniors to make sure they remain well elderly.

Ms. Wasylcia-Lels: Well, first of all, Mr. Acting Chairperson, I am not criticizing the government and this minister for not paying attention to the home care issue, but I do not see the translation of the rhetoric right now of the minister in terms of the Estimates we are now dealing with. I do not see an increase in terms of number of people being enrolled or part of the Home Care program. I do not see any significant reduction at the hospital end, because we have done so much in terms of community-based home care delivery. I do not see some of the breakthroughs that are so necessary if we are ever going to shift from the costly acute hospital-based delivery service to a far more creative pioneering way on the Continuing Care, Home Care front, the kind of thing that I have just said is modelled in B.C. in terms of the Victoria project, other examples we can get into.

That is why I prefaced my remarks by saying I am not being critical. I am saying, when are we going to see the breakthrough in terms of this area, because it is surely the area that has to be the centerpiece of any health reform policy, of any attempt to find savings in our institutional-based system? I am just asking, does the minister have a vision in this regard? Are we going in new directions? Are we looking at new models? What are the plans for the future?

Mr. Orchard: Mr. Acting Chairman, what we are projecting—and these can change, but basically what we are projecting in terms of admissions to the Home Care project for this fiscal year is an increase of a thousand over last year, from 10,500 to 11,500 in rough terms. We are estimating that there will be an increase of 800 discharges this year over last year. In other words, more people will be admitted to the program this year than last year and an increase in admissions versus discharges so more people will be served this year. That is the reason for the increase in the budget.

Now, my honourable friend talks about, where are the results in the institution? Well, if we achieve what everyone would hope we achieve, i.e., fewer panelled patients in our acute care hospitals and with changing procedures so that your length of stay for surgical and medical procedures are down, then my honourable friend would be faced with a perspective of hospitals saying we want to close a ward of beds because we are not using them to serve seniors who are panelled and placed, nor are we using them for our surgery or medical wards because our length of stay is down. If they were to close those beds because they do not need them for program, my honourable friend would start crying about cutbacks and, more significantly, my honourable friend would probably start complaining about potential layoffs of staff in the hospital system.

We have already experienced my honourable friend's perspective at Seven Oaks where they brought together in one ward all of the panelled patients and changed staff by using fewer professional nursing staff and more support staff similar to the ratios used in personal care home systems. My honourable friend's first concern was for the laid-off nursing staff, not for the patients who are going to receive better care. Those are initiatives that are happening right now, and they make the system work better for the patient, but my

honourable friend has chosen to criticize them when they do happen.

(Mr. Deputy Chairman in the Chair)

We do the exact thing that she is recommending here tonight in terms of management of the system, and my honourable friend takes umbrage with it and in Question Period criticizes the initiative. You cannot win. I mean, you have to make up your mind. If you want us to take those initiatives to make patient care better, to make home care services better—and when we do them and, through management changes, the hospital suggests ways of achieving that within their system and it happens to mean changes in staffing ratios which could mean layoffs of nurses in some cases and the hiring of support workers—my honourable friend cannot have it both ways. That is part of what she wants us to do, and when we do it, there are consequences on employment.

Ms. Wasylcia-Lels: The minister has clearly not heard me and the direction that I am trying to get the minister to pursue. Let me tell the minister two things in terms of personal care homes. No. 1, I certainly do not support creating little personal care homes in big hospitals. I do not think breaking the upper limits in terms of his own task force report, in terms of numbers of panelled patients occupying acute care beds, is the way to go. I think, instead, we should not be entrenching personal care home models within hospitals. We should not be using up to the tune of—what?—700 acute care beds in our hospital system with people who could be in other settings and probably could be in the community if we took a more innovative, creative pioneering approach to home care.

That is what I am asking the minister about, some thoughts he might have or he might be pursuing in terms of the Home Care model, not personal care homes, and I might even be inclined to agree with the task force report that says perhaps if we really broke through and if we really did some innovative things in terms of home care and continuing care, we might not need personal care homes to the tune recommended in some of the reports the minister has received. I think we should look at all those options. I think we should look at the most cost-effective way to go in the most humane way to go.

So my question comes back to: Is the minister thinking about models like, and I mentioned the

Victoria one? I will reference it in more detail if that might help. A program called the quick response team, providing an array of services to help people recuperate in their own homes. As described in this article, a quick response team that is supported both by the community services as well as by hospitals. A program which is sort of a geriatric SWAT team, as it is described here, which includes physiotherapists, occupational therapists, social workers, Home Care nurse liaisons, liaison nurses and clerical staff, and with results of such a program being quite phenomenal in terms of its initial trial run.

I am not asking the minister specifically if he is pursuing this program. Is he pursuing that kind of a vision, that kind of a way to keep people in their homes and in their communities?

* (2010)

Mr. Orchard: Mr. Deputy Chairman, that is exactly what the Continuing Care Program in Manitoba is doing. We have therapy services, we have nursing, we have the services my honourable friend mentions. We have the clerical staff to make the discharge. We are working on, through our institution-community interface committee to streamline the discharge process and the co-ordination of services upon discharge from the hospital to the community. All of those things are being matured and are working significantly better over the last three years.

The Victoria project, one has to remember there was something like a six-month wait before you could access service at the start of the project. We have never been that high, so that what I am saying to my honourable friend is, yes, the Victoria project is one of those pointed to areas of success, but they are probably no better in serving the seniors in that area after their successful project than what we have been all along because they had a lot of ground to catch up on. Okay? That is the point I am making to my honourable friend.

Now, my honourable friend really got into an interesting subject here because my honourable friend said, why are we using those 700 acute care beds for panelled patients? She does not want to see personal care on a mini personal care home in an acute care facility. My honourable friend must recognize that for literally years, those numbers of beds have been blocked and put aside. Now, that is why I asked my honourable friend earlier on. She wants to quote recommendations that she thinks

she can agree with out of the task force, but the task force also said we ought not to build any more personal care homes.-(interjection)- Yes, and I am just wanting to reaffirm my honourable friend's response.

If we do not use those 700 beds or whatever the number is, because I am not sure of the number, but if we do not use those beds for interim placement of panelled patients, then we do not build personal care homes? Then we simply close those beds in the acute care hospitals? Because my honourable friend knows from her experience in government that a hospital bed will be filled, period and paragraph.

Now, if you take and want to put those individuals and support them in the community, if that is possible, and my honourable friend must recognize that that is not always possible that there is only institutional care for some of those individuals that is possible. Where they can be placed in the community, I suggest to you that they are, with few exceptions. They are placed in the community under Continuing Care support.

If my honourable friend believes that there is a super-enhanced Continuing Care Program that can take those 700 individuals and place them in a community, then my honourable friend must also follow through with the recognition that we would have to close those beds, because they would become filled with other patients for other uses and we would have yet another leapfrogging of the budget. That is something that in today's context we simply cannot afford, and whether my honourable friend thinks that that will change magically should she become the Minister of Health, I simply tell you, no, it will not. Talk to the predecessor, the former Minister of Health for your party, and you will know that is not possible.

If my honourable friend is suggesting that we ought to embark upon a brave new world of other community placement for these people who are in the acute care hospital beds, is my honourable friend also saying that we should close those beds and transfer the budget to this new, brave world program, because that is the only way in today's context you can do it. That is exactly what the Urban Hospital Council and other study groups are trying to come around.

That, for instance, is why one of the topics today before the Urban Hospital Council is the utilization

of one hospital potentially for long-term care facility, the interim placement facility. If I recall, when that issue came out, my honourable friend said, you are going to do something terrible here. You argued against it every step of the way, yet it is exactly the thing that, when you analyze your suggestions on where we ought to go with program, is exactly the direction you are suggesting to government, except you do not admit it.

What I will simply tell my honourable friend is that we are embarking upon just exactly those kinds of system changes. We are embarking upon them with the basic principle that they will not become add-ons to the health care budget, that where we can provide for appropriate alternate care in the community, we are developing the mechanisms. Whether it be through the Health Services Development Fund with expected outcomes by contract which delay the implementation of the program but give us identifiable, whether it be Urban Hospital Council, whether it be the study on the outpatient feasibility at St. Boniface, we are asking for a budget reallocation within the system because we are minimizing to the best possible degree pure add-ons to the health care system. We do not have the dollars to provide the level of service by purely adding on to the system.

I will accept my honourable friend's suggestions on this new advent of program and this new regime because we are moving in that direction. When the decision comes that, if we place people in the community instead of acute care beds and those beds are closed because they are no longer needed for the program of interim placement for personal care home placement, I would expect my honourable friend to say, thank you, you took one of my suggestions.

Ms. Wasylycia-Lels: Mr. Deputy Chairperson, the minister likes to take things people say and distort them. He has never heard anyone on this side of the House, neither, I am sure, from my colleague in the Liberal Party or myself or any of my colleagues say that we would oppose a sensible approach to health care reform where we would end up with a variety of community-based programs which would then require less acute care beds, less institutional approaches. That has always been the approach. Any health care reform approach has to look at that whole area, so we will anxiously await the minister to move in this direction.

Our criticisms to date have been made because we have seen beds close. We have seen proposals on the table that call for hospitals closing. We have seen talk and seen studies dealing with reductions in services to patients without the other whole side of the equation being addressed, without the community-based services in place, without the community clinics, without the breakthrough in terms of home care. Mr. Deputy Chairperson, we will be supportive of movements in that direction. It would be nice to go on this issue for a while, but I should pass it over to my colleague very soon. I just have a couple of quick questions.

The minister mentioned the computerization or something of the Home Care service. I am wondering if the glitches in that system will soon be sorted out and if Home Care attendants will soon start getting their cheques on time.

Mr. Orchard: The system is improving, and we expect that that will be an ongoing process.

Ms. Wasylycia-Lels: The minister is aware of an official complaint he has received from the Manitoba Government Employees' Association about the failure of the program to provide cheques on a regular basis, and this is as recent as March 27, 1991.

I am wondering if the problem has now been resolved, and are cheques going to Home Care attendants now on a regular basis, as we are accustomed to?

Mr. Orchard: I am told that was certainly not the norm but rather the exception.

* (2020)

Ms. Wasylycia-Lels: With respect to Home Care nurses, I am wondering if the minister can tell us when their contract comes up and whether they will be covered by Bill 70 or whether they will be entitled to free collective bargaining.

Mr. Orchard: I am going to have to seek clarification from staff, but we probably have some in and some out in terms of who falls under Bill 70 and who does not. The MNU was clearly an exception, but MNU did not bargain for all nurses. There may well be instances where nurses bargained for by other than MNU will be subject to the provisions of Bill 70.

Ms. Wasylycia-Lels: Could the minister indicate, what will be the arrangement for Home Care attendants, or has that already been dealt with in

terms of their wage settlement and whether or not they are covered under Bill 70?

Mr. Orchard: Mr. Deputy Chairman, as far as I know, the orderlies' bargaining agent is MGEA, and I believe they fall under Bill 70.

Ms. Wasylycia-Lels: I do not know all the different unions involved, but nurses covered in a variety of different ways in personal care homes and Deer Lodge hospital—I am thinking of—I am wondering: Is Bill 70 applying generally across the board, or are there different approaches for different situations?

Mr. Orchard: With nursing, MNU represents nurses in those facilities—(interjection)—Yes, pretty sure, but CUPE, for instance, represents other support workers. Now, they are part of the Bill 70 in our funded institutions.

I know of one exception to that and that is Municipals. Because of their arrangement with the City of Winnipeg, they are under the contract that was recently ratified by City Council. Yet we provide the global funding too to the Municipals, and we have already given indication to them that we will be providing global funding as all other facilities. If they are going to meet with the recently settled CUPE agreement with the City of Winnipeg, they are going to have to find within the same budget that a St. Boniface, Seven Oaks or other institutions are to deal with it, because those institutions are subject—their unions, other than MNU, are subject to Bill 70.

Ms. Wasylycia-Lels: Finally, on this issue, the Home Care workers who are not unionized and are normally covered by the general provision of agreements reached, will they be covered by Bill 70, the MNU agreement, the city agreement, or will there be a general provision made?

Mr. Orchard: They will be covered with the same increase that MGEA gets.

Ms. Wasylycia-Lels: Thank you. I have a few more questions, but I had better pass it over now to my colleague.

Mr. Gulzar Cheema (The Maples): Mr. Deputy Chairperson, I must apologize, I am a little late. I was not really totally informed about the timing of this meeting up until about 7:15 p.m., so it took me a few minutes. I do not wish to repeat any questions then. If I am repeating, the minister could tell me and I can read Hansard.

Can the minister tell us basically—first of all, can he give me the information I requested earlier, about how much money in the Home Care, Continuing Care, budget was underspent in '89, '90 and this year?

Mr. Orchard: Now, I am going to go by memory on the underexpenditures from last year. They were \$4.8 million two years ago, \$4.5 million one year ago, and we were overexpended by \$2.9 million this past year.

Mr. Cheema: Mr. Deputy Chairperson, last year when—I think it was in '88 or '89, we had the Price Waterhouse report on home care services—(interjection)—Yes, '86-87. That report was made available immediately after the election, and at that time the minister made some promises that they were going to look at the report.

Can he give me an update on some of the recommendations they have followed out of that report?

Mr. Orchard: Basically, we have dealt with a lot of those, but I will try to highlight them if we can pull the appropriate—

Mr. Cheema: Mr. Deputy Chairperson, I do not wish to take more time. I can read it if that is the case.

Can the minister tell us if any advisory committee has been formed to look at the whole issue or to deal with recommendations from the Price Waterhouse report?

Mr. Orchard: There has been an implementation committee that has been working on a whole series of issues since roughly November '88. Now, there have been a number of things that have come out of the Price Waterhouse report in terms of the administrative structure and the way we approach the information. The M—I always get the letters wrong—the MSSP, the payroll system, is finally, I think, to a stage where it works quite well, and I have to tell my honourable friend that not without some considerable frustration and growing pains, because two years ago we thought we had it pretty well on track and that simply was not the case. Now we believe we have got a system that works well, is staff-friendly, I guess, to put it reasonably.

Since Price Waterhouse have implemented improved administrative and financial accountability systems, because that was one of the major criticisms in Price Waterhouse, we have taken and established between the ministry of Health and the

commission, an institutional community interface committee, to try and deal with some of the hospital discharge issues, so that appropriate care can be planned for and accessed by patients, by individuals, being discharged from the hospital.

We put out, a year and a half ago now, the information package. I think about a year and a half ago we put out a full information package on the Continuing Care Program and now each client, as they come on the program, is given the information package which has within it a written program of what kind of services they can expect to receive, so that there is no potential for dispute. I do not like the word dispute, but no potential for misunderstanding as to what the care worker is to undertake in provision of services.

That is left with the client so that, for instance, family or friends or neighbours can review it and discuss it with them and, if they find some problems, have the opportunity to pose those problems. There is a form which is part of that which can be filled out and sent in to the co-ordinators, or right directly into the office, right into the director's office, so that there is a more streamlined complaint-concern mechanism. All of those initiatives have flowed basically from the Price Waterhouse report.

* (2030)

Mr. Cheema: Mr. Deputy Chairperson, can the minister tell us if there any community involvement in that committee, specifically the Price Waterhouse recommendation committee?

Mr. Orchard: Let me just clarify. If it is the implementation committee that my honourable friend is asking about, that is an in-house government committee. We have outside of the department, let us see, yes, we have several people actually: Mr. Jack Litvac; Evelyn Shapiro; Gail Roth, who is on the commission board; Paul Hart, I would presume Civil Service Commission; and Bob Layne from Workers Compensation—Bob Layne is within, okay. So there is some outside input representing a number of different interests.

Mr. Cheema: Mr. Deputy Chairperson, can the minister tell us the total number of clients during the past year and this year who have applied for the Home Care services?

Mr. Orchard: My honourable friend asked for the total number. All I can indicate is that last year admissions were just over 10,500 and we are

projecting this year admissions to be just over 11,500. So we are expecting almost a 10 percent increase in admissions year over year. In terms of discharges we are expecting just under 10,000 discharges from the program to be approximately 10,700 for an increase of about 8 percent in discharges from the program. I would guesstimate that our numbers are going to approach 23,000 in terms of total numbers of individuals served during the year.

Mr. Cheema: Mr. Deputy Chairman, can the minister tell us the waiting period for these services? If somebody were to apply today, how much time would it take normally. I will differentiate the two, one from within the community and one from somebody from the hospital. Can you give us a breakdown for those two categories of patients?

Mr. Orchard: Mr. Deputy Chairman, we dealt with that earlier on, and it is a maximum of two weeks down to almost same-day provision of service, particularly in the case of discharge from hospital.

Mr. Cheema: Mr. Deputy Chairperson, can the minister tell us how many people have filed the application, who have really requested the minister's office, whose application has been rejected or the Home Care services have been denied or, for example, somebody's Home Care services have been cut off prematurely?

Mr. Orchard: I am not sure I can answer that for my honourable friend. I receive probably less than two dozen complaints on a yearly basis, and there is a whole variety of reasons because of assessment change in service level provision, a denial of service.

(Mr. Jack Reimer, Acting Chairman, in the Chair)

Yes, here we are, total. Between coming into the regional office and into my office, the total number of concerns expressed—and this is for a year ago; I have not got that for this year—were just under 70, and that represented .3 percent of the individuals who were served. Of this, and over this period time, a year, most regions had four or fewer of their clients in formal contact with the minister's office. The exception was the Winnipeg Region, which handled approximately 35 inquiries.

We got into this last year because a number of the inquiries that came out of Winnipeg North region, in particular, were stimulated by a franking piece mailer -(interjection)- Oh, no, not from the second opposition party, it was from the other opposition

party—wherein they sent out a mailer, and I wish I had a copy of it here, but basically they asked: Do you have any concerns about home care? The individual ticked it off "yes" or "no." The "yeses" were then forwarded into my offices as a form of complaint. I remember receiving a block of nine of them, and of the nine, a number of the individuals expressed some consternation as to why it was that the Continuing Care office was approaching them at the request of the minister's office, because they were not aware they had ever turned in a complaint.

What in reality was happening is that there was a little bit of exuberance by the NDP in terms of trying to create a complaint scenario in the Continuing Care Program and there was only one, as I recall, and I am going by memory, legitimate concern that had to be addressed by the Continuing Care office from a whole series of those ticked-off complaints. The number of complaints given, the range of services provided, the number of concerns expressed, I think, continue to be quite small.

Mr. Cheema: Mr. Acting Chairperson, can the minister tell us if the number of concerns have increased over a period of two years?

Mr. Orchard: Actually, from two years ago, they have decreased.

Mr. Cheema: Mr. Acting Chairperson, can the minister tell us if there is any direction from the minister's office in terms of the length the Home Care services can be provided?

Mr. Orchard: You mean in terms of setting a maximum?

Mr. Cheema: Yes.

Mr. Orchard: No.

Mr. Cheema: Mr. Acting Chairperson, are there any terms of providing maximum services, for example, 40 hours a week? Has that been a direction from the minister's office?

Mr. Orchard: No, there is no direction from my office as to what type of service can be provided. That is up to those who assess the need for service, and in general, I think it is fair to say, a general target of the program is to provide services at a lowered cost to the taxpayer than alternate service availability, i.e., personal care home placement. However, we do have a number of cases, I think, four or five cases right now that are over-cost care cases and exceed what would be comparable costs in an institutional setting.

Mr. Cheema: Mr. Acting Chairperson, I will go into two of those cases. I think both cases are in my constituency, and I want the minister to know my concerns about one of them, about the person. I do not want to go through the name again. The minister knows about the person.

She was at one of the community hospitals for a few days. She was not able to get the Home Care services. In fact, there were a few meetings with them, between her and her family physician and the Continuing Care services. I even attended one of the meetings. It happened that this person ended up in the hospital. It was very costly. I think she stayed more than two and a half weeks. I do not have the exact days. Now she is back at her place. This person had problems with the Continuing Care in terms of the total number of hours.

The second concern has been sometimes the quality of the care. Let me just clarify this in terms of sometimes she would like to have probably a female attendant instead of a male attendant. That has been the problem. The third problem she has experienced is the rapid changeover of some of the workers. I would like the minister to give me an update on all the three major concerns she has so that I can let her know that we have discussed her fully and dealt with her concerns.

Mr. Orchard: Well, Mr. Acting Chairman, if this is the same individual my honourable friend brought up in the House, you know, I have to tell my honourable friend that I have read the file. I have a very substantial file on it because it was also subject to a column in the Winnipeg Free Press. One of the difficulties that I have as minister is that I cannot be definitive in my answer as to what some of the other side of the story was because, when one does that, one runs the risk of putting out what some may consider is personal health information of the individual.

* (2040)

Although everyone at some point in time wants to retire from elected life, I do not want to have that request made by people who think I acted inappropriately, so I have to be very cautious in terms of the information I provide to my honourable friend surrounding this case. I have reviewed it, and I went over it on several different occasions. I believe that Continuing Care staff tried their utmost to provide services to the individual within the home. That was their intent. That was their desire. That

was the whole approach with which they came to the meeting regarding the individual's care needs.

There were some circumstances which Continuing Care staff, because of the liability they assume in providing safe care, could not accept in terms of client behaviour, and one of the instances that I am aware of was around the bathing routine. The staff of the Continuing Care Program simply would have been at risk for injury should an unsafe bathing procedure have been undertaken, as appeared to be the case with the individual's request.

That led to disagreement between the staff and the individual, which led to, I think it is fair to say, a rather direct and heated exchange between the two. Again, I do not think that—my information is that the individual on staff did not provoke or act inappropriately in responding to the heated discussion with the individual. The problem was not resolvable, despite the desire and the efforts by Continuing Care staff to resolve the issue.

I think the sort of breaking point, if I am not incorrect, was around the bathing procedure per se, and so the individual, because we simply could not provide the service requested in the manner requested by the client because of the liability issue, et cetera, decided to admit herself to Seven Oaks Hospital, I believe.

I think that since that time the issue has been resolved in a more reasoned fashion. It was an impasse and, unfortunately, from time to time those instances do happen. I am not here to defend an insensitive bureaucracy. I will be the first one to criticize and demand changes and appropriate action should I hear that this is the case, but after asking and receiving information on this issue, I do not believe that staff acted inappropriately or in an uncaring fashion in trying to deal with this client's needs.

Mr. Cheema: Mr. Acting Chairperson, the other individual I have written to the Minister of Health and to the Minister of Family Services (Mr. Gilleshammer) about is a boy. I think he is about five years old, and he is on a ventilator 24 hours a day.

This child's father works for Home Care services also and is having some difficulty in terms of getting 12 hours of coverage. The family is trying very hard. There are also problems during the weekends.

I did attend the meeting with Family Services, not in the Winnipeg area. I was there and I got the impression that there is a sort of a maximum level of service which can be provided, and from the meeting what I got was that they were giving the maximum services, but according to this person he is not getting adequate services.

He has tried very hard to get to meet the Minister of Family Services, as well, and I think he is quite frustrated because it will become very expensive if something goes wrong and the child ends up in the hospital. Thus, the issue has been raised and part of the problem was solved by the minister's office in that the shift changes were done. I really appreciate the minister for doing that, but the other aspect has not been addressed so far.

The second part of my question on the same issue is the dealing with the ventilator equipment as such. We do not have individuals who can go into the community and repair the ventilators. If something goes wrong, they have to change the whole thing. They bring it back to the hospitals.

I think we are wasting money there. I think it could be done if the hospital individual could go to a person's home and repair the ventilator, but they are not covered legally. I discussed this same issue last year too, and I was supposed to get some information. I do not know whether any progress has been made, so if the minister would like to comment on both parts of my question.

Mr. Orchard: In terms of the instance of the young fellow and the home ventilator therapy, I do not think we are able to come around complete resolution of the issue, but I believe there have been some fairly reasonable accommodations made for that individual.

In terms of the in-home service capability, we simply do not have that right now. I understand my honourable friend's point, and it is being considered but unable to be concurred in, partly because the ability to provide that service is working out reasonably well with Health Sciences Centre which does the majority of the maintenance, if I understand correctly.

Mr. Cheema: Mr. Acting Chairperson, the problem is that you have to take the ventilator back to the hospital to get it repaired, and maybe it is even a minor thing. I think it should be done in the home if it is possible because the same individual who is going to pick up the ventilator, they have to repair it

anyway. Why waste time and taxpayers' money? They are not legally covered outside the hospital. I think that is the issue here, if that could be addressed.

Mr. Orchard: Mr. Acting Chairman, I do not think the issue is quite that easy to resolve, but I will try to get a little better sense of it for you.

Mr. Cheema: The other issue here is in the Home Care services. Can the minister tell us what is the training requirement for the Home Care attendant?

Mr. Orchard: Red River Community College offers the training course encompassing 190 hours.

Mr. Cheema: Mr. Acting Chairperson, is there any stated policy in the Continuing Care Program to make sure that the same individual would give these services to a particular client, so that the shifts are not broken into twice a day, so that for somebody who needs services for eight hours, somebody is providing it for four hours, and another person comes and gives service for four hours?

It is happening in some cases, and I certainly want the minister to know that. I think it may be sometimes a practical problem. Somebody could get sick or something happen, or there are possibly problems with the family or personality clashes, but for somebody who needs the services for a long time, it should be that the same person should be providing the services.

Mr. Orchard: I think it is fair to say that this suggestion is the rule rather than the exception. That is what is attempted to be provided to the client so that there is that consistency of client and care provider.

It does not always happen, as my honourable friend well knows, because there are always exceptions, and secondly, the summertime presents maybe some more challenges than normal because of desire to have holidays, et cetera, where there is some potential greater disruption of continuity. In general, the attempt is made to provide consistency between patient and client.

* (2050)

Mr. Cheema: Mr. Acting Chairperson, is it a policy, when you are hiring workers for the Continuing Care Program, for them to go through a standard medical examination and have the standard immunization before they are put to work?

Mr. Orchard: I am informed that that is not the case, that they go through a medical.

Mr. Cheema: Mr. Acting Chairperson, I think it will be worthwhile to proceed in that direction because, if you are going to have somebody provide services on somebody who is sick, if you have not checked the immunization status of the person and if the complete examination of the care provider is not done, then I think it is not probably the best way of delivering quality care. In some cases, it may be causing some difficulties.

Mr. Orchard: I accept my honourable friend's suggestion, although we attempt to do that in a much more expeditious fashion through the provision of references by individuals who are hired into the Continuing Care Program of which, I think, by and large, has been successful at identifying potential problems.

Mr. Cheema: The issue here is not checking the reference for a person. The issue is the immunization record of the care provider. It is a very important aspect of providing the care to a given individual. That is the issue, that we must check their immunization record, and they must have a complete physical examination, which would be normal, so that they do not have any contagious disease or in any way expose the person to an unwanted risk.

Mr. Orchard: I am informed that maybe we have a wee bit of a logistic problem because the MGEA is the certifying agent, and I do not know whether we can do that. I do not think it is part of the employment provisions that are part of the contract they have.

Mr. Cheema: Mr. Acting Chairperson, I do not want to get between the MGEA and the Minister of Health, but certainly I am giving a suggestion. I think it should be done. Anyone who is providing care in a hospital facility, whether it is a nurse or a physician or somebody else, their history for immunization is being checked. Why should a Continuing Care worker not be followed on the same line?

The Acting Chairman (Mr. Reimer): 3.(a)—

Mr. Cheema: Mr. Acting Chairperson, when I came in, I just heard one statistic from the member for St. Johns (Ms. Wasylycia-Leis) that 700 beds in Winnipeg were occupied by chronic care patients. I am not sure about that. Can the minister give me some idea about that? How many beds are being occupied by chronic care patients?

Mr. Orchard: Mr. Acting Chairman, my honourable friend is right. I sort of did a double take, too, but for

the sake of anecdotal example, I accepted my honourable friend's statement of 700 beds. It is not 700 beds, but for whatever the figure is, I think we were arguing not specifics of numbers but principle involved. We had an agreement that my honourable friend is going to support any initiatives I take in the future.

Mr. Cheema: Can the minister tell us how many beds are actually being occupied by chronic care patients?

Mr. Orchard: You mean people who are panelled for personal care home placement. I am informed it is just under 300 in the city of Winnipeg.

Mr. Cheema: Mr. Acting Chairperson, what is the average length of stay?

Mr. Orchard: A very significant variation there, from several weeks to several years. Some of the circumstances which exacerbate and extend the period of time are an exercise of personal choice to a given home. We have come around that in part, but it still has not resolved all the problems. The former rules prior to the extended treatment bed review indicated that if you accepted an interim placement, you would lose your placing on the waiting list to the home of your choice. Now interim placements can take place without jeopardizing your position for placement at the home of your choice. That has helped, but it is still, in some instances, quite long.

Mr. Cheema: Mr. Acting Chairperson, is there any change in the policy? I think the minister was telling us last year that if somebody is on a waiting list, for example, for a specific personal care home—sometimes the waiting list is 18 months, two years, and some places it is not as long as the other personal care homes would have it, but I think under those circumstances some patients remain in hospital for a long period of time, and it may not be the right use of the beds.

I think the minister was going to review the policy last year. I am not sure whether they have done it or not.

Mr. Orchard: Mr. Acting Chairman, that is exactly what we did. We did revamp the policy. An individual specifying a personal care home of choice goes on that personal care home's waiting list at the time of panelling. Regardless of status or interim placement, that position on the waiting list to the home of their choice is maintained. That was not always the case. Interim placements in homes

other than the one of their choice did jeopardize the status on the waiting list up until a change in policy.

Mr. Cheema: Mr. Acting Chairperson, has the waiting list changed since the minister took over the office?

Mr. Orchard: I will give my honourable friend the numbers since 1982. -(interjection)- I just like to help provide the fullest information possible.

There were 569 in 1982 in Winnipeg; in 1983 it had grown to 717; in 1984 to 925; 1985 to 1,049; 1986 it was down slightly to 916; 1987 down to 764; 1988 down to 659; 1989 down to 640; 1990 up slightly to 654; and then in 1991 we are projecting 729.

In the rural, the same years 1982 through 1991, there were 802 in 1982 in rural facilities; 697 in 1983; 765 in 1984; 621 in 1985; 594 in 1986; 572 in 1987; 526 in 1988; 594 in 1989; 569 in 1990; and then expected to increase to 604 in 1991.

Mr. Cheema: Mr. Acting Chairperson, can the minister tell us, what is the cost per personal care home per resident?

Mr. Orchard: I have an average cost in level of \$77.45 on average, an average cost across the system, for a total of just under \$30,000 per year. Those are 1988-89 figures, so '89-90 is \$30,000 and '90-91 would be probably \$31,500 or thereabouts, so that your per diems would be approaching close to \$90.

Mr. Cheema: Mr. Acting Chairperson, I am very, very confused on this one. Can the minister explain to me how much it is costing per person in terms of how much the family is paying for that person to stay in the personal care homes?

Mr. Orchard: May 1 of this year, \$23.25 per day is what the individual's payment is. That will go up August 1, 1991, to \$23.80 per day; and November 1, 1991, to \$24.35; and the final quarterly increase effective February 1, 1992, of \$24.90. At the end of this fiscal year it will be just under \$25 a day.

* (2100)

Mr. Cheema: Mr. Acting Chairperson, can the minister tell us also how much it is costing per person in the personal care home in terms of the Pharmacare program?

Mr. Orchard: We will have to try and -(interjection)- Yes, but it is under a capitated formula in which the cost of professional service is fixed per patient per

month. There is quite a variation in terms of pharmaceutical cost, but we will try to—

The capitation right now is \$25.15 per bed per month. That is as of right now. Can we give an average cost across the system of the pharmaceuticals, because the pharmaceuticals are on top of that? We do not have that cost, but what I will do is I will get staff to give you the best approximation because, again, I am not trying to avoid the issue, but there is a significant variation between homes and individuals, but we will provide you with as close a guesstimation of system cost as we can.

Mr. Cheema: Mr. Acting Chairperson, I think it is quite important to us, no matter how much it is costing the system, because everyone makes noise that the seniors are costing more than the rest of the population. That may not be true. I just wanted to know the exact numbers if the minister would have it.

My next question is: What is the total number of extended care beds we have in Manitoba?

Mr. Orchard: Mr. Acting Chairman, the reason for the little discussion we were having here: what I am going to have pulled together for you for Thursday when we hit the commission is the extended treatment bed category which is part of the commission. We are into a little bit of a limbo land because as my honourable friend might recall with the Extended Treatment Bed task force report, they identified two categories, chronic and rehabilitative, under extended treatment. I believe we are still going under a categorization of all extended treatment. If I can provide the chronic rehabilitative breakdown, I will provide that, but for certain I will feel confident we can give you the extended treatment bed numbers.

Mr. Cheema: Mr. Acting Chairperson, can the minister also provide the total number of personal care home beds?

Mr. Orchard: Yes, I can provide that to my honourable friend. Under the Personal Care Home Program, the drug program last year was just over \$6.5 million. That is with the capitation fee and pharmaceuticals, and we are projecting that it will cost \$7.2 million approximately this year.

Mr. Cheema: Mr. Acting Chairperson, can the minister provide the total number of clients in the senior age group who had access to this \$6.5

million? If it is not possible today, maybe later on, just for personal knowledge.

Mr. Orchard: The number of beds that are served by that figure of \$6.5 million last year, or \$7.2 million, is 8,144 personal care home beds that are in service right now. So that budget involves two components. It is \$25.15 capitation per bed per month, so that you are looking at about \$600 per bed per month. Six times 48 would be—what are you looking at?—a half million dollars roughly in professional fees, the balance in pharmaceuticals.

Mr. Cheema: Mr. Acting Chairperson, I think it would be quite interesting to know how much it is costing in terms of the Personal Care Home and Pharmacare program, and just to compare with the other provinces on how much they are doing in terms of spending on the seniors in terms of the Pharmacare program.

I know the member for St. Johns (Ms. Wasylycia-Leis) touched on the issue of combining some of the beds in one of the community hospitals on the one level and just combining the patients who were waiting for personal care home placement. Can the minister tell us what is the minister's own political philosophy, or own stated policy, of combining those beds into one unit? How is that going to affect ultimately the patient care? Number 2, how is that going to have an impact on the health care providers and their ability to perform their function, plus the impact on the layoffs, as you have combined them in one place, and if it may be able to save some of the health care dollars?

The minister has said in the House that it is a win-win situation and you are going to change from RNs to some of the nursing assistants, and I do not know whether you will be able to provide the same kind of care in some circumstances. I just want the minister's own personal belief from his critical point of view, is that the right approach in the long run?

Mr. Orchard: Mr. Acting Chairman, let me start out, that my personal philosophy and my party's philosophy dictate that we achieve the greatest level of health care for individuals with the greatest likelihood of positive patient outcome and improvement of patient health status with the resources we are spending in this ministry, those resources being \$1.75 billion.

* (2110)

Mr. Acting Chairman, I concur with the senior managers of the system. They have said that

governments, and I emphasize the plural, have said to them, you must operate within your global budget. You cannot have a deficit. That policy was established by the former government in 1987. I do not disagree with that. Where I suppose we disagree slightly with the previous government is they then put management constraints in place for the administrators and I tend to concur that if we are operating under a global budget and if we are insisting that this global budget not be exceeded, i.e. no deficits, then we have to allow the managers of the health care system to manage that budget in an appropriate way. The only precondition I put in terms of their management decisions is that they do not make decisions which would compromise quality patient care and outcome of health care service delivery.

In the instance that my honourable friend has brought up here tonight, i.e., instead of having panelled patients placed randomly throughout a number of wards in the hospital, but rather to place those individuals in one, two or three wards of a given hospital and thereby offering a more consistent level of service delivery. Which means that the service delivery in the instance of and let us use the circumstance of both Victoria and Seven Oaks, because both of them are undertaking a similar amalgamation of function within the panelled patient area, they are now providing staffing, or intend to provide staffing consistent with the staffing ratios that are currently being used in our personal care home system.

Now that is a different staffing ratio than has been provided. There has been more nursing staff because the panelled patients have been placed on surgical wards, medical wards where the staffing ratios have tended to reflect a medical ward activity, a surgical ward activity. By having those patients placed in similar areas of the hospital the staffing can now reflect that of personal care home status with a level of service provision commensurate with it. That means that you can operate with nurses' aid or support staff rather than registered nursing positions. That is where the budget savings occur, but in doing so there is every opportunity, and I believe that this will happen, that the level of patient service and the level of patient care will go up, because now a panelled patient is not one of a couple, three on a given medical surgical ward competing for patient time with post-surgical patients or critically ill patients on a medical ward.

That is not saying that the nursing staff on those wards did not wish to care for the individual in a very reasonable fashion. All that is saying is that if a nurse has to make a choice of where to provide services, you are naturally going to go to the area of greatest patient need. Oftentimes that is not the chronic or the panelled patient. That is someone who is acutely ill or post-surgical recovery.

In circumstances like that, the level of care delivery to the individual panelled patient has probably been less than if the patient is on a ward specifically staffed to care for their unique needs. That is what is going to be undertaken at both hospitals, Seven Oaks and Victoria, and I think we will see the achievement of increased patient care for those panelled patients that are in those institutions, because they will now be staffed and have program availability consistent with the personal care home to which they are eventually going to be placed.

Mr. Cheema: Mr. Acting Chairperson, one further question on Home Care. I think last year it was whether—I do not remember the exact day—the minister made a statement that in future they would look at the family providing the Home Care services for a particular person whose, for example, that person's Home Care needs are more than, say, if that person would need more services. That means family can still provide the care and be at home. Are we going to draw up a policy like that in Manitoba?

Mr. Orchard: That is a constantly suggested—well, not constantly suggested—but that is an often-suggested policy direction. We have talked around the issue, but we find it a most difficult policy initiative to bring in formally. It remains one of those challenges that has been before, no doubt, previous governments and may well be in front of this one unresolved, because it gets into the very fundamental issue. I can understand the case made by an individual. You can take the extreme case where an individual whose spouse is requiring continuing care and the other spouse is a continuing care worker and is going out of the home to provide services to strangers but cannot be the individual assigned to provide, for pay and for compensation, the care in the home.

Those are noncommon-sense appearing decisions, but it brings up a whole range of issues not exclusive to the Continuing Care Program. For instance, where we have job creation programs,

STEP, where we assist students, one of the things we say is that you cannot hire your own child as a STEP student in the program for very obvious reasons of appearance and propriety, because you have to be accountable to the taxpayer.

We are troubled with the same kind of fundamental decisions in Home Care. I do not know how we get around that in a reasoned fashion, because some of the cases that come to light from time to time through the media or through letters that cross my desk, are cases that I know, if we had the policy, would be resolved in the most equitable fashion without the potential for abuse of the system. But, golly, it has just troubled this administration and previous ones to come up with a policy which would allow that to happen.

(Mr. Deputy Chairman in the Chair)

I know, and I have not got around the issue yet, but in the recently received task force report—I did not get through the one that got into the detailed recommendation of a program in one of the Scandinavian countries, Norway, I believe, where they allow some ability to compensate the spouse when they are providing care in the home which could be accessed from the program. That is the first I have heard of that, and I am looking forward to reading that to see how they do it and how they avoid the potential, I think we can obviously see, of abuse of that policy.

As I say, when some of those letters cross my desk, I know that those individuals would not take advantage in a wrongful fashion of such a policy, but unfortunately the propriety of it and the appearance of propriety has prevented this and previous administrations from considering it and implementing it as policy.

Mr. Cheema: Mr. Deputy Chairperson, given the mental health reforms, in terms of the community-based care, can the minister tell us how he views the role of Continuing Care as a part of the community-based mental health care system?

Mr. Orchard: I did not quite understand there, I am sorry.

Mr. Cheema: I will rephrase the question. Can the minister tell us how the Continuing Care Program will fit into the mental health reform in terms of the community-based mental health care?—because you are going to have some individuals who would need Home Care services, some especially with some forms of mental illness may also have another

medical illness, so you may have to combine both the services.

I am asking the Minister of Health, has he given any thought to how he is going to fit the Continuing Care within the new mental health reform system?

* (2120)

Mr. Orchard: Right now the program does provide services for both individuals with mental illness, but also individuals who are in varying stages, for instance, of Alzheimer's impairment. So the program does provide that through such vehicles as overnight care and in other levels of service.

I do not see that to be an unresolvable challenge in a reformed deinstitutionalized mental health system, although I will offer this caution to my honourable friend, as we move away from institutional to community placement of mentally ill individuals, I think that there will be an enhancement of the type of service required in the community. It may not always be the Continuing Care Program which would provide that service; it may well be other vehicles such as, for instance, a mental health residence circumstance, such as we have just recently opened in Thompson, Manitoba, and are part of the care delivery environment throughout Manitoba.

Mr. Cheema: Mr. Deputy Chairperson, as we go over The Mental Health Act reform, I am sure that the role of Continuing Care may change. To some extent it would, because you have some individuals who will be needing medical care, plus some of the mental health care as well, so I am certain that is going to happen eventually.

My next question is in regard to the Home Care for physically handicapped individuals, are there specific programs we have in Manitoba in terms of dealing with those individuals?

Mr. Orchard: They have access to the full range of Home Care services, of course, by assessment. In addition to that, we have commenced, and now I believe we have a number of clients on the Self-Managed Care program, which is a pilot project in Home Care service delivery by the individuals themselves. In other words, the assessed needs are identified and the individual who is on self-managed care manages the provision of those services from staffing, et cetera, through dollar resources provided by the Continuing Care Program. So we are moving away from the Office of Continuing Care providing those services, rather

providing a financial target for each individual client, and then they use those resources to retain and to hire their own caregivers.

Mr. Deputy Chairman: The honourable member for The Maples, before you get started, would it be the will of the committee that we take about a five-minute break?

Mr. Orchard: Four minutes.

Mr. Deputy Chairman: Four minutes. I see some people are starting to get anxious—five minutes.

Mr. Orchard: Thank you.

The committee took recess at 9:23 p.m.

After Recess

The committee resumed at 9:32 p.m.

Mr. Deputy Chairman: We were considering 3.(a) Administration: (1) Salaries \$95,200.

Ms. Wasylycia-Lels: Mr. Deputy Chairman, on the issue of self-managed health programs, the minister announced that program I believe last spring and, as far as I am able to ascertain, it is yet to be implemented. I am wondering when is the start-up date for the self-managed health program.

Mr. Orchard: We have nine individuals who have signed contracts and are beginning the project, and that was effective June 16. Others will be brought in on the program when they are ready to go on the program and have signed contracts. We are hoping to have, as we announced, up to 30 individuals on the program. That is expected to be by the end of the year.

Ms. Wasylycia-Lels: The executive director of Continuing Care is who?

Mr. Orchard: My director of the Office of Continuing Care is Ms. Lynne Fineman.

Ms. Wasylycia-Lels: Has this minister hired a person by the name of Helmut Klein from B.C.?

Mr. Orchard: I do not think we have hired him from B.C. Helmut Klein was in the Admin Division for a number of years, I guess went to B.C. for a couple of years and came back and was rehired into Admin and is now I believe working out of the Office of Continuing Care.

Ms. Wasylycia-Lels: The minister just indicated he is working out of the Office of Continuing Care, in what capacity?

Mr. Orchard: Admin and Finance operations of the Office of Continuing Care.

Ms. Wasylycia-Lels: I am going to zip through a few of these issues that I had not dealt with before I handed it over to the—I will try to zip through.

On the issue of personal care homes, I am just wondering if the minister can tell us—this relates to the member for The Maples' question—his own view, his own policy in terms of the trend line with respect to personal care homes. Does he see them increasing or decreasing? What is the general pattern here?

Mr. Orchard: Mr. Deputy Chairman, in terms of personal care home numbers, I am provided with expert advice which indicates we need more beds and other very excellent and expert opinion that say we ought not to construct significant numbers of new bed capacity. That was reflected in the task force report on services to the elderly. That is a very, very complex question. Let me background it in this fashion.

We already have expenditures which are the largest of any publicly funded health care system in the world. Part of the Canadian phenomenon, part of—bear in mind that I am saying part of the Canadian phenomenon, as compared to other publicly funded jurisdictions, is a significantly greater incidence or—incidence, maybe that is the wrong terminology—but a significantly greater institutionalization of our elderly in the Canadian and Manitoba context than other publicly funded health care systems, be they in Europe or elsewhere in the world. That presents us with quite a quandary.

We also have in Manitoba, I think it is fair to say, probably the most generously funded community support and accessible community support program for seniors, namely the Home Care program which we just dealt with rather extensively. So I am very, very considerate of both lines of thought, and I guess it is fair to say that we are trying to walk that sort of in-between line.

We have committed and, I suspect in part, will continue to commit, maybe not in the same numbers as we did in July with the acceptance of the Extended Treatment Bed Review task force, but we will be renewing personal care home capacity not only in new beds, additional new beds to the system, but certainly wherein we undertake renovations to existing personal care homes and renovate Level I, Level II hostel up to Level III, Level IV personal care

home service beds and, in that way, are very much providing intensive institutional care opportunity.

I am not sure that we are ready to accept the advice that we ought not to build any more personal care homes. I am not sure we can do that right at the present moment. Here is the quandary. We have increased every year that I have been here, and that is 14 years. We have increased the budgets of both home care and personal care homes through increased levels of service or increased numbers of services, be they more beds in the personal care home system or more Level III and IV versus Level I, Level II.

The same thing has happened in the Continuing Care Program. We have cared for more people, and we have provided on average a higher intensity of service. The one does not seem to be completely replacing the other. It was never envisioned to.

I think we are doing reasonably well in Manitoba compared to other jurisdictions, i.e. in achieving the replacement of personal care home construction and the additional capacity in personal care home availability by extensive expenditures in the Home Care program. I am unable, and maybe it is because I have not sought out the information, but I am unable to say that we are, if you will, winning the policy-and-funding game better than other jurisdictions. I think we are doing better, but I am not sure that can be analytically proven.

So I simply suggest to my honourable friend that we are probably taking almost the middle-of-the-road approach on this in terms of providing both increased budget for the community-based care programs as well as constructing new capacity in personal care homes because, as I pointed out to my honourable friend in 1988, there was only one construction program in personal care home being undertaken at the time and that was at Foyer Valade, and that was opened in about June or thereabouts of 1988. Then we went through a fairly significant period of time where there was no new construction because there were no approvals for the last number of months prior to the change of government in 1988.

* (2140)

Now we are back where a number of projects are coming on stream. They are a combination of replacement of time-expired facilities, sometimes with equal bids, sometimes with a few more bids, sometimes with fewer bids. Then we are also

bringing on some additional bed capacities in some areas, so we have been bringing some additional beds on, and that is why the budget in the personal care home line has been increasing, I think, fairly significantly, as has been the Continuing Care budget.

Ms. Wasylycia-Lels: Given that increase, it seems to me that one of the areas that the government should be looking at is to address some particular community needs, redress some historical imbalances in our system and in that context I wonder why the government has not moved to support the proposal for personal care home beds from Ke-Ki-Nan?

Mr. Orchard: Ke-Ki-Nan is a rather interesting project, because it is for Native Indians who require personal care home placement, and I indicate to my honourable friend that one stage in discussions with the Ke-Ki-Nan proponents—this was during the tenure of the former Minister of Health federally—I indicated by a letter to the Honourable Perrin Beatty that we would welcome an opening of discussions with the federal government to see how we could advance this particular project. Unfortunately, due to probably other time constraints, et cetera, no doubt the opportunity of some precedence, the proposal was not given any further advancement by my federal counterpart.

Ms. Wasylycia-Lels: We are not dealing with a reserve. We are dealing with an off-reserve situation. I am not sure why approval for this project is contingent upon federal government involvement. Obviously, to have the federal government involved in any project is desirable, but it should not be one of the criteria used in making such decisions.

Just on this whole issue of personal care homes and the integration of MHSC with the Department of Health, I am wondering how reporting will occur with respect to juxtaposed facilities. Will there be a need for dual reporting for different sets of staff and budgets? How will it all be co-ordinated?

Mr. Orchard: Mr. Deputy Chairman, those instances are not a significant portion of our combined budget right now. I cannot even tell you how we split them out for the hospital versus the personal care home line on existing facilities, which are the swing facilities, the 18 or so personal care home beds with the six to eight acute care beds. I do not even know whether we split the budget or whether we bring them all out of the personal care

home line. I am informed that it is all under the personal care home line, so that is where we would continue to have that reporting structure.

You see, you have to appreciate that most of these facilities have been renewed in communities where the former range of services undertaken—former, I mean it could have been as much as 10 or 12 years ago—the hospital in those communities possibly had obstetrics. They possibly had a surgical suite which undertook a number of minor—well, they were significant surgical procedures in their day, but surgical procedures.

In the evolution of how those facilities were used, they curtailed, for instance, obstetrics. They often curtailed surgical undertakings because of lack of appropriate support staff and/or a surgeon. Their service primarily was in terms of medical and oftentimes in rural Manitoba, because that is where we are talking about in terms of the swing facilities, they had been used significantly for the care of elderly patients, often ones who are panelled or were chronically ill. As such, their level of provision of service is often more akin to the personal care home system than it is to the acute care hospital, be it community or teaching or indeed active community hospital like a Carman, a Dauphin, Thompson or Morden.

Ms. Wasylycia-Lels: I would like some clarification on the minister's statement that they will be reporting through the personal care home line. I am not sure which line he is referring to on the chart. There is a line under Continuing Care Programs. In the detailed book, it is listed under MHSC. Who will be in charge of personal care homes? Is it Betty Havens or is it Frank DeCock?

Mr. Orchard: It is indicated to me that for the funding which is under legislation, the funding line so the dollars will be reported as part of the MHSC dollar budget, but the line of reporting will be as indicated in the new chart, in other words, to this ADM.

Ms. Wasylycia-Lels: Could the minister tell us what the line is on page 52 of the detailed Estimates book? I am just trying to sort through what—there is a line for \$54 million. It has no head.

Mr. Orchard: That is Home Care Assistance, the detail of Home Care Assistance.

Ms. Wasylycia-Lels: I am skipping all over the place. I have just noticed under Continuing Care

Administration two staff, yet the minister just indicated that, I believe, Lynne Fineman would be the managerial position. He also said Helmut Klein is now under Continuing Care Administration. Where does he show up?

Mr. Orchard: Helmut Klein would be part of the 15 SYs under Professional/Technical.

Ms. Wasylycia-Lels: A year ago in Estimates I asked the minister about the Support Services to Seniors Program. He said the program was under review. I am wondering if he now has the results of the review and if he has unfrozen this program line.

Mr. Orchard: We have received, I guess it would be for lack of better description, an interim report on it with some outstanding issues identified and attempting to be resolved at this time.

Ms. Wasylycia-Lels: I am curious certainly about that. It is a year since the minister said this was under review and a year since he raved about the program and talked about its benefits, and a year that has been wasted in terms of starting to do some of that innovative community work of providing services for seniors to keep them in their communities and in their homes.

In the same vein, has the minister started to fund adult daycare programs, or has that remained stagnant as well?

Mr. Orchard: Mr. Deputy Chairman, there has been ongoing adult daycare funding.

Ms. Wasylycia-Lels: Could the minister give us at some point, it does not have to be now, a list of new initiatives funded?

Mr. Orchard: I will provide that information to my honourable friend.

* (2150)

Ms. Wasylycia-Lels: I would assume this area somewhere in these lines would be the issue of funding for seniors centres. I am wondering if the minister could give some accounting for his failure to keep his promise to the Gwen Sexter Creative Living Centre.

Mr. Orchard: It is not very often that I am unable to resolve things within a year, but this case I was unable to resolve.

Ms. Wasylycia-Lels: I do not think in this case it is just a matter of the minister not being able to achieve something he hoped to within a year. It is a case of actually changing his mind and breaking his word. He indicated to the Gwen Sexter Creative Living

Centre on January 12, 1990, by way of a letter, and this had been previously communicated to the centre, that there was support for establishing appropriate level of base-line funding. In fact, I believe I raised this in the 1988 Estimates, the very first Estimates of this government, and received that information. He has now written this centre indicating that, too bad, we are into tough times, and I have to break my word.

I think that is certainly hard to understand, given the benefits provided by the centre or given the service that this kind of a centre provides in terms of keeping seniors healthy and in their communities and out of expensive care arrangements. I am wondering if the minister is prepared to relook this issue immediately and consider keeping his promise of appropriate base-line funding.

Mr. Orchard: As soon as we can we intend to do that. I indicated to my honourable friend earlier on that we were undertaking a review, because I firmly believe in the value of the Support Services to Seniors Program, but I cannot go to Treasury Board with anecdotal endorsement of a program and request more dollars. At the same time, my honourable friend has told me, well, you should not have taken \$500,000 out of children's dental health program and other areas. At the same time, her colleagues say, well, you should spend more money on education, et cetera. There is always more demand for new resource than there is new resource. That has not been inconsistent.

What we have attempted to do is to identify the strengths of the program. I have to say that we have, as I indicated earlier on, for lack of a better terminology, an interim report with some outstanding issues to resolve. I am hopeful that we will resolve those issues. I had wanted them resolved before this budget cycle, so I could approach this budget cycle with some of the increases that, I believe, would be appropriately provided.

I am into a circumstance, as is all government, where we cannot make requests based on anecdotal personal feelings. I have to go to Treasury Board and, as I have indicated before, I hope to be able to present Treasury Board with a flow of analysis that indicates that for a dollar placed in support services for seniors, we may well curtail a \$2 expenditure in Home Care. By curtailing that \$2 expenditure in Home Care, we may curtail a \$4 expenditure in the personal care home line, thereby

proving that the program is appropriate. We ought to provide increased funding where program needs justify increased funding, but I simply have not been able to make that commitment at this budget cycle.

Ms. Wasylycia-Lels: Mr. Deputy Chairperson, first of all, we are not dealing with an anecdotal situation. We are dealing with a proposal, an initiative, that has been before this minister and this government for three years, where a specific commitment was made. A promise was clearly outlined to establish appropriate base-line of funding. Now, three years later, suddenly this minister and this government have decided not to proceed as promised.

The other issue in terms of this whole centre is that if the minister is serious about health promotion and about keeping seniors out of more expensive care, about reducing stress on our institutions and hospitals and personal care homes, then this kind of a proposal, one would think, would be at the top of the list. It is not frivolous; it is not anecdotal; it is not a minor, marginal part of this whole area. It is a central part of any kind of serious Continuing Care seniors strategy. I would ask the minister if he could tell us what vacancies now exist in seniors blocks generally.

Mr. Orchard: You mean in seniors housing?

Ms. Wasylycia-Lels: Yes.

Mr. Orchard: No, I cannot, because those fall under the responsibility of the Minister of Housing (Mr. Ernst).

Ms. Wasylycia-Lels: I am thinking of a variety of situations. Some may fall within the jurisdiction of the Minister of Housing of which the Minister of Health should be aware, and that includes the issue of bachelor suites in certain housing blocks that are vacant, but more directly for the Minister of Health, there are other situations under his purview. Specifically, there are now three floors and 73 spaces vacant at Lions Place. They are part of the hosting program. They are vacant. They are neither being filled for the purpose for which they were originally intended, nor are they being renovated or changed for other use. I am wondering if the minister is aware of that and if he plans to address that situation given the shortage of housing and services for our seniors?

Mr. Orchard: Mr. Deputy Chairman, I do not know whether that is Lions Place my honourable friend is referring to. It is Lions Manor, is it not, on the north side?

Ms. Wasylycia-Lels: I think it is Lions Place. One of them. I am sorry. If you are aware of one or the other, perhaps you could elaborate for us.

Mr. Orchard: Well, yes. That issue has been brought to my attention, and Housing, I believe, is working with Lions Manor to try and resolve it. We are providing advice to—we are providing observation, I guess on behalf of the ministry of Health, but I remind my honourable friend that we do not have a program responsibility for them. That is a Housing responsibility, not a ministry of Health responsibility.

Ms. Wasylycia-Lels: Thank you. I just checked and found my notes and it is Lions Manor. I apologize for that.

Given the minister's earlier comments about his integrated approach across departmental lines approach to the whole area of seniors, it would seem to me that this is very much part of his—should be very much a part of his responsibility and area of concern. It seems to me that when we are dealing with a serious problem in terms of seniors on waiting lists for personal care homes, not getting adequate Home Care services, then this government has the responsibility to address any issue of vacancies with respect to seniors housing.

Let me just go on from there and ask the minister if he would tell us what, if any, changes are being made to the home orderly service which has evoked considerable concern. I am wondering if some of the questions about disruption of service, about individuals' lack of say in scheduling, changes in personnel, all of those issues with respect to the home orderly service have been dealt with.

Mr. Orchard: The home orderly service is the home attendant service, a name change basically, but no other change in policy or scheduling. The function remains the same as it has been.

* (2200)

Mr. Deputy Chairman: The hour being ten o'clock, what is the will of the committee?

Some Honourable Members: Continue.

Mr. Deputy Chairman: Agreed.

Ms. Wasylycia-Lels: I would simply ask the minister to look into this. I have had concerns expressed to me, and I am sure his office has disruptions that occur when a regular attendant gets the day off, the inability of the client to have some say in terms of scheduling of the home attendant,

and so on. I think those are certainly concerns that need some review and consideration. Let me just—

Mr. Deputy Chairman: Order, please. Could those members wanting to carry on a conversation, carry it on in your offices.

Some Honourable Members: Oh, oh.

Mr. Orchard: Yes, but this is an excellent educational opportunity for my colleagues.

Mr. Deputy Chairman, the home orderly service has been through a number of controversies over the past 10 to 15 years, but my honourable friend says that there is a problem in terms of giving a home orderly a day off.

Ms. Wasylcia-Lels: I think, perhaps, I had better clarify this since the minister is quick to misinterpret what I have asked about. The question is not whether or not attendants should get days off, it is what happens when attendants get days off and how that is handled, what kind of scheduling takes place in that period, what kind of involvement the client has in terms of his or her needs. I think this is really consistent with that whole issue of client involvement in terms of management of one's needs, whether it be a disabled adult or a senior or whomever. It is certainly a direction, I think, that this minister should be looking at quite seriously.

Mr. Orchard: Mr. Deputy Chairman, I think it is fair to say that we do. There are instances, and in the three years that I have been minister and prior to that, there were individual circumstances where the provision of service got to be almost controversial. There was staff refusing to return to serve individuals, and individuals refusing to have staff come in to provide services, and efforts were made at all times by the Office of Continuing Care to try and provide consistency.

One of the instances which goes back, and I am only going by memory, a couple of years ago, there was—appreciate that a home orderly daily schedule is to be at certain places at certain times. If, during that shift, one of the individuals has to, or requests or makes a change and requests a different time, it throws everybody else off schedule. We have tried to accommodate that as best possible, but from time to time we run into difficulties in scheduling.

I simply indicate to my honourable friend that in lack of other than anecdotal statements my honourable friend has given us tonight, in the vast majority of cases not only is the client's involvement sought but acceded to. There are instances where

it is not, and it is not through any change in policy or maliciousness or peculiar outlook by staff. It is sometimes an unfortunate outcome of trying to schedule around changing expectations.

Now, if my honourable friend has some specific instances that she would wish us to investigate, I am certainly be pleased to undertake them to provide some further clarity or resolution to potential problems my honourable friend might have brought to our attention.

Ms. Wasylcia-Lels: Mr. Deputy Chairperson, I am certainly not raising this with any malicious intent. I raise it more from a broad policy point of view because I think one of the—and this relates to what I have been talking about this evening, taking risks and pioneering new initiatives in the home care field. One of those areas that have to be looked at is client involvement in the service. That certainly would require a big shift in the system and it would be a major decision, but I think it should be looked at.

Another area where I think there needs to be some risk taking, and this relates to the constituent of the member for The Maples (Mr. Cheema), and I do not want to get into the back-and-forth of the issue of Marianne Nyznyk, but it seems to me that one of the issues, one of the resolutions to this kind of a problem could have been in looking at changes to the Home Care equipment program and perhaps looking at funding new equipment in that area rather than holding the line or even cutting back, as would appear to be the case.

(Mr. Bob Rose, Acting Chairman, in the Chair)

I think it would have made some sense in the case of that particular client to change the rules of what is funded under Home Care equipment and consider the expenditure of, from what I understand, a \$600 to \$1,500 expenditure for a water-powered bath seat, something now not covered, but something that certainly is a far cheaper way to go than this individual occupying a bed in a hospital at the tune of, what?—\$700 a day or whatever.

I am wondering if the minister is contemplating any changes to the Home Care equipment program in terms of new advances made in that area.

Mr. Orchard: Mr. Acting Chairman, we dealt with that issue, that individual circumstance very extensively earlier on this evening, and I might recommend reading a Hansard to my honourable friend.

My honourable friend offers a very easy and simple solution that all we needed to do was invest in another piece of equipment. The issue was not simply a new piece of equipment which may have resolved the problem. It was that Continuing Care staff—not the language of cutback my honourable friend just used. The individual was offered and we were quite willing to provide the range of services, but the issue, and I discussed it quite fully with my honourable friend from The Maples, was a disagreement over how a bathing procedure ought to take place. Continuing Care staff cannot go outside of the rules for safe bathing because, should the individual then be subsequently injured, you know what would happen? We would end up with a headline story that we abused the rules and the person ended up hospitalized in an acute care hospital because of negligence of staff.

* (2210)

Staff cannot make those kinds of judgments, and that is where there was a significant disagreement in process. I reviewed that case on a number of occasions, and I am satisfied that at all times staff attempted to provide the service. There was no prohibition or no inhibition or no inability to deliver service. There was an inability between the client and the service provider to agree on a safe method of bathing. Now I think that has been resolved and services are resumed at home.

My honourable friend would be the first one to criticize me, and rightfully so, if staff exceeded the guidelines for safe care delivery on their own personal judgment and a client subsequently was injured and ended up hospitalized. My honourable friend would be demanding my head and the head of the care provider.

Well, in this case they made the judgment that they could not accede to the individual's request. I believe that their judgement was appropriate and it was not an inappropriate decision by staff. It was not one driven by budget. They were quite willing and able and wanted to provide the service and would have provided the service had they overcome the disagreement on, really, safe methodology.

Ms. Wasylycia-Lels: Not wanting again to get into the middle of all of this, I simply make the point that this long, protracted dispute involving this individual might have been avoided, and I do not know all the facts, if the rules governing Home Care equipment

had perhaps allowed coverage of a new piece of equipment, in this case a water-powered bath seat.

I will leave that one and simply conclude this area by suggesting to the minister that he deal again with that issue of workload and burnout and pressures on staff in the field.

Mr. Acting Chairman, I think the minister is really stringing us a line when he says that the workloads of staff are being dealt with by technological advances, by computerization. My whole understanding of this field, talking to people, trying to get a handle on problems in the area without wanting to immediately jump to the conclusion that this government is cutting back, leads me to the conclusion that there are enormous pressures on staff and resources in terms of service delivery.

In fact, rather than aid or help the situation, the computerization, this MSSP program or whatever that the minister talks about, has actually made the problem much more serious and the overall Home Care, Continuing Care system is under enormous pressure and is in very serious straits without some more sensitive response on the part of the minister to workload, to resources in terms of the pressures and demands on each of the regions.

I hope that he will take out of this discussion not criticism, but a suggestion that when he looks at all of these task force reports and reviews Home Care and gets advice from his advisory committee, he will look at the need to increase resources in terms of staff, in terms of case co-ordinators, in terms of case assessors, in terms of front line workers.

I leave that thought with the minister and am prepared to move on.

Mr. Orchard: Mr. Acting Chairman, I accept my honourable friend's voiced concerns.

Last fall, I had Continuing Care workers approaching me talking about the difficulties they were experiencing in the information management system. It was not working as we envisioned.

I mean, I can only express frustration, because we attempted to resolve the issue two years ago, and we did not strike upon a workable solution. I do have a greater degree of confidence that the system that is in—which region now, Winnipeg only? -(interjection)- The new scheduling system, and it is more mature in Winnipeg, looks as if it is going to significantly improve the system. It looks like it is going to work and work quite well.

I believed a year and a half or two years ago that the system we were embarking on was going to do the same thing, and it did not. This one looks like it is going to work, and I have had positive feedback to that effect. I think that will relieve some significant pressures that were on staff, but not them all. I would be wrong if I said it would relieve them all, but certainly it has the opportunity to remove an additional aggravation, because you go through the system of change trying to bring in what is going to be a better reporting system, and it turns out causing you more effort and more work and more time commitment. That is pretty frustrating to everybody, and it did not achieve the sought-for goals. We think the changes that have been implemented in the last six, seven months will provide that positive improvement. I accept my honourable friend's suggestions.

(Mr. Deputy Chairman in the Chair)

Mr. Cheema: Mr. Deputy Chairperson, I would like the minister to answer some other questions. We have received some correspondence. One is on the Gwen Sector Creative Living Centre, and the member for St. Johns (Ms. Wasylycia-Leis) has asked some questions, but I promised the centre that I will be asking the question. So I just want the minister to note his own letter dated May 3, 1991. He said in that letter that following the receipt of the material they will be arranging a meeting with the Gwen Sector. Can the minister tell us if they have arranged any meeting with the centre?

Mr. Orchard: No, I do not believe we have arranged that yet.

Mr. Cheema: Mr. Deputy Chairperson, is the minister saying they have not received any material from the centre in terms of their request for the base line funding?

Mr. Orchard: No, I think what I answered, I thought my honourable friend asked if we had arranged a meeting with them, and I indicated no, but we have received a full information package, to the best of my knowledge.

Mr. Cheema: Mr. Deputy Chairperson, the minister knows full well that this organization is providing a very valuable service and basically they are saving money for the province. If some of the seniors who are getting services in this centre will end up in the hospital, it will be very, very expensive. Even though the minister has sent them some amount, I think it is about \$4,200 as a part of the external

agency funding, they are still looking for the base line funding because, without the base line increase in the funding, the centre will not be able to function and provide the necessary services. I would like the minister to reconsider the decision and then make sure that the valuable services continue to be provided.

Mr. Orchard: I thank my honourable friend for his advice.

Mr. Deputy Chairman: Appropriation 3.(a)(1) Salaries.

Mr. Cheema: Mr. Deputy Chairperson, we have also received correspondence and a copy has gone to the Minister of Health. That is from the Congregate Meal program from the LGD of Piney. This centre is also concerned about the meal program, which has been, according to the letter, the government has not been able to provide them the request for the funding, and they will not be able to provide the services. I just want the minister to know that this program, according to the community group, is very valuable. They have done good service. They have a lot of volunteers who have worked very hard, and I think the minister should reconsider that decision as well.

Mr. Orchard: Mr. Deputy Chairman, we dealt generally with the support services to seniors program earlier on this evening, and I do not think I can add anything more except to thank my honourable friend for his advice.

Mr. Cheema: Mr. Deputy Chairperson, can the minister tell us this government's plan in terms of the palliative care, how they are going to deal with the palliative care in Manitoba? Are they going to centralize the services in one hospital and, if they are going to do that, which hospital will be the focal point for palliative care?

Mr. Orchard: No, and no.

Mr. Cheema: Mr. Deputy Chairperson, to answer those no and no, can the minister tell us then, what is their policy? That means they are going to continue in each and every hospital the palliative care?

* (2220)

Mr. Orchard: Well, Mr. Deputy Chairman, prior to my honourable friend's arrival this evening, we went quite extensively into palliative care and the initiative and the issue, and I do not think I can offer any more

clarity to my remarks than what I did so eloquently earlier on this evening.

Mr. Cheema: Mr. Deputy Chairperson, it looks like I have to read the answer. I do not know whether I will be able to read it, but certainly I will give it a try.

My next question is going to be in terms of the program such as the peritoneal dialysis part of the Continuing Care Program and how that program has been successful? Can the minister give us an update on the number of clients in that program and the amount of money being spent on that specific program?

Mr. Orchard: One hundred individuals are presently on the program. The numbers are increasing as more elderly people suffering from renal disease are being managed with peritoneal dialysis. This is the St. Boniface program which—the referrals to the program are vetted through the St. Boniface General Hospital Dialysis Unit and the necessary equipment and supplies provided therefrom. A Continuing Care case co-ordinator monitors the in-home care, regularly providing reports to the St. Boniface General Hospital Dialysis Unit. The Dialysis Unit's medical staff and the individual's local physician are responsible for the ongoing management of the medical condition.

Mr. Cheema: Mr. Deputy Chairperson, I will read some of the other answers from Hansard, so we can go to the next topic, Mental Health.

Mr. Deputy Chairman: Appropriation 3.(a)(1) Salaries \$95,200—pass; (2) Other Expenditures \$51,700—pass;

(b) Home Care: (1) Salaries \$1,249,300—pass; (2) Other Expenditures \$3,017,400—pass; (3) Home Care Assistance \$54,966,600—pass; (4) External Agencies \$1,386,500—pass;

(c) Long Term Care: (1) Salaries \$585,600—pass; (2) Other Expenditures \$101,100—pass;

(d) Gerontology: (1) Salaries \$258,700—pass; (2) Other Expenditures \$74,200—pass; (3) External Agencies \$2,581,100—pass;

Resolution 68: RESOLVED that there be granted to Her Majesty a sum not exceeding \$64,367,400 for Health for the fiscal year ending the 31st day of March, 1992.

Ms. Wasylcia-Lels: One last question. I just wanted the minister, if he could either now or at

some point soon give me an answer to the Jack Thiessen case in Stony Mountain, a Home Care issue?

Mr. Orchard: Yes.

Mr. Deputy Chairman: Shall the resolution pass?—pass.

We will now move on to 4. Provincial Mental Health Services (a) Mental Health Administration: (1) Salaries \$401,600.

Mr. Orchard: Should we take a little pause right now just before we get going into Mental Health? I will introduce the Assistant Deputy Minister of Mental Health, Reg Toews. I probably was very negligent and I did not introduce the four staff people who are here tonight on the Continuing Care line: Betty Havens, who was here before, Assistant Deputy Minister; Lynne Fineman, Director of the Continuing Care Program; Kay Thomson, Director of the Long Term Care program and Bev Kyle, the Support Services to Seniors area.

Mr. Deputy Chairman: Is it the will of the committee to take five minutes? Five minutes.

* * *

The committee took recess at 10:26 p.m.

After Recess

The committee resumed at 10:36 p.m.

Mr. Deputy Chairman: Appropriation 4.(a) Mental Health Administration: (1) Salaries \$401,600.

Mr. Cheema: Mr. Deputy Chairperson, I think we had quite a bit of discussion during The Mental Health Amendment Act, as well as in the other two years' Estimates, and I think over the period of a few years' time there has been a very co-operative approach from all the three political parties on this very important issue.

I think there have been some major achievements over the period of two years and certainly I would not like to repeat some of those things, but will be very specific. In this section, what I will be seeking is very specific direction from the Minister of Health (Mr. Orchard), not going on about small issues, but a major direction—how this ministry is going to move in the direction that all of us have been asking. That is going to be my focus of attention and I just want to make sure that if we miss some of the areas, that does not mean that we do not pay attention.

The question is the focused policy, and how we are going to do it, and I will be very happy to participate and give some suggestions. Certainly I would like to welcome Mr. Toews, who has done a tremendous amount of work. Since he has taken over he has shown great work, and that word has come from the communities and all the participants who were very happy with the consultation process.

You took over during The Mental Health Amendment Act; it was very well appreciated. It was the first time and certainly I do not want to contradict my member for St. Johns, but this was the first time it has ever happened. Certainly we look forward to the second part of the act, which is going to be, again, very important and probably take a major lead in terms of the community-based Mental Health Act.

With that I will ask the minister, can he give us first of all a time frame, how the institutional care is going to be gradually changed to the community-based care?

Given that major statement, how is the funding—we are spending more than \$200 million—how that funding is eventually going to meet those needs. Basically what we are seeking here is a major commitment in terms of real numbers and how that will translate in the long run and still continue to provide the services that we have seen in the past, but with more emphasis on community-based care. We would like to seek a general statement from the minister.

Mr. Orchard: Mr. Deputy Chairman, this is one of the areas of the ministry, and I will not give the background of some of the steps that we have taken to date internally within the ministry, but obviously my honourable friend's comments—I appreciate them very much because he has been supportive for three years now of the initiative.

Now, with Mr. Toews taking on responsibility as assistant deputy minister, that has added a consistency to the approach that was very much needed, and a commitment to the approach because the assistant deputy and I had discussions, prior to his coming on staff, as to the general direction in mental health service provision that I had as a goal over a period of time. I think it is fair to say that that sharing of that direction and goal probably led to the assistant deputy minister making the decision that he wanted to be part of that, and be part of the leadership of that change.

Where we are at right now is maybe a pause to catch our breath, I think is to put it as reasonably as I can. The commitment by government is still there, that we are going to be moving in a direction of increased service availability in the community. That means in a three- to four-year period of time a fairly significant shift from acute care beds in the system, institutional beds in the system, to community based services which may, in part, include some replacement of those beds on a community residence basis or similar replacement concept.

* (2240)

The guiding principle, however, I will share with my honourable friend, which has not changed over the past two years of planning, is that I think previous efforts elsewhere have maybe not been as successful as they ought to have been, because there was a move away from the institution without the accompanying support in the community. We do not intend to make that mistake.

That gets us into two issues. First of all, the timing around any shift of institutional budget to community budget and the closing of acute care psychiatric beds in the system in doing that, but there is a transition whereby you cannot close the beds without having some support services in place which can maintain those individuals in the community.

That bridge funding, we believe—and I cannot give you further information right now because we have not received the kinds of approvals that I have to go through—but the concept around the bridge funding is pretty mature now in terms of our thinking. We think we have a vehicle to do it and quite a reasonable vehicle to do it and source of funding to do it, to provide the bridge funding for the enhancement of community services prior to a vetting of institutional beds.

The other thing that has happened in the last several months is we were moving very, very smoothly and, I think, very predictably towards a significant announcement on what the next steps of mental health reform would be. The regional mental health councils were operational and were providing us with advice to varying degrees from the differing regions.

I will be very direct. A couple of things happened to really cause consternation in the community. There was the issue of the Pine Ridge School in

Brandon which was a budgetary decision of government. Unfortunately, when you make budgetary decisions, you do not have the luxury of going out and doing the wide consultation.

(Mr. Bob Rose, Acting Chairman, in the Chair)

Quite frankly, that decision by government met with a great deal of consternation, particularly from my regional mental health council, because they said what are we here for if not to be the sounding board for that kind of policy decision by government—a legitimate observation. It is a difficult observation to fit into the normal budgeting process of government.

So that caused us to do some rethinking on how we are going to consult and communicate around the Phase II and, subsequently, has caused maybe a couple of months delay from the announcement around Phase II. I make no apology for that because, as I have often said when I have approached the issue of mental health reform, I am very direct. Mental health reform will not happen in Manitoba if every time government makes an announcement, prior to that announcement everybody agrees in general terms with what is going to be done, and then when the announcement is made and a group with a vested interest in the announcement views it as adverse to themselves or to their institution or their professional group and immediately jump on the bandwagon to severely criticize government. Then all of a sudden the people who support mental health reform are really not around to support the general direction we are heading into, and we get caught counting pennies and forgetting about the bank account.

I think that is what happened because of a series of events around Pine Ridge School in Brandon, where we did have some difficulties there, and we have had to subsequently alter our course of action out there from what we announced in the budget. That is fair. If you are unable to accommodate the decision that you had made after you realized some of the difficulties it may cause in the community, the sensible thing is to back away and do it right, do it right the first time, total quality manage the issue.

What I am saying to my honourable friend is that the general direction is still there. We will be undertaking a fairly significant consultation process around the announcement of Phase II so that the general principles are what is being discussed, and we hopefully will receive concurrence over the

general principles and then the development of implementation plans, region by region, as we move towards the change from institutional to community-based care.

The concepts that we are going to follow, I have to say I would like to think they were all original and all my idea or all our idea within this government but, in reality, I think what you will find in terms of the plan for change and reform of the mental health system is something that was probably in part or in whole suggested as early as 1972 with reports that had been before government and subsequently reinforced in '75-76 and in '82, in '88 and on. We are not reinventing the wheel. We are merely undertaking and following up on probably the wise policy analysis of where we should go in mental health that has been presented to governments over two decades.

I have often commented, though, the reason why governments have not moved on it is, the moment a government makes the first move it is always wrong. There is always someone who is going to be vociferously opposing your action, and those supporters are silent generally and not standing in favour of the larger picture. We get bogged down in not what we are doing but how we are doing it. That is a classic argument that is brought up constantly in the House. Decentralization, for instance, was not philosophically or principally opposed by some of the opposition party members, but it was the way we did it. It is sort of like trying to have your cake and eat it too. I think that is why mental health reform has been talked about and not delivered on.

We intend over the next several months to initiate the reform path which we think will take approximately three to four years to complete in a significant portion of the current mental health system in the province of Manitoba. It involves a multitude of approach and, from time to time, I think when we talk about the size of the reform that we are contemplating it sort of overwhelms those who have to carry it out. The commitment is there. We intend fully to consult as widely as we can with the community of interest in mental health reform but, when we make a decision that we are going to move and we may run into individuals who say, no, you are doing the wrong thing. I think once government establishes a general direction we are going to move ahead, because if we listen to every criticism that comes up and try to react to it, we will never reform the system.

Mr. Cheema: Mr. Acting Chairperson, can the minister tell us then, over a period of three to four years, what is the stated goal in terms of dollars, how this present funding structure will be balanced over a period of four years?

(Mr. Deputy Chairman in the Chair)

* (2250)

Mr. Orchard: My honourable friend is getting at the issue of what will be the approximate breakdown between institution versus community care. Maybe I will shy away from specifics, but there will be a significant and noticeable shift from institution to community. It is around that very issue which is going to cause the most controversy and the most sensitivity that government has to show in two ways.

First of all, if you are winding down acute care psychiatric beds and taking them out of service, you have the staff who are working and providing services within that institutional environment who have to be given opportunities to retrain to meet the community needs, and that is part of the bridging that we hope to be able to achieve.

It is going to involve significant discussions, with the unions for instance, who represent those individuals in the institutions, and it is going to require significant co-operation on behalf of the senior management within those institutions, because I think it is fair to say that everyone prides themselves on such noticeable criteria as numbers of beds and size of budget. Those are sort of the hallmarks of status within all government programming, and that is not unusual to government alone; those are the symbols which drive people in the private sector as well.

But there has to be a bridging of that away from the concept of service and ability to deliver service based on beds and size of institutional budget, to the type of service that is delivered to the individual. So that we replace the concept of a bed as a service vehicle to the concept of the service itself and where that service takes place, and that is a sort of a founding concept around which we are trying to build this whole reform initiative.

Mr. Cheema: Mr. Deputy Chairperson, the minister has given us at least some idea over a period of three to four years and I do not think anything really can be done faster than that. It is a very complex structure which has been put in place for the last, at least 25 years or so, and significantly has gone away from the community-based care to more institutional

care and everything was focused on beds and providing care inside the hospital and forgetting what is going to happen ultimately. Now there are demands and the total image of mental health care has changed so dramatically, but that is why I think the second part, the community mental health act is going to be extremely important to implement all those reforms, especially as we have started the consultation process. It may take one or two years to reach that level and then by that time there will be significant level of shift.

As the minister has said, there is going to be a lot of opposition in terms of some of the organizations who have their own interests in terms of the professional groups, in terms of some of the union groups, and some of the original areas would like to have these services put in their place. But what we want to see is a system that should serve the whole people of Manitoba, not from a political or regional point of view. I think that direction would certainly be very helpful.

To achieve that direction, we need to know how in the system not only the Winnipeg hospitals but the two major hospitals like Brandon and Selkirk are going to fit. They are the major part of the institutional care, so to speak. We have people living in long-term care and a significant amount of funding is going there, and I would like the minister to tell us, give us some idea of which direction, how are Selkirk and Brandon going to fit into the new system, which is going to be very essential because significant changes have to be made.

We have seen some criticism for the school of nursing and there are some pros and cons on how it should be done, but ultimately how the delivery is going to be provided depends on where the money is going to go, because you do not have extra money. You said money simply has to be transferred, even though there has to be definitely bridge money, but my specific question will be, again, how the two hospitals, the major institutions, are going to fit into the new system.

The next part of the question will be how the Brandon mental hospital is going to fit, particularly because it is an old building. How are you going to have a new building, and then really fit into what we want in institutional care, making sure some of the elements—I will go into detail at a later stage—should be very carefully looked at and making sure that some of the health care providers,

in terms of the their working conditions, can still work in that system and get retraining?

I think I will just finish it here, before I put too many things on the record.

Mr. Orchard: Mr. Deputy Chairman, I think it is fair to say that the role of both the mental institutions will change pretty significantly, and I would suspect, after we have finished our consultation process, we will find them downsized. That has happened already, and as a matter of fact, one of the demonstration projects that we undertook with the million dollars that we identified in terms of re-organization of the mental health system internally in the ministry, was to place a number of long-term residents from the Brandon Mental Health Centre to the Parkland Region, to Dauphin in particular, and that has already been done.

What has not been resolved is what the Brandon Mental Health Centre will look like postreform four years from now, because there are two dynamics that play in Brandon specifically. There is the request of the Brandon General Hospital for redevelopment, which has an opportunity to include in a very modern facility, one would expect, acute psychiatric care beds, versus a reconstruction project which our commissioned report indicates has to be done and has some pretty significant costs for renovations at the Brandon Mental Health Centre.

There are those observers in the community who say that we ought not to proceed, that we ought to put that money into community-based funding and, of course, that is one of the very significant decisions that we have to make around the issue of Brandon.

Other issues in the Winnipeg system—let us deal with it for a moment. The Winnipeg system is characterized by a number of acute psychiatric facilities or wings in our community hospitals, Seven Oaks, Grace, Misericordia and Victoria. Then, of course, the two teaching hospitals have an even more significant presence in terms of mental health, and certainly the Health Sciences Centre, with major reconstruction ongoing on the psych health building, is going to be a significant ongoing presence in the mental health field on the acute side.

Now I would suspect that within the Winnipeg system, you are going to see some pretty significant reorganizations and change of function. For instance, let me just give you the analysis that we have done on the crisis stabilization unit at the

Salvation Army. It is a form of institutional care, but much more community based and, by all accounts, much less expensive than the service that was being provided in the acute care hospital system.

I can see that initiative receiving some additional impetus but only with replacement of budget from the existing acute care facilities. That is where you are going to run into some resistance, because everybody wants to see the expansion in the community programs, but they also want to protect the institutional budget which is part of the ongoing challenge to reform of the system.

Let us deal with Selkirk. I cannot tell you in a mature way where Selkirk will go, because we are not faced with some of the same structural challenges, for instance, that we are faced with at Brandon Mental Health Centre at Selkirk. However, we have ongoing discussions with the federal government right now for a high security forensic placement facility.

* (2300)

The federal government indicates a fair bit of interest. I would suspect that could well be Selkirk's forte in the main 10 years from now, should we be able to mature with that plan. I would think that Selkirk also will have a reduced acute care bed count at the end of a reform period with those services being provided on a community based delivery system including, in part—it may well be some enhanced community residence capacity such as we have been trying to place in many areas of the province, Thompson being the most recent one.

That has had the most direct effect on Selkirk, because Thompson's normal attachment pattern was with Selkirk or Winnipeg, but I am led to believe mainly Selkirk in terms of their access of service. Now with the community mental health residents in Thompson, they have relieved some of the pressure at Selkirk.

Mr. Cheema: Mr. Deputy Chairperson, I will deal first with the Brandon mental hospital. I would ask the minister what specific action they have taken in regard to the report which was released last year—addressed and reported. Some of the recommendations were positive and some of them were not very practical.

I would ask the minister to really consider some of the very solid proposals in that report. They are very positive even though it was a very short period

of time. They worked over six or eight weeks, but they did compile a lot of data. No statement has been made from the minister's office. Maybe they are waiting for the Phase II part to be released. Certainly, we would like to know whether Phase II will include the recommendation from that report.

Mr. Orchard: Mr. Deputy Chairman, that very much is part of the ongoing discussions within the ministry to see what action we ought to take basis the recommendations of the Drysdale Report. If my memory serves me correctly, I believe the estimated renovation costs were approximately \$9 million, I think. -(interjection)- Oh, well a complete replacement, yes, would have been 37, yes. The recommendations on renovations of the existing facility were in the neighbourhood of \$9 million.

That Drysdale Report has been subject to a lot of discussion. For instance, at the regional mental health councils wherein we have had some—well, now, I should not say formal feedback—but at least the informal feedback of seriously questioning whether government ought to accede to any of the recommendations for capital reconstruction, if we are serious about moving towards a community-based system, and their argument being that we ought to put those kinds of resources, if we are going to spend them, spend them on a community-based system rather than in rebuilding the institutional side.

Mr. Deputy Chairman: The hour being eleven, what is the will of the committee, that we carry on until we finish this area?

Mr. Orchard: Okay.

Mr. Deputy Chairman: Do you want to say twelve o'clock or just until it is finished? Okay, carry on.

Mr. Cheema: Mr. Deputy Chairperson, I think that, given the minister's commitment and all the recommendations, one thing is bothering me in terms of the Health Sciences psych building. It was approved in '88 and then '89 and when the construction and everything was started, it had no formal program attached to the whole structure. The building was almost ready as far as I could understand.

Now we are going to downsize the facility at Selkirk and the Brandon Mental Health will also be downsized, but I have no difficulty with that. How can we have a new building when we are going to really close some of the acute care beds somewhere else? Or has the minister something

else in mind which we do not know? Are they going to use this new building as a major focus for some community-based care with a close relationship to a given hospital, or is this facility going to work as a major point of services, which could include outpatient services, which could include the community-based care, which could include some of the services for the regional mental health councils, their ongoing input into the whole thing?

The other part which really is very disturbing is to set up a forensic unit at the Health Sciences building at the same time that Selkirk is going to get some money from the federal government; then we will want to upgrade that structure.

I really do not understand how we are going to be focused on the stated policy of this administration if we have two things going at the same time in two different directions: closing acute care beds in one institution and then building new beds in another one. Somebody really missed the whole point in 1988 and '89. Probably at that time they did not have enough idea from the Minister of Health, or the cabinet did not know what they were doing, because certainly the minister knows full well that somebody clearly missed the point at that time, or maybe I am missing something. I would like to have an explanation on that.

Mr. Orchard: Let us deal with the issue of forensic beds first off. Mr. Deputy Chairman, the Selkirk proposal is for a high security forensic facility for Lieutenant-Governor-in-Council Warrants, which is for the dangerous criminally insane. That is not what is proposed at the Health Sciences Centre. What is proposed there is a 20-bed unit of intermediate care. There have been needs and my honourable friend will point out that 20 beds is more than what is needed, and I concur. Right now that is the case, but there is a need for the intermediate forensic services, because we do not have a facility wherein we can offer that service, and that is distinct from the high security proposal at Selkirk.

The Selkirk proposal basically that we are investigating with the federal government is to replace a circumstance where up until about five or seven years ago we were able to have those services provided in Saskatoon. Their demand, their need has consumed the capacity of the facility and when we can no longer place Lieutenant-Governor Warrant individuals in Saskatoon—we still can, but I mean it is not nearly as available—that caused us to investigate with the

federal government the establishment of a facility in Manitoba.

In terms of the psych building, one of the things that has caused some consternation, of course, is around some of the discussions about program and significantly increased program availability. That has not been approved. Certainly, there are those proponents of expanded program at the psych health centre at the HSC, but I guess it is like every other initiative in terms of capital reconstruction. There are always goals set which may or may not be acceded to, and this case is no different. There are a number of hoped-for proposals that proponents wish to have part of the new building and its service delivery concept.

We will be working through because—when does the site building at HSC formally come on stream? We are 18 months away, roughly, from the opening of that facility. In that period of time, those questions around program, we hope, will be resolved through a number of initiatives, not the least of which is advice from the regional mental health council as well.

Mr. Cheema: Mr. Deputy Chairman, it is fair to assume that whatever has been said so far in terms of the psych building for the acute care facility is going to be reviewed completely and make sure that it does fit into the community based mental health care system. Is that a fair statement to presume?

* (2310)

Mr. Orchard: It has to have an appropriate role in the reformed mental health system, you bet. I think it will have or else we would not proceed with the construction. We think it has got a reasonably important role. You have to appreciate that the psych building—the focus is on the number of beds, which I realize is an issue of controversy amongst those who are observing what is going on there. Forgotten—well, not forgotten—but not mentioned in the discussion is the necessity of the Faculty of Psychiatry in terms of the teaching program, because the old facility was clearly not appropriate by today's standards, so that was part of the reconstruction project as well.

Mr. Cheema: Mr. Deputy Chairman, I do not think that is the case. Everyone knows that the problem has been in terms of acute care beds, how many beds they are going to put, and how much it is going to cost to staff those beds. When we are considering cutting down beds in some of the

hospitals, it really does not make any sense to have a new building for beds only. If that building is going to be used for some other purposes which is very valid, some of the purposes for out-patient and teaching programs and community-based care combining with the role of the regional mental health council, as they have pointed out in their own report, was very clearly indicated in there.

Somebody really did not think in 1988 and '89 what they were doing. Certainly, the minister realized the problem and they have 18 months and then a three-year period for the mental health reform, and I am sure that could fit very well into the stated policy. I just wanted the minister to know that. I think we did have difficulty with the whole concept, and now I think, as the time is passing by, everyone is trying to grasp the whole concept, and it may eventually fit into the mental health reform.

One aspect which the minister has said for intermediate care for forensic patients is the 20-bed unit, and the highest occupancy in Manitoba is not more than six or eight or 10 beds at the peak time or whatever you want to take. That maybe should be reconsidered in terms of putting resources where we may need them. I am not expert on that issue but certainly the original Mental Health Council, the minister's own council, and that is where when you appoint your own council you take some risks because they are an independent body and they can offer recommendations, some of them are really opposing to the whole concept. Certainly that is a risk one has to take, but that is the positive approach.

I think we should reconsider some of the bed allocation for a forensic unit, also make sure these sources are properly used. I want the minister to know that we are concerned and as long as that aspect is taken into consideration.

My next question is going to be in terms of the other teaching hospital. As we have seen during the early period when they were at construction, some of the beds were closed and it was a good experiment in terms of it did not have a major impact on that delivery. That was the consensus we have gathered through the community groups and some of the organizations, especially the Canadian Mental Health organization, who had been advocating for more community-based care. My question is on a specific hospital. Are we going to down-size the St. Boniface Hospital in terms of acute care beds as well?

Mr. Orchard: Like in terms of psychiatric services? I cannot answer that, but my honourable friend will remember and will know that we had this discussion about two or three weeks ago, because one of the issues that the Urban Hospital Council is considering is the psychiatric services. Now, that was put on the list at our request because of the same experience my honourable friend talks about during the January strike. Not only that, but also because we have—I guess, in the last four months or so—had the analysis of how well the crisis stabilization unit has provided quality service at a lower cost than the Health Sciences Centre, for instance. So that there were two dynamics at play in asking the Urban Hospital Council to consider what level of service in terms of psychiatric—oh, no! Mr. Deputy Chairman, I am faced with a disaster here. My coffee has curdled.

Mr. Deputy Chairman: We will just be a minute.

Mr. Orchard: I am sorry, Mr. Deputy Chairman.

So what we were considering was the issue before the Urban Hospital Council, so that I cannot give my honourable friend a suggestion as to what recommendation might—oh, my God! This is really getting bad. I was about to throw a tantrum. When someone interferes with my coffee, anything is possible.

But, at any rate, I cannot prejudge any direction as to what might be recommended for St. Boniface or indeed for any other hospital, but I think that the issue needs to be discussed because there are a number of dynamics that are facing us and a number of observations made by the community, such as the Canadian Mental Health Association.

I have asked the question direct out: Did we, during the month of January when we used significantly lower numbers of our acute care beds—and its for psychiatric services—have a significant increase in demand from the regional services side? All indications were that we did not have this significant increase in demand.

Now there are those who then say well, that is because people knew there was not any service, therefore, they never asked. Well, that is significantly different than the case that is often made about having individuals without their care needs being met. So I cannot indicate to my honourable friend—I cannot prejudge any decision by the Urban Hospital Council, but if my honourable

friend has any observations he would want to share, I would be quite willing to listen to them.

Mr. Cheema: Mr. Deputy Chairperson, I will not dare to mention any hospital names. I will just ask the minister, what kind of discussion, in terms of other than the Urban Hospital group—has there been any representation from each and every hospital made to the Health Services Commission, or to the Minister of Health (Mr. Orchard)?

In terms of listening to their point of view, which hospital has the occupancy rate? What kind of clientele have they? What kind of system do they have so that the informed choice can be made?

Mr. Orchard: At the committee stage with the Urban Hospital Council reviewing the issue, apparently discussions have been held with each of the hospitals, with the exception of Concordia who does not have any beds, but with the other six hospitals, to initiate discussions on the issues around occupancy rate, et cetera.

Mr. Cheema: Mr. Deputy Chairperson, I think there are a number of issues here. I just want to point it out. Any decision made has to be based on various factors in terms of first of all the catchment area. Second is going to be a geographical distribution, plus the type of patients those individuals are seeing, plus if there is any community support in that region, plus what kind of staff do they have? Do they have a full complement of staff?

The other thing will be the occupancy rate over a period of two to three years, excluding the strike period which is not a very valid argument just for one month because most of the patients would hold—if there is not a real urgency in terms of somebody really needing acute mental health care, people can hold for a few weeks and then come to the system.

The minister is getting the best coffee service possible in this building and the opposition critics and the critics are not even offered a coffee. That is—

Mr. Orchard: Do you want a coffee?

An Honourable Member: Yes.

* (2320)

Mr. Cheema: I think we would like to have coffee. It is 11:20 at nighttime.

Mr. Orchard: Well, we will just give you some.

Mr. Cheema: So, Mr. Deputy Chairperson, I would like the minister's office to consider all of those factors when the decisions are made so that each

and every hospital has the opportunity to make their representation, the departmental heads will have a chance to make their representation and the professional groups have a chance to make representation.

I think the wider consultation must be taking place because then as politicians we can even make an informed criticism, so to speak, that everything was done to the best possible way so that nobody can come back and say the decision was not made and so and so political parties are not supporting so and so hospital. I think even for us as opposition critics, when we have taken the risk of supporting the government in the whole issue, we want to be well informed in terms of the consultation process.

Mr. Orchard: Well, the consultation process of course will be undertaken as much as possible. You know, the one thing that I want to indicate to my honourable friend, this is not an issue where we are trying to create hospitals that win, hospitals that lose, professional groups that win, professional groups that lose, because if we ever get into that kind of dynamic of assigning winners and losers within the institutional mental health system then we will run into the same kind of problems which denied the reform of the system for 20 years.

(Mr. Bob Rose, Acting Chairman, in the Chair)

What I am trying to keep my eye firmly on, the moving target, is that whatever we do enhances the level of service and the benefit of service to those patients requiring psychiatric and mental illness assistance. If we get into a game where hospital "a" wins at the expense of hospital "b" and "c" and hospital "d" manages to just maintain their status quo, we have lost mental health reform. The moment we get into winners and losers from the institutional standpoint we forget about the fundamental goal in mental health reform being a better quality service for the patients.

I know we are going to get detracted. I know we are going to get sidetracked into that issue of winners and losers amongst professional groups and organizations. It is inevitable, but I want to try and keep my focus clearly on the agenda of providing better quality services in a reformed mental health service, not for the institutions, not for the professional care deliverers, but for the patients.

Mr. Cheema: Mr. Acting Chairperson, I do not have difficulty with that statement, but what I wanted the minister to be aware of is that if the full consultation

is done then, as the opposition members, even we can support a program or, so to speak, if we are going to cut back, then how are they going to manage? We have to be well informed how the process was done. We do not want to be stuck in supporting the government when we may have later on somebody saying, you know, we were not consulted fully. So I just want the minister to consult everyone fully, let them make their presentation, make it part of the full team and then achieve the goal for the best care of patients.

Mr. Orchard: Mr. Acting Chairman, I accept my honourable friend's advice with one question. Do you think we would ever be able to make a decision?

Mr. Cheema: I think the minister will be able to make a decision. I do not think that is going to be tough in terms of, if we are proceeding the way the minister has done so far and you have a stated goal in mind and the goal is to provide the best possible care with a community-based component over a period of three to four years, you have a set goal, you have a set policy. I do not think it is going to be very tough to implement those policies. There is a strong will in the community. You cannot go wrong on this issue.

The Acting Chairman (Mr. Rose): Item 4.(a)(1) Salaries.

Ms. Wasylycia-Lels: Let me just try not to repeat some of the issues raised by the member for The Maples (Mr. Cheema) and get down to a few specifics.

At the outset though I have to say, I am a little more impatient than the member for The Maples. The minister knows this. I have raised concerns in the past about how we seem to be ending up with a smoke-and-mirrors approach to mental health reform. The minister announces major changes in 1988; he announces principles a little while after that; and now he is telling us another three to four years.

I have been waiting for every budget that has been handed down by this government for some indication in this area that there has been the beginnings of a shift from institutional to community-based care. I have not seen in the past, and I do not see it in this budget. I am wondering if the minister can indicate—can he make a commitment that we will see it in next year's budget?

Mr. Orchard: When my honourable friend makes the criticism of three to four years, understand that

a process of reform is not going to happen in one fiscal year. It is going to be a staged change in the system with appropriate opportunity for redeployment of staff which may be affected, because I do not think anybody is fooling themselves when they support reform of the mental health system. It is going to mean fewer acute care beds in every placement with services in the community. When that happens, we have to be sensitive as the employer, i.e. government, that we provide opportunities for the staff currently in the institutional system to undertake opportunities in the communities.

Those may not always happen, because the community opportunities may be distant from the institutional opportunity, particularly in the instance of Brandon and/or Selkirk, and even to a degree Winnipeg, because the Winnipeg acute care system, institutional system, serves Manitobans from outside the city of Winnipeg. The objective is to try to provide those services as close to the individual as possible. That is why I indicated, in an earlier answer to my honourable friend from The Maples (Mr. Cheema), three to four years in terms of a transition period.

The reason I use three to four years, Mr. Acting Chairman, is that that probably is the closest example that I am aware of. It may not be the perfect example. I want to try and spend some time there because I met with a Dr. Carling—was that last year?—about this time last year. He was very instrumental in a reform of the Vermont system, from a substantial institutional-based system to one that is community-based. Some of the things that happened over the three to four year period that they—and they are still undergoing the change—but some of the things that happened was they anticipated the need for a number of smaller community beds. Those did not materialize.

Now, I find that absolutely fascinating to contemplate, because our reform that we envision right now involves a community mental health residence program similar to what we have in Thompson, Dauphin and other parts of the province. Indications, and maybe I did not understand, were that they did not have those goals. They had a proposition—if I recall correctly, a number of—like in the smaller communities, if they had an acute care hospital, they would dedicate several beds there for acute psychiatrically ill people. That did not

materialize in the information that he shared with us some year ago.

So when I use the three to four years, I mean that is the initiation of a program of reform that will take place over three to four years so we can make the kind of adjustments to assure two things: that we treat as decently as possible individuals currently employed in the acute institutional side; and secondly, that we provide, or we have in place the opportunity for support services in the community prior to deinstitutionalization. That is not going to happen over night.

Ms. Wasylycia-Lels: Thank you. I certainly appreciate that and understand that, but I would expect that if one has made a commitment to reform of the system and is moving in that direction, we would start to see some signposts along the way. We would start to see some shift in resources, because I think this area is probably no different than some of the others we have been dealing with in terms of health care reform and moving from institutional to community-based care. It is going to require some front-end spending before savings can be seen from the other end over the long term.

* (2330)

I would have expected to have seen by now some increase in resources for the community-based system, whether that be in terms of training dollars for community mental health workers, whether that be in terms of some kind of different types of housing in communities' range of services required. I do not see that showing up yet in the Estimates and so I just wondered if we are going to start seeing that shift in the budget for next year.

Mr. Orchard: I would certainly hope so, but let my honourable friend—I just want to indicate to my honourable friend that that shift is already taking place. For instance, although it is not reflected in a decrease on the institutional side of the budget we have been funding to the tune of \$500,000 in base-line funding the crisis stabilization unit at the Salvation Army. We are providing support funding in this year's budget for the Thompson mental health residence.

Part of the \$1 million—well, all of the \$1 million that we put in place subsequent to the 1988 announcement established a number of community programs from individuals moving from Brandon to the Parkland Region -(interjection)- I tell you, is

everybody going to have to be nice now—but at any rate, those shifts are already taking place.

Let me deal with another issue that has been of some controversy over the last several months since the budget: the School of Psychiatric Nursing in Selkirk and the consolidation to Brandon and the objective of building a baccalaureate program tailored to the needs of a reformed mental health system. That is very much part of the agenda. That is going to be a couple, three years in its genesis. Let me assure my honourable friend that it is all part, even though it looks like isolated and narrowed and individual decisions made by government, it is part of an ongoing plan of reform of the mental health system.

I venture to say that if we were to sit around this table in 1995, we would not recognize this budget that we are passing tonight. In order to achieve that, I cannot overemphasize to my honourable friend the need to build partnerships in the community, because I will tell you straight out, no minister of health and no government can do the kind of reform we are talking about in the mental health system without a substantial amount of groundwork preparation, consultation and understanding and support by a number of groups outside the health care system, not the least of which is the Canadian Mental Health Association and various consumer support groups that were at committee during the hearings on Bill 5.

We have very deliberately been trying to build that coalition of support and understanding for the reform because—I will put it to you very bluntly—when we start to wind down institutional function and affect the union membership, affect the professionals, psychiatrists not the least of which, when we start to affect how they deliver mental health services, I want to tell you right now we are going to run into substantial criticism of what we are doing. That, in the past, I think, has been the main reason why successive ministers and successive governments over 20 years have not moved on the issue of mental health reform.

(Mr. Deputy Chairman in the Chair)

I am not going to make the mistake of not having at least a significant amount of community support before we embark on this program because in the first year of a stage wind-down of institutional care, if everyone turns their guns on government, including both opposition parties—and this is where

I have been very appreciative of the support I have received to date—you can turn your guns on me in the next six months to a year and essentially stall reform by picking apart individual components of the reform as being detrimental and negative. There will be institutions individually, or professional groups individually, or individuals within professional groups, that are going to say it is wrong and will be seeking a supportive voice to make government change their mind.

Once we embark upon the reform, I want to carry on with that reform and set a process in motion that is right, that is the right thing to do for the patient, and to set it in place with enough rationale behind it and common sense behind it that it will carry on regardless of who is government, including my honourable friend, if my honourable friend were sitting in this chair. You do not do that by quickly changing Estimates lines. You only do that by working very, very diligently, as my assistant deputy minister and many others have done over the past year and a half, to try and achieve a consensus around the direction we are going.

You know, I am not looking for accolades or anything, but you have to appreciate that there is a fairly deliberate strategy in play here. In 1988, the reorganization within the department, the community projects that we put in place, the principles and policies guiding reform that have been now approved and adopted as guiding principles, a number of reforms that have happened during this whole time.

I want to draw attention to three projects specific to mental health in the Health Services Development Fund which I think help to build the community base of support. Additional care and support—mental health demonstration project. Now, there are two of these projects, one in Brandon, one in Winnipeg that are ongoing, self-help in action mental health project by the Society for Depression and Manic Depression. These are community-based initiatives that are there in advance of the reform of the system to underpin services in the community for individuals with specific needs. You know, we have tried to move very carefully and very strategically in everything we have done, building towards the major shift which we suspect is probably going to start showing up next year in terms of budget. We have the issue of bridge funding which we think we

have in part, or in whole, resolved to kick the process off.

Ms. Wasylycia-Lels: I think two things flow out of what the minister has just said. One is that he is trying to find total community consensus which I do not think that is something that is possible and I think that he has got to be prepared to take the steps. There will always be criticism and that is part of the role of opposition to provide constructive criticism and it is part of the role of community activists. So I do not think that you should get stymied in terms of not having the total community's consensus.

The other thing is, I think he has lost a bit of time this past year because of some, what we would consider, not that well thought-out budgetary decisions. We have raised them on a number of occasions, and I think it is unfortunate that restraint had preoccupied this government to the point where it has had to erode programs in terms of health, community services and education and list goes on and on. I think the minister has some real damage control to do in terms of the psych nurses situation, the psych services building, Pine Ridge he mentioned, not to mention psychoanalysis, and there are probably a few others if we think long and hard enough.

Mr. Orchard: Each one of them is driven by a given interest group, and that is the whole point I have been making to my honourable friend. You will always be able to criticize individual decisions of government, because you are always going to find someone who wants to criticize them, including psychoanalysis, which is not even an insured service, as we dealt with the other night in committee.

* (2340)

Ms. Wasylycia-Lels: I have noted that interruption from the minister of my comments, and I hear what he is saying, although I think he is again trying to find someone to blame for the problems around some of these issues, rather than the budgetary decisions of this government which, in our view, have not been that well thought out.

However, time is running out. Let me go on to a few specific questions. The minister has put a lot of emphasis and focus on the demonstration projects. I am wondering if those projects have been reviewed, what the results of the review are, and what then will be the future of those projects?

Mr. Orchard: Mr. Deputy Chairman, we are in the process of completing those analyses and do not have the results to share with my honourable friend tonight. I could not resist just adding a couple of little comments around psychoanalysis because that is -(interjection)- No, but that is one of the decisions. Well, okay if my honourable friend wants to talk about it later on, I have got some information that points out what I have been trying to tell her. No matter when government makes a decision in the mental health field or in the health care field, everyone in opposition will universally criticize it, because there will be someone who is affected professionally, who will be affected by the decision of government and will protest the change.

I want to share with my honourable friend some psychoanalysis information before the evening is out, because I think it stands as a very, very excellent example of why this system has not moved toward any kind of community-based reform, any kind of shift in allocation and use of resource. Every time you try to make that shift, you run into the brick wall of the institution and the profession. That has made governments, including the one my honourable friend was part of, and the one prior to that which I was part of, and the one prior to that, hamstring and straightjacketed into not changing the system. The psychoanalysis is one that I want to share with my honourable friend later on this evening, because it is a classic example of defence of what is not defensible.

Ms. Wasylycia-Lels: I will try not to get into a debate, given the lateness of the hour, but I must say that in terms of the role of opposition critics, when it comes to innovative decisions on the part of the government, it is exemplified best by the minister himself. I am a novice, a neophyte, when I compare myself to his obstructionist tactics that he used during opposition, regardless of whether or not a proposal made sense or not. I will try not to learn too much from him and be as constructive as possible in this process.

Let me ask just a follow-up to the questions from the member for Maples (Mr. Cheema) on the psych services building at the Health Sciences Centre, just to get a clarification about the minister's plans for this facility. Am I to take it from his comments that the whole proposal in terms of an expanded facility, expanded from the old one, is under review and that the question of the increased number of beds in the number of areas that have been referred to is being

reviewed, and that a consultation process is taking place around that.

Mr. Orchard: Mr. Deputy Chairman, first of all, let us make sure that we understand the construction in the bed capacity at the psych health building. First of all, there is a direct replacement bed for bed, not an additional but a direct replacement of bed for bed. The additional beds are intermediate care forensic service beds. The issue that my honourable friend from The Maples (Mr. Cheema) and I went through tonight was whether 20 was appropriate or possibly 10 was appropriate. Twenty has been struck, and 20 is part of the construction plans. The other beds are replacement beds, not additional ones.

The argument can be made, why did we not make it smaller—oh, I am reminded that also was additional beds, within the 93 bed count are 10 beds for adolescent services, which have not been available to the system before, 10 beds. So of the 93 replacement beds, 83 will be existing service capability, it is envisioned, 10 adolescent. Then the 20 forensic are an additional capacity within that construction program.

What I mention to my honourable friend is that the program cost, which will be increased, may well be around the adolescent beds. Bear in mind there are 10 beds that they are replacing function on, to which there should be some budget allocation, and the potential 20 beds for forensic services. Basically, the replacement of service capability within the Health Sciences Centre budget, the operating cost ought to follow the bed.

What is at issue, as I discussed with my honourable friend from The Maples earlier on, is naturally with new buildings there are all sorts of rumours, some real, some unreal, some imagined, some definitely wished for in terms of expanded program. That is what has not been agreed to, because everyone has "a wish list" whenever they approach a new capital project. That is what has not been agreed to.

Ms. Wasylycia-Lels: In the process of making those final plans, is the minister following some of the recommendations from the Winnipeg regional mental health council in terms of consultation and public input?

Mr. Orchard: Do you mean a recommendation to have public input?

Ms. Wasylycia-Lels: There were a number of recommendations in the council's report. I think they identified some flaws in the planning process and a failure to consult thoroughly and widely enough. I am wondering, in terms of the final decisions that have yet to be made with respect to the psych services building at the Health Sciences Centre, if the minister is following any of those recommendations.

Mr. Orchard: I cannot give you answers unless my honourable friend wants to ask about specific recommendations.

Certainly program and approval of function, et cetera, will be subject to significant consultation. That I can indicate to my honourable friend. I cannot indicate what is in, what is out, according to their recommendations, at least not at this stage.

Ms. Wasylycia-Lels: There are a number of recommendations. I do not want to take up the time of the committee with all of them, but let me ask specifically about child and adolescent programs and how it fits into this new building. The council recommended that the increased staffing for the programs not be approved but as an alternative the mental health division undertake a process with wide consultation to determine where the resources committed to these programs could best be allocated to meet high priority needs within the community-based child and adolescent mental health system. I am wondering, is that totally now out of the question, given the parameters the minister has put in terms of this new development?

Mr. Orchard: We are undertaking and will continue to undertake discussions around the adolescent issue with MATC—Manitoba Adolescent Treatment Centre—St. Boniface and Health Sciences Centre so that the program that we may well fund will have at least a city-wide capability, if not, where appropriate, provincial service capability.

Ms. Wasylycia-Lels: The advisory committee that is shown on this new organizational chart, has that been established?

Mr. Orchard: Yes, essentially all of the individuals have been selected to serve, but I am not sure about the notification process. That has not happened yet, has it?

Ms. Wasylycia-Lels: Can the minister tell us now what the mandate of the committee will be?

Mr. Orchard: Basically to provide advice to the minister, because there is province-wide—the

committee you are talking about is the Advisory Committee on Mental Health Reform?

Ms. Wasylycia-Lels: Yes.

* (2350)

Mr. Orchard: Yes, to provide the ministry, myself, with a sounding board to some of the initiatives in the reform, because the membership of this advisory committee will be provincial-wide. Representatives from across the province from a number of specific interest groups, both professional and community, will be part of it. It will be fairly large I think, say 22 members, so it will be a fairly significant group and will be very diverse in its representation.

Ms. Wasylycia-Lels: I am wondering where all of the departmental plans and the formation of this advisory committee and whatever other study groups or reviews the minister has undertaken fit in with the Urban Hospital Council's working group on psychiatric services.

Mr. Orchard: I think it would be fair to say to a fairly limited degree, because the Urban Hospital Council issue around psychiatric services is primarily narrowed to their acute psychiatric wings and their service provision to the city of Winnipeg. I appreciate that there is limited, and I could not, nor should I say no, community-based services out of those. Each institution has its own community-based service as well, but the issue being discussed at the Urban Hospital Council is around the acute care facilities themselves and really does not have close attachment, for instance, to the considerations on provincial-wide mental health reform that the advisory committee might be asked to discuss or plans that are currently being developed within the Mental Health division.

Ms. Wasylycia-Lels: Is there now a standard in terms of optimum number of acute psychiatric beds?

Mr. Orchard: No, there are those kinds of ratios for acute care beds, for personal care home beds, but there is no provincial comparable in terms of the acute psychiatric beds, at least that we are aware of. I think I can say with reasonable confidence that there just is not one.

Ms. Wasylycia-Lels: One of the concerns raised in the report by the Winnipeg Regional Council has to do with the waiting periods in emergency wards in hospitals, and often reference is made to people with mental health problems having to wait 10 hours

or more. Is that being addressed? Is that kind of issue being addressed in terms of the psych services building and adequacy of staff in that regard, or is it being addressed by the Urban Hospital Council?

Mr. Orchard: I realize that was an observation by the Winnipeg Regional Council but, in terms of the discussions at the Urban Hospital Council, I think we want to have confirmation as to whether that in fact is the rule or the exception to the rule and whether there is a variation between institutions in Winnipeg, because six can be referred to, for instance, in Winnipeg, two teaching and four community hospitals.

Ms. Wasylycia-Lels: Regardless of accuracy in terms of precise waiting periods in emergency wards or how widespread this may be, we keep running across incidents and hear about situations where someone with a mental health problem has been left waiting and then does not receive service and proceeds to do damage to himself or herself and others in the community.

I am wondering where in the system is this whole issue being dealt with. Has a protocol, perhaps, been established for hospitals in terms of being able to assess someone who may need to be moved up in line or dealt with in different ways than is standard in terms of the emergency wards?

Mr. Orchard: Mr. Deputy Chairman, each facility has its own protocol and triaging, and I think one would find a substantial consistency amongst the institutions in Winnipeg, amongst the six hospitals in Winnipeg.

I just want to caution my honourable friend. The incidents that my honourable friend refers to, again, I would have to say are the exception rather than the rule. The majority of individuals, I think, receive appropriate and quite prompt response, but there is always going to be the exception to the rule.

That is why it was so difficult to craft amendments, for instance, to The Mental Health Act which in part get around this issue that my honourable friend is referring to in terms of the patient rights for professional intervention, et cetera. We end up with agreement to disagree in terms of certain procedures and processes. Where you have your incidences happening, I think, again I would have to say they are the exception rather than the rule and may not have been identifiable by a professional, so

assignment of blame to the system is difficult to do in those kinds of circumstances.

Ms. Wasylycia-Lels: I am not trying to blame anyone or cast aspersions on any part of the system. I am simply expressing concern even if one person falls through the cracks and can then do enormous damage to individuals in our society. It is something that should be taken seriously, but I will leave that. I appreciate what the minister has said.

While we are on the issue of protocols, I am wondering if since we last discussed the issue around the incidents pertaining to Eden Mental Health Centre if a protocol in terms of sexual abuse has been drafted, and if that has been adopted and circulated to all of our facilities.

Mr. Orchard: In terms of Eden, yes. Their new policy is in place and agreed to. I think the Ombudsman commented that he enjoyed very open co-operation from Eden Mental Health Centre. Subsequent to that, the suggested policy has been circulated to and has become part of the policy procedures of other acute care facilities and personal care homes as well.

Ms. Wasylycia-Lels: Would the minister be willing to share a copy of that with the members of the opposition?

Mr. Orchard: Yes.

Ms. Wasylycia-Lels: Thank you. In terms of—back to again the overall reform issue—is the appointment of Clay Hutchinson, a CEO of Brandon Mental Health Centre, a signal of things to come?

Mr. Orchard: Mr. Deputy Chairman, I was aware of the fact that Mr. Kufflick, the former CEO—well, I guess former as of July 1—had assumed the position of executive director at Minnedosa, but I had not been informed that Mr. Hutchinson is contemplating a change in career and will take on the acting status of CEO at Brandon Mental Health Centre, but I am so informed—(interjection)—The paper has not reached me yet.

Ms. Wasylycia-Lels: If you just keep in touch with the community on a regular basis, then you would find out these things.

Mr. Orchard: I was out there on Monday and they never told me.

Ms. Wasylycia-Lels: I have certainly not heard anything negative about this decision, and I am wondering if it signalled anything in terms of the

pace at which the minister was preparing to close down institutional beds and open up regional beds?

* (0000)

Mr. Orchard: Clay Hutchinson has served for 10 years as regional director, so he has a very good feel and understanding for the Westman Region, and as CEO can offer that liaison between the community and the institution as CEO. I have to tell you, he has been very, very much a part of the regional mental health councils activities and initiatives, so that we have a pretty good fit out there. I did not realize we were that fortunate, that the paper had not arrived to inform me.

Ms. Wasylycia-Lels: Do I gather from all of the minister's statements this evening, in terms of a reformed mental health system, that the minister will begin with the area surrounding the Brandon Mental Health Centre and the Westman region, is that his intention to target a region of the province and make some significant changes and then move from there?

Mr. Orchard: Yes, and maybe some additional direction and initiatives that would make the whole system reform more understandable and more blueprinted, if you will.

Ms. Wasylycia-Lels: With respect to the regional councils and of course their role in terms of mental health reform, is the minister at all contemplating some of the models—I do not know if it is Vermont or which model—certainly a recommendation of previous Manitoba mental health reform papers, and that is of block funding to regional councils, than to make decisions based on the needs of their region?

Mr. Orchard: We have not crossed that bridge yet. I am not ruling it out, nor am I acceding to it because we have already in place a regional structure of service delivery. We just passed it basically tonight. That may well be the vehicle with which we can offer regional budgeting and regional presence of service.

The regional mental health councils were not struck, and it was very definitive that, when we launched the regional mental health councils, they were not created as a vehicle to create a wish list of requests to government. They were to try and come around the issue of service gaps, laps and overlaps—very few overlaps in most of the regions, because they are underserved, that is clearly recognized—but basically to identify what would be

the most appropriate service levels to try to achieve, if one were to set goals and targets, and to help government within the budget that we currently have of some \$200 million of more appropriately focusing that and redirecting that budget.

To a pretty significant degree I think the councils have been successful in providing government with some guidance. It is now, in part, our responsibility to act upon that advice, even though we are going to get "constructive criticism" from time to time.

Ms. Wasylycia-Lels: I am actually, and I think the minister has picked up on this, suggesting something much more radical than what the minister envisages so far for the regional mental health councils, and that is—and a recommendation that has been in just about every mental health reform document over the years—for some sort of a global budget going to regions to give the region the capability to make community-sensitive decisions for the full range of services, whether we are talking about housing or recreation or employment or hospital services, whatever. I am wondering if that is at all in the long-term vision of the minister.

Mr. Orchard: It may well be, but you see, here is the pragmatic difficulty of doing that. We have a couple hundred million dollar budget—I have to look at my line here—19 of which is in one institution, 17.5 in another institution. Now, if we are going to regionalize that budget and the six acute care hospitals, two teaching and four community, we have to take the budget away from those institutions. I suggest that we cannot do that—bang—and reallocate the dollars.

In a maturely reformed system, four years out, five years out, six years out, whatever the time frame it takes to achieve that, that may be considered, because then you will already have, in a timed fashion, changed the budget direction away from institution into community and placed those resources in the various regions. That is why I suggest to my honourable friend that the delivery vehicle probably already exists, and it is not as traumatic as—kachunk—saying here your budget in Parkland is two-thirds of the Brandon Mental Health Centre; we are going to give it to you overnight. You cannot do it that way.

I know my honourable friend is not suggesting we do it that way at all. I think you can understand there are some pragmatic difficulties in making that, because I think it would be fairly easy to identify the

total mental health budget and establish a per capita spending and by regions do a population shift. We could do that in medical services. We could do that in a number of other health care services. We could do that in education and probably achieve some pretty radical changes. We would also probably encourage some pretty radical constructive criticism if we did that.

Ms. Wasylycia-Lels: While we are on regional councils, I worry about perhaps this government going in the opposite direction of trying to reallocate resources towards regions and perhaps through regional councils. That is a concern that this government is expecting regional councils to start doing their own fundraising to do the job of government.

I am wondering if that is actually the case. Has the minister sent out that kind of message? Are councils being asked or is it being subtly suggested that they actively pursue fundraising in order to advance the goals and objectives of a community-based mental health system?

Mr. Orchard: No, there has been no message go out from government that each of these regional councils has to start fundraising for the programs they want.

What I indicated to my honourable friend earlier is that they were not created to establish a wish list and present to government a series of requests with price tag attached, but rather to identify needs and opportunities for service delivery within the regions and then to assist government into establishing where there might be an appropriate reallocation of resource from the existing system to their region. A classic example is Parkland Region wherein we have 10 individuals from Brandon Mental Health Centre from the Parkland Region who were long-term residents of Brandon Mental Health Centre that in the last two years have been relocated into the Parkland Region.

That can only happen because those residents originally were from Parkland Region, so that was the kind of association of service needs identification where a reasonable reallocation within the system and shift within the system can occur, because only the regional councils understand where their out-of-region service delivery vehicle is, whether it be Selkirk or Brandon or Eden or one of the six hospitals in Winnipeg. Do I make myself sort of understood?

Ms. Wasylycia-Lels: Yes, I think I will read Hansard to check that. Just a few more questions. We are getting fairly late, and I think we should wrap it up.

Many communities have identified some very special mental health needs. I am thinking of the aboriginal community, our multicultural community, and women in the province of Manitoba. I am wondering if there are specific strategies being developed in terms of those communities.

* (0010)

Mr. Orchard: In terms of the multicultural area, one individual on staff is our multicultural mental health liaison and that is, I think, working reasonably well. One of the issues that the Multicultural Health Advisory Committee is discussing is, of course, mental health services to newcomers. Their needs are somewhat different than ours in that a number of them, if they are refugees, have gone through some pretty traumatic personal experiences before arriving in Canada which brings with it a distrust of authorities, a distrust of uniformed people. Even security people in the health care institutions are viewed with intimidation by some individuals because of the experience with military regimes in the countries from which they escaped.

In terms of aboriginal mental health, we do not have any specific individual assigned to assist in that regard, but we attempt as much as possible to provide services, particularly in terms of our northern medical unit.

In discussions last Thursday evening with Dr. Rodgers, one of the things that he intends to do post retirement as Chief Provincial Psychiatrist is to re-undertake his northern visitations providing psychiatric services to northern Manitoba and taking with him the residents of the psychiatric residency program. He has found that experience in the past has been beneficial, because a number of the students that he took north into northern remote communities, when he did that prior to coming on as Chief Provincial Psychiatrist, are still post graduation providing those kinds of services. So I think it is fair to say that effort will now, with more time available by an individual like Dr. Rodgers, be enhanced as an initiative which has the potential of providing increased services in aboriginal communities.

Ms. Wasylycia-Lels: Just two questions left, one on rehabilitation. When I was the Family Services

critic, I noted that the department was not taking advantage of all cost-shared programs. I am wondering, does this department take advantage of every possibility for cost sharing in the area of rehabilitation?

Mr. Orchard: The division has recently commenced an initiative to analyze our service provision in terms of potential access on CAMP and VRDP.

Ms. Wasylycia-Lels: So you are just now finalizing arrangements to take full advantage of those programs?

Mr. Orchard: The issue is that we have been accessing some federal cost sharing, but we are doing an analysis of the range of service provision that we do to see whether we are negotiating adequate cost sharing from the federal government. I do not have an answer for that, but we are investigating with the objective being, hopefully, to identify more qualifying services that we can seek federal cost sharing with.

Ms. Wasylycia-Lels: The final question I have has to do with a particular individual who is involved in, I believe, a court case right now. I have forgotten his first name. It is Mr. Ball, a forensic client who is fighting for the right to have access to mental health treatment. I am wondering if that is being addressed on a policy basis, or is it being left in terms of the court judicial system?

Mr. Orchard: I am informed that the circumstances around that individual are currently being investigated to see whether there is an opportunity for alternate service provision. We have not concluded that yet, because we have to do our liaison work with the Attorney General's department as well as the client's lawyer to make sure that we are able to provide an appropriate service delivery model outside of the Headingley environment.

Ms. Wasylycia-Lels: I almost missed an issue. The minister has been dying all night to get into it—two issues, actually. Although we have been around and around these issues in the House and in the debate on the bill, Bill 5, I still do not think we have heard any clear answers on the psych nurses issue. I do not believe the minister has ever dealt with their statistics in terms of a possible 40 percent reduction in terms of graduating psychiatric nurses. I think it causes some concern in terms of future directions of the mental health care system. That is one issue. The other is, when can we expect the

minister to have fully consulted with the psychiatrists association of Manitoba and the MMA and give us his final decision with respect to coverage of psychoanalysis, in 30 seconds or less?

Mr. Orchard: The first issue in 30 minutes or less. In 1988 between Brandon and Selkirk, there were 38 graduates. We expect to have a class of 45. In 1989 there were 47 graduates, and in 1990 there were 43 graduates. Of the graduates in those respective years, a number of the graduates sought employment outside of the province of Manitoba, so that with a class of 45 in first year at Brandon this fall, assuming a modest drop out of the program, we think we can come close to meeting these graduate numbers that have been traditional for the last three years, ranging from 38 to 47 with an entry class of 45.

In terms of serving Manitoba needs, yes, we believe that will happen with the 45 first-year class in Brandon because, as I said before, a number were employed out of province, were not employed within the province.

In terms of psychoanalysis—

Ms. Wasylycia-Lels: Excuse me, just before the minister goes on to psychoanalysis since he might go on for a while, on the psych nurses issue could he tell us if he has approved their application before the Health Services Development Fund?

Mr. Orchard: No, that application is before the fund and has not been approved yet. It will probably get decided on in the near future.

Now, Mr. Deputy Chairman, psychoanalysis. My honourable friends have made an issue of psychoanalysis, and there were some pretty improper statements that were quoted by learned people in the media as to what this would do, demonstrating a lack of understanding of psychoanalysis—not my honourable friend. Even though I am looking at her, it was not her who said that. It was -(interjection)- No, it was not my other honourable friend, either.

There was a statement made by a learned individual that you would have homicidal people wandering the streets. That is not accurate because psychoanalysis, and I want to just read a professional opinion by J.S. Maxmen, associate professor of clinical psychiatry, Columbia University, and distinguished psychiatric lecturer from the American Psychiatric Association, no unqualified individual. He said, today's psychoanalysis is

generally recommended for patients with "problems in living" and milder forms of depression, anxiety and obsessiveness. The patient must be bright, introspective, usually under the age of 50, a good abstract thinker and nonpsychotic. He or she should be reasonably adept in at least two of the three main areas of functioning: social, occupational and recreational. He or she should also have the time. All in all, the ideal psychoanalytic patient has some problems but in comparison to most psychiatric patients, is a paragon of mental health.

Hardly the kind of individual described by one of the physicians commenting on psychoanalysis. Secondly, psychoanalysis is not an insured service in Manitoba and has not been. In some other health plans, psychoanalysis is specifically mentioned as not being insured, British Columbia being one of them. Under psychoanalysis they say psychiatrists are reminded that psychoanalysis is not considered to be medically necessary and therefore should not be charged to the medical services plan. Claims for psychoanalysis under the psychotherapy listing are completely inappropriate. Instead, charges for psychoanalysis may be billed directly to the patient.

* (0020)

In other words, it is not of medical value, they indicate in British Columbia. They just do not have it not mentioned, they say specifically not to bill for it under psychotherapy. That is what was happening in Manitoba.

Now, the executive—no, I will not use that because I do not know whether that hit the Free Press. Did it? I thought it was a letter to the editor going in. I am not sure it got into the letters to the editor and I am not going to use it until it does.

Scientific literature, hundreds of articles have been written pro and con psychoanalysis; however, most are reactions to work done by Eyseck, whose research concludes there is no firm evidence that the therapy is therapeutically effective. Several studies have attempted to refute Eyseck's conclusion, but a review of these studies by Erwin in 1980 concludes, none of the evidence is firm enough to support the claim that success, i.e., "remission of symptoms," resulted from psychoanalytic therapy.

This is one of those issues where we have a service being billed as psychotherapy when it is not psychotherapy, but psychoanalysis, in which

evidence by pre-eminent experts, not just people picked out of the sky, say that it is not, and let me get the exact words, that there is no firm evidence that the therapy is therapeutically effective.

We are challenged, and my honourable friend challenged me already in this Estimates several times, to find more resources for different areas. Here is an area where we have resource being used on a narrowed group of people when the medical experts say that the effective outcome is not there, exactly what I said in the House. It is not an insured service. It ought not to be billed. When psychoanalysis is being provided and billed to something else, that is inappropriate. That is the issue we are trying to get around.

I fully agree that there are those individuals out there practising psychoanalysis who say, government, you are wrong; government, you are affecting my patient relationship. Yes, that is correct but, when we have to make decisions about resource allocation, we want to find a home for better than a quarter of a million dollars in the mental health service system, because I have talked to psychiatrists who practise inside the institutions that we have and, when the issue came up, one of the concerns that was expressed is that this was the thin edge of the wedge to deinsure psychotherapy. That is not the case. This is psychoanalysis we are dealing with, but the concern was, we are going to deinsure psychotherapy.

Okay, I had a little discussion with one of the individuals, and I said, look, here is the issue: How many individuals do you see in a year? How many individual patients do you have? He guesstimated the number would be around 400, provided services to up to 400 individuals in a year, and that would be a rather routine year for him. I said, okay, I happen to know how much this individual makes, and it is less than what some of these individuals billing psychoanalysis do having 44 or 26 patients. I said, that is the issue we are getting at, because we believe your dollars less than \$146,000 or whatever it is per year of billings from one of the psychoanalysts, we believe that this individual's services to 400 people at lower cost is a more effective use of scarce resource. That is the case we are making and we are in the process of discussing it.

Clearly the MMA has said to us formally by letter, we disagree with you. I think the letter said very clearly that psychoanalysis should be included, but

it never was. What we are trying to do is make sure that we are paying for what is effective service delivery, and some of the opinion says, psychoanalysis is not.

We made a decision, and I venture to say to my honourable friend from St. Johns that if we ever could get her Leader in here to explain his comments about the neurotics from Tuxedo, this is exactly what he meant, but did not have the courage to do well in government. I am sorry, we are into a situation where we do not have the luxury of providing inappropriate service with substantial billings to a few individuals. We want to seek a change in that system.

Mr. Cheema: Mr. Deputy Chairperson, I think I disagree with a lot of statements the minister has made. First of all, the issue in British Columbia, part of the practice was taken out on the request of the individuals who were doing the psychoanalysis, because they had enough clientele and they wanted to serve the rich, probably who could afford it. So I think that is the explanation we got and there is only one other province, in Quebec, which has insured services only inside the hospital, but not outside.

The comment was given by somebody, a very renowned person, he has his own value, but I think comments were given to the Minister of Health (Mr. Orchard) one other day during the presentation on mental health. There were six people from Alberta who have done an extensive study, and their knowledge is not less valuable to the person the minister is quoting, and they are indicating the psychoanalysis is an integral part of the psychotherapy. The minister is right and I pointed out to him the first day that psychoanalysis was not a separate insured service, but always a part of psychotherapy, and that is the way it was billed. So you know we will disagree on that issue.

My next question is in terms of the mental health services for the elderly population, and I just want the minister to know that we do not have much time to discuss that, but certainly that is the area where the psychogeriatric program has a special place, considering the population of Manitoba. I understand a few steps were taken in '88-89, even prior to the '88 election when the previous government took some initiatives at Seven Oaks and at Deer Lodge Hospital, as well, at that time. So I would like the minister to expand on some of the programs and where there is a need and the

psychogeriatric program should be an integral part of the reform in the health care system.

Just by way of comment, and a question also. The question is that Dr. Don Rodgers has retired and certainly he has done tremendous work from our point of view. We want to express thanks for his services to people of Manitoba, and I will ask the minister when are we going to have a Chief Provincial Psychiatrist? For mental reform, you need this. This major position is a very important factor. Have they advertised and where are we on this particular position?

Mr. Orchard: Mr. Deputy Chairman, we have an individual who will be taking on the responsibilities of Chief Provincial Psychiatrist to be announced very shortly.

Mr. Cheema: Mr. Deputy Chairperson, that is all I have to say. Thank you.

Ms. Wasylycia-Lels: Just a point of information, or procedure, the next line we are in is Health Services Commission. I am wondering if the minister would agree to table by tomorrow the details on the Capital so that we will have a little chance to look at it before we try to wrap up this area on Thursday.

Mr. Orchard: I will tell you what, let us make a deal. If we finish by Thursday—well, actually why do we not go into next Monday?—because we could probably wrap up about midnight or one o'clock next Monday.

Ms. Wasylycia-Lels: We would love to; we are under some pressures from our colleagues.

Mr. Orchard: Well, look, let us do it on Thursday and, yes, I will make that undertaking.

Ms. Wasylycia-Lels: By tomorrow.

Mr. Orchard: Yes, I will make that undertaking.

* (0030)

Mr. Deputy Chairman: Appropriation 4.(a) Mental Health Administration: (1) Salaries \$401,600—pass; (2) Other Expenditures \$132,000—pass.

Item 4.(b)(1) Salaries \$188,200—pass; (2) Other Expenditures \$39,700—pass.

Item 4.(c)(1) Salaries \$868,100—pass; (2) Other Expenditures \$1,693,200—pass; (3) External Agencies \$2,404,900—pass; (4) Less: Recoverable from Other Appropriations \$490,400—pass.

Item 4.(d)(1) Salaries \$996,100—pass; (2) Other Expenditures \$161,200—pass.

Item 4.(e)(1) Salaries \$18,909,600—pass; (2) Other Expenditures \$3,025,200—pass; (3) Less: Recoverable from Other Appropriations \$2,525,800—pass.

Item 4.(f)(1) Salaries \$14,944,900—pass; (2) Other Expenditures \$2,546,000—pass.

Resolution 69: RESOLVED that there be granted to Her Majesty a sum not exceeding \$43,294,500 for Health for the fiscal year ending the 31st day of March, 1992—pass.

The time now being 12:30 a.m., committee rise.

* (1900)

SUPPLY—JUSTICE

Madam Chairman (Louise Dacquay): Order, please. Will the Committee of Supply please come to order. This section of the Committee of Supply is dealing with the Estimates for the Department of Justice.

Would the minister's staff please enter the Chamber?

We are on item 1.(c) Policy, Planning and Communications: (1) Salaries.

Mr. Dave Chomlak (Kildonan): Madam Chairperson, just a general question to the minister with respect to the Hughes Report. Are we still targeting for an August 15 report by Mr. Hughes?

Hon. James McCrae (Minister of Justice and Attorney General): Yes, Madam Chairperson. That is the expectation.

Mr. Chomlak: Madam Chairperson, when the federal government tabled this most recent legislation with respect to firearms, the minister indicated that he would be considering making a submission to the federal Justice minister with respect to control of firearms. I am wondering if that presentation has been made and, if it has, whether or not we can have access to it.

Mr. McCrae: Madam Chairperson, we have written a lengthy presentation or letter to the federal Justice minister, and I would be prepared to make a copy of that available to the honourable member.

Mr. Chomlak: I thank the minister for that comment and look forward to obtaining that copy.

Just returning back to the Hughes Inquiry for a moment, could the minister indicate where the

funding will come—which area of his department the funding will come for the Hughes Inquiry?

Mr. McCrae: At the present time the billings are being sent to our Legal Services branch. There may be funds available in some other appropriation. It has not been finally determined from which appropriation the funds will come, although our Law Enforcement branch is looking at that matter. It should be borne in mind also that we are talking 50-cent dollars in the sense that the City of Winnipeg is going to be paying for half the cost.

Mr. Chomlak: Madam Chairperson, I begin looking to the minister for some direction here. We had a small discussion last Estimates process regarding the drinking and driving legislation, et cetera, and I am wondering if it is appropriate to bring it under this area for discussion or some other appropriation.

Mr. McCrae: I suppose I should sound a little bit of a warning here, not because I want to make things more complicated than they need to be, but I have quite a large number of staff people whose expertise is in the various areas that honourable members are going to be raising. I guess to be perfectly correct about the whole thing, we should be raising these issues when they are here and can be of more assistance. Because I find when we ask questions that are outside the ambit of the gentleman in front of me, then I end up making an undertaking to provide the information later when it might be more timely if I can provide it right away.

With that I mean I am quite willing to go along as much as I can, but it might be more helpful to honourable members if we stuck with the order that they are laid out in the Estimates book.

Mr. Chomlak: I thank the minister for that comment. That is precisely why I ask the questions periodically. On occasion I am not certain precisely where we should be discussing it, so if the minister could certainly provide me with direction, I am quite prepared to move it towards the appropriate section. I assume this is not the appropriate section, so I will—

Mr. McCrae: Drinking and driving, we have people in Policy, Planning and Communications, and we also have someone attached to Financial and Administration Services which are the next couple of items which if we could actually—are we out of Executive Support and into Policy and Communications? Perhaps Mr. Gashyna could join us. I know he can hear my voice and so I expect

that he will join us momentarily, but if you want to start, we will see what we can do.

Mr. Chomlak: Madam Chairperson, the minister has frequently commented in this House and outside of this House about the effectiveness of the program, and while I am not disputing it in any sense, I am wondering what statistical basis the minister is using when he indicates the effectiveness of the program and if he could table for us in the House the data upon which he is making this analysis.

I am not attempting to be political in this sense. There is a University of Manitoba report I have reviewed—and I do not have with me that I did review—that seems to make the claim that the statistics are not in fact as favourable as are being bandied about. I am trying to reconcile those points, so that is basically my general question in the area.

Mr. McCrae: Madam Chairperson, it has been said that statistics to a politician are like a light post to a drunk; sometimes they are more for support than for illumination. On the other hand, we have statistics gathered by our department, gathered from the Chief Medical Examiner's office, gathered from the Motor Vehicles branch, that lead us to certain conclusions that we have drawn.

* (1910)

If someone wants to use the various statistics, that are out there and available for everyone, to come to some other conclusion, they are perfectly entitled to do that. What we have, I think basically, with the good professor who was the subject of a newspaper story, is a genuine difference of opinion: a disagreement, if you like. We disagree when that person wants to use statistics available or gathered by him to make a case that somehow Bill 3 is not working, when every other indicator that you could imagine demonstrates the opposite.

The fact that there is such widespread public support for Bill 3 tells me that here we have a contrary view, and knowing the system that we live in, the contrary view is often one that is deserving of being heard from, but having been heard from, ought then to be placed in its proper perspective. That perspective is one that is not in accord with the facts as we see them, as our statistics and the performance of Bill 3 demonstrate to us that it is indeed working in the way that we had wanted it to.

I am just trying to remember the exact comparison that was being made by that particular statistics

gatherer and analyst. The point that was being made was not so much that there were not fewer accidents or fewer deaths, but that how could you attribute it to the legislation. Well, I leave that for others, I guess, to make that comparison and to judge for themselves.

It seems to me that through the education that has emanated from Bill 3, the news is about in Manitoba that drinking and driving in Manitoba is not acceptable. Everyone here can probably tell a story of people they know who have spoken about the fact that things are different in Manitoba than elsewhere, and that it is a good idea to use a designated driver, as is happening in so many places. It is a good idea to have your safe grads, a good idea to ensure that your friend does not drink and then drive. All of those things come together, and combined with high prices for alcoholic beverages, combined with changing lifestyles generally, we are getting a good result.

We are not here to say to the public in Manitoba that Bill 3 is the be all and the end all. We are here to say that Bill 3 is an integral part of a system at work in Manitoba that is working toward reduced abuse of drinking and then driving. You can take those statistics and do what you like.

My friend and colleague from the other side of town, Brandon East, often uses statistics to tell us his side of the story in matters other than impaired driving, because I know the member for Brandon East is tremendously supportive of what is going on here in Manitoba and supportive of Bill 3, as is the member for Kildonan (Mr. Chomiak).

I do not know that we ought to lose too much sleep on the opinion of the one person whose opinion was reported on, because I do not think the statistics and the performance and the level of understanding of this issue in Manitoba bear him out even a little bit.

Mr. Chomiak: I think that the minister's response was largely correct, in my opinion, and that, in fact, his analysis is accurate. All of the factors, not just the statistical data, not just Bill 3, but all of the factors have combined to result in a change in approach to the consumption of alcohol and driving.

Having said that, I am wondering—I have seen and have heard statistics given out by the department. I am wondering if the minister has anything at his disposal that I could review with respect to the straight statistical basis on which some of the claims have been made.

Mr. McCrae: Precisely, Madam Chairperson. We do have numbers that compare the circumstances before November of 1989 and the performance since. You have to take into account there were a few months when the car impoundment provisions were struck down by the courts but restored by a higher level of court in these statistics, but information of the kind the honourable member is asking for, I now have in my hand and will be delighted to share with him and the honourable member for St. James (Mr. Edwards). Those statistics demonstrate pretty conclusively what has been happening.

You can draw your own conclusions as to why it is happening, but we say that no small amount of the reason for that is contained in Bill 3. Surveys that we have undertaken show that Bill 3 is very well received by the public. Surveys also show that the level of awareness about Bill 3 is very high as well. We have taken that into account.

I forgot to mention that Teens Against Drinking and Driving really are playing an excellent role in our communities across this province and deserve no small amount of commendation for the responsible attitude that this particular generation of high school students is showing. I speak as one who was from the last generation in that particular comparison. I say that things are different today in high schools than they were when I went to school—different for the better.

Mr. Chomiak: I thank the minister for tabling for us copies of that information. The minister made a reference to surveys. Can the minister indicate who undertakes these surveys, and what branch of his department undertakes them, and how regular they are?

Mr. McCrae: I understand, Madam Chairperson, that I think what the honourable member is referring to is a survey I referred to which was done about a year ago now by a company known as Prairie Research. My understanding is that, I cannot tell you the cost but, in terms of a very small number of thousands of dollars, it would not show in the Estimates and would have been part of a larger survey where a few questions would have been added at the request of my department.

Mr. Chomiak: Madam Chairman, last Estimates process at this point in the appropriations we discussed the RCMP contract. It is probably not the

appropriate place, and the minister probably does not have the -(interjection)- A little later? Okay.

The minister undertook earlier to provide me with some information with respect to the staffing figures for the department. I am wondering if the minister has those at this time.

* (1920)

Mr. McCrae: I will do my best to get this right, and my staff are here to correct me the moment I get it wrong, Madam Chairperson. For 1990-91, there was a base complement of 3.46 staff years; now that is just about four in the way we—46 weeks, I guess that is, which is nearly a year. So 3.46. Then when there was the amalgamation with the Communications branch, there were two more, making a total of 5.46 staff years. Then there was one staff year added in to support the work of the Aboriginal Justice Inquiry working group. Now that would have brought us to 6.46. Then when you add Mr. Yost from his Legislative Counsel position, staff year, that is another one to bring us to 7.46 staff years.

As a result of reductions in the communications function of government, two staff years were removed, which brings us back to 5.46, and then one was added back in to bring us to 6.46 staff years which are assigned to that function. I understand they are all working there?

An Honourable Member: Yes.

Mr. McCrae: They are all working.

Mr. Chomlak: I followed the minister's analysis. My question is: Other than Mr. Yost, what position was the additional staff year added? Was that a Communications person who came back to the department?

Mr. McCrae: The position the member is referring to is the one for the Aboriginal Justice Inquiry working group. The only thing that makes this—I mean it is all very simple, I know—a little bit complicated is that that person is on another assignment for the moment with the Constitutional Task Force and will return to policy and communications once the Constitutional Task Force has done its work.

Mr. Paul Edwards (St. James): Madam Chairperson, one of the issues that I have been keenly interested in is the move toward an economic litigation process. That has been piloted in British Columbia in recent years. My most recent

discussions with the office, albeit it has most of the B.C. government in a bit of a state of turmoil, it generally is, but they have piloted this in British Columbia and apparently it has gone well, and they are considering expanding it. I believe their pilot is in the lower mainland area. I think it is in New Westminster.

I have suggested to this minister on numerous occasions that we take a look at that, at finding a way to allow litigants to come before a court in a more expeditious and more cost efficient way for claims, not just up to \$5,000, but significantly more than that. I am not talking about simply expanding the Small Claims jurisdiction; I am talking about an economic litigation process modelled on the B.C. one, which leaves Small Claims where it is, but then puts in a middle area with a middle set of rules between—I believe in B.C., it goes to \$20,000. I would suggest \$20,000 or \$30,000—and then leaves the full Queen's Bench rules intact in their entirety for claims above that.

I wonder if the minister has had any discussions with his colleagues in British Columbia about this, if he is monitoring it and if it indeed is a subject under investigation by this branch?

Mr. McCrae: Unless this was a matter discussed in passing between myself and the Attorney General for B.C. at one of our frequent—it seems like frequent meetings lately—discussions about that would likely have been held at the level of our assistant deputy minister or acting assistant deputy minister responsible for Justice. That is basically what is known as our legal services area. Perhaps when we get to that area, the honourable member could raise that question.

Mr. Edwards: I will, but in terms of this branch, Policy, Planning and Communications, I take it the answer is that this particular branch has had no involvement or role in monitoring the progress of that project in British Columbia, assessing whether or not it would be desirable to pilot in Manitoba. I take that to be the answer. Would the minister confirm whether or not that is the case?

Mr. McCrae: I do not think it is the case, but if it was, I assume the direction for that would have come from our Justice division.

Madam Chairperson: 1.(c) Policy, Planning and Communications: (1) Salaries \$300,600—pass; (2) Other Expenditures \$150,000—pass.

(d) Financial and Administrative Services: (1) Salaries \$935,200—pass; (2) Other Expenditures \$125,400—pass.

(e) Human Resource Services: (1) Salaries \$570,500.

Mr. Edwards: Madam Chairperson, I am going to restrict my comments in this area to the effect on the public prosecutors of this province of the recent initiative by this government to roll back salary increases. I notice that one of the activities of this branch is to deal specifically, as I understand it, in negotiations on behalf of the department. We know that our public prosecutors are in a rather unique situation in Canada. They have their own organization. They have their own union, as it were, and they went through some arduous and I know some difficult negotiations, and came up with a collective agreement which was, of course, rolled back.

* (1930)

I wonder if the minister can indicate what discussions he has had with the representatives from that organization as to whether or not they will be challenging Bill 70 or what their feelings are with respect to it. Can he give us some indication as to what discussions he has had with representatives of that union surrounding the effect of Bill 70 on public prosecutors?

I ask this because it has become known to me through many of them. I am sure my friends, the NDP, are less than pleased. I understand that. What I am asking is what the minister's feelings are on the agreement, which was negotiated, effectively being nullified—as I understand it, it was negotiated—and what discussions he has had with the representatives from the union of public prosecutors?

Mr. McCrae: I think the honourable member knows, probably was implicit in his question, that I do not take part in any negotiations for Crown attorneys' remuneration. The honourable member would also know that it is not something government takes very lightly or takes in any other way but in a serious way, the remuneration of the people who do the work for us.

It would sure be trite to say, but bears repeating anyway, that we appreciate very much work done for us by the prosecutors. They have demanding work to do, difficult work to do, and deal in all manner of human endeavours, deeds, misdeeds. So that

being said, it is no surprise to me either that there is something less than a high level of pleasure over the contents of Bill 70. I do not take any particular pleasure in that, but I do have to be a responsible member of this government and support measures that tend to the welfare and prosperity of our province, and that is what I do.

In terms of the hands-on negotiation of labour matters, that is not something that is done by myself. My department may play a role in assisting the Civil Service Commission perhaps, providing information when called upon to do so and that type of thing, but we do not have a role in the negotiations.

I think it is fair to say though that, in order to hear the concerns of the members of the Manitoba Association of Crown Attorneys, I will be making myself available to meet with their representatives. For whatever good that can do, I will be there to hear what their concerns are. I think I already know what they are, but we are prepared to hear from them person to person.

Mr. Edwards: Madam Chairperson, can the minister indicate how many positions in his department were scheduled to be decentralized under the government's decentralization plan?

Mr. McCrae: The honourable member already knows that the Department of Justice is quite a decentralized department to begin with. When it came to the decentralization program itself, the actual positions that have been spoken of would be six altogether, but that is to say nothing about positions that have been either created or moved by virtue of reorganizations. We had a reorganization in the Prosecutions branch which left an extremely important position open in the city of Brandon, that being the position of director of regional prosecutions. We have a very good person in that position located in Brandon and doing his work effectively there.

In addition, the court's reorganization I referred to in my opening statement has located a director of regional courts, also in the city of Brandon, to do a better job of administering regional court services throughout our province. So not all the decentralization—I name those two. If there are others, they do not come immediately to mind that there may be. When you think about the expansion of the family division of the Queen's Bench, for example, that we have another judge in Brandon, we have a master there for the first time, we have

better services being provided out of various centres. In each of the districts identified under the court's reorganization, there will be an administrator, and some of those jobs will be taken by people already in the system. Some will be new jobs or new people coming into the system.

So we have already superimposed, on a very decentralized department, another level of decentralization. I suggest not very much could be seen, maybe, in terms of fine tuning of a decentralized department but these things have to make sense, too. In this case, we believe that the changes do make sense.

Mr. Edwards: How many of these six positions that were slotted to be decentralized under the official program have in fact been decentralized, and can the minister indicate which of those positions have been decentralized, which are still to be decentralized, and where they have gone, if they have gone?

Mr. McCrae: Everything is in place for four of those positions to be decentralized. Whether the positions have actually been filled at this moment, I cannot tell you, but I know for a fact that the other two have not.

Mr. Edwards: Can the minister indicate what those positions are, all six of them?

Mr. McCrae: I think the honourable member—I do not know, have the Decentralization Estimates been completed yet?

An Honourable Member: Yes.

Mr. McCrae: They have. That would have been the time to raise those questions. I know I have spoken of six positions and as to further details about them, I would defer to my colleague the honourable Minister of Rural Development (Mr. Downey) who answers those kinds of questions. As I said, four of the six either are being acted on or have already been acted on. The other two, I know, have not as yet; and that is why I am not prepared to make announcements on behalf of my colleague.

Mr. Edwards: I am not asking the minister to make pronouncements on behalf of his colleague, I am asking him to answer questions about his department. I did not ask him about decentralization province-wide or how many are going to Morden or Brandon. I did not ask him that outside of his jurisdiction. I asked him how many in his department and he knows how many there are. If it is a question of getting the details and getting

them for me, so be it, but it is clearly a human resources issue in his department.

* (1940)

My question remains and I would ask, and I have asked, and I am the critic for a number of areas and all of them have had that information for me. I do not think it is uncalled for. Could the minister make available to me the positions that were isolated originally, how many have gone and where they have gone and the ones that are left? Would he be willing to do that albeit not perhaps this evening but when he can consult with his officials?

Mr. McCrae: I will make whatever information I am in a position to make available to the honourable member at the earliest opportunity. So that whatever information I am able to share with the honourable member, I will do so very soon.

Mr. Edwards: Like my colleague, I am not sure whether or not this is the most appropriate place to raise this, but I would like to canvass—I see that this branch is responsible for the collective agreements with the MGEA. I would like to raise with the minister what, if any, discussions have occurred with the MGEA regarding the new Remand Centre. Of course, the MGEA represents the bulk of those 1,000 employees in that branch and that is the largest employer within the Department of Justice.

I wonder if the minister can indicate if discussions have occurred, and in particular with respect to the concern for workplace safety and health which arose out of the finding of the gas leak at the north end of the new Remand Centre site. I see as well that this branch is responsible for—and I saw it at one point in here—safety in the workplace and dealing with those issues. Can the minister indicate what, if any, discussions have occurred with the MGEA about that problem and indeed about the Remand Centre generally as a place to work?

Mr. McCrae: I think most detailed questions or other questions related to relationships between employer and employee in our Corrections area ought to be asked at the time we get to the Corrections division of our department. I think, generally speaking though, there is probably an eager anticipation on the part of staff of the Corrections division to get out of the place they are working in and to get into the new one that is being built at the kinds of costs to the taxpayer that I referred to earlier.

Madam Chairman: 1.(e) Human Resource Services: (1) Salaries \$570,500—pass; (2) Other Expenditures \$35,700—pass.

1.(f) Computer Services: (1) Salaries \$629,500—pass; (2) Other Expenditures \$394,100—pass.

1.(g) Public Inquiry into the Administration of Justice and Aboriginal People: (1) Salaries \$112,100.

Mr. Chomlak: Madam Chairman, just a couple of questions in this area. The obvious one is: When does the minister expect the report to be submitted? If it is different from the date it is going to be made public, when will it be made public, or what is the process, please?

Mr. McCrae: The legislation setting up the Public Inquiry into the Administration of Justice and Aboriginal People calls for the time to be set by Order-in-Council, and it has been set. The legislation also calls for the report of the inquiry to be made available to the Minister of Justice, so we expect that, under the present arrangements, to happen on or before July 31, 1991. I cannot tell you precisely what will happen between now and that time. I expect, however, that the Minister of Justice would have the report in his hands at a time prior to the public release of the document.

Mr. Chomlak: Madam Chairman, I am just wondering if the minister might comment. The only difference between the appropriation of this Estimates process and the previous one is that, of course, the activity identified is to undertake editing, design, printing, production and public release of the final report and the video report of the inquiry. I am just wondering when this information came to light, and if the minister might comment on it. This is just a question in terms of process, in terms of when the idea of the video report came to the fore and what the minister's comments might be on it.

Mr. McCrae: As I said last time around, the arrangements between the inquiry and certain day-to-day administrative details are arrangements that are taken care of between the judges and the Clerk of the Privy Council's Office. There was a good reason for that. I know it appears in the Estimates for the Department of Justice, but I guess the cost has to appear somewhere, so it was decided, for whatever reason, that it should appear here. The relationship between the government and the inquiry is one that is undertaken by the

judges and the office of the Clerk of the Executive Council.

So a lot of the administrative arrangements are made there and I will do my best to be the conduit through which the honourable member can obtain information, but I may not have it all at my fingertips. I would be prepared to make whatever information I can available. Arrangements with respect to video tapes or those kinds of things, while my department has a certain, how should we say, role around the fringes, the basic understandings are reached between the judges and the Executive Council office.

Mr. Edwards: Madam Chairperson, I wonder if the minister can indicate whether or not he has—and I know from his earlier handouts, Policy, Planning and Communications projects listing, that there are some of these which relate to aboriginal justice. One is the St. Theresa Point Indian Government Youth Court, another is the Shamattawa project, the third is the Swampy Cree Tribal justice system. Those three are clearly aboriginal justice initiatives.

I wonder if the minister can indicate whether or not those three projects have been put on hold pending the Aboriginal Justice Inquiry report, or have those three projects been going on in the meantime and is it anticipated that they will be increased or expanded at the time the report comes out? What has the relationship been in terms of the department's ongoing aboriginal initiatives and this report?

Mr. McCrae: The St. Theresa Point project, the Shamattawa project and the Swampy Cree project are ongoing projects which are the subject of review and monitoring and evaluation by our department. I may go so far even as to say that perhaps the Aboriginal Justice Inquiry will have been looking at their models. I do not know, but they may very well have comments to make about those projects themselves. We will wait and see if they do, and what they are if they do, but those projects are projects that are on the go and are on the list of projects of the Policy Planning and Communications Branch because they are projects in which my department takes a fair amount of interest in the present circumstances of aboriginal justice issues coming to the fore in Manitoba.

*(1950)

Mr. Edwards: Looking to No. 4 on that same list, it indicates that there is a departmental working group

which is an executive level department committee which has been established to collect and analyze the aboriginal justice information and report to EMC on findings in preparation for the report of the Aboriginal Justice Inquiry.

Can the minister indicate who is on that committee and what their activities are presently without, obviously, having the report? Thirdly, pardon my ignorance, what EMC stands for? It is not a term that is known to me.

Mr. McCrae: I will start with answering the second part. The EMC stands for Executive Management Committee and that committee is ongoing. It is the senior management committee of the Department of Justice. Each of the executive directors or assistant deputy ministers are involved in that committee. It meets regularly with the deputy minister to provide for the ongoing week-in, week-out leadership of our department.

The other question the honourable members asked was the departmental working group on the Aboriginal Justice Inquiry. I know I answered the question last time, but I will just make sure I do not miss out any names by consulting my deputy.

Madam Chairman: Item 1.(g)(1) Salaries.

Mr. McCrae: Just one moment, Madam Chairperson. I will just finish this answer in one moment.

We have, I would say, a high-profile committee, in Department of Justice terms. It goes beyond our department and includes membership from other departments as well. I will tell the honourable member who all is involved in that, but at the Planning and Communications level there is a component in that branch advising the high-level inter-departmental working group, if you like.

The working group is composed of the deputy minister of Justice and the executive director of our Finance and Administration branch, our assistant deputy minister responsible for Corrections, our assistant deputy minister responsible for Criminal Prosecutions, our director of Legal Services who has been acting in the position of assistant deputy minister for the Justice division, and the assistant deputy minister responsible for Courts. That is the membership from the Department of Justice.

Also involved in that committee are representatives of the Department of Family Services, the Department of Finance and the

Department of Native and Northern Affairs for Manitoba.

Mr. Edwards: Just one final question. Is it anticipated that the same group will be the group that stays in place after the report comes out to analyze and prepare for the implementation and oversee the implementation of any recommendations which the government ultimately seeks to implement?

Mr. McCrae: I would expect, Madam Chairperson, to see the same people very much involved in the implementation of whatever flows from the Aboriginal Justice Inquiry report, but the honourable member should not forget that there is another player in all of this, and that is the government of Manitoba, and any major changes in government policy will, of course, have to be the result of Cabinet decision as well.

Madam Chairman: Item 1.(g)(1) Salaries \$112,100—pass; (2) Other Expenditures \$339,800—pass.

Item 2. Public Prosecutions: (a)(1) Salaries.

Mr. Edwards: Madam Chairperson, I touched on this area in my opening comments. It strikes me and it has struck many, I think, in the legal community as well as outside of it, that there are problems in the Public Prosecutions branch. I do not say that in any derogatory way to the skill level of those who are in it because I think they are highly skilled, but there are problems somewhere, either in communications or in review of cases.

There has been a litany, and I do not think anyone would deny it, of cases in which the Public Prosecutions branch has been alleged to have been wanting, either in missed limitation periods for young offenders or in cases going back to trial two and three times, or in the many cases which have come forward, and I could go through the names of those cases. I acknowledge they are the high-profile cases. They are the ones that make the news, but it has happened with quite a lot of regularity in the last while, and I know it has been of concern to members of the branch, practitioners in the branch.

Has the minister conducted any thorough investigation in the wake of this in the last couple of years? I think it all sort of started with ticketgate, at least that is when I became, you know, when it first started for me, given my involvement in politics. Has the minister conducted any internal investigation of the procedures that are in place in

his department for the handling of cases generally, but major cases in particular? Is he prepared to do that now if he has not already done it, given that there do appear to be problems, at the very least morale problems?

I bring that to the minister's attention. I do not think it is a new—it should not be new information to him. Those problems have been made known to me through many individuals and made known to my friend, I am sure, in the other party, that there are many, many unhappy Crown prosecutors in this province and I think they do not like seeing the department hit in the daily news. It is of grave concern to them. They feel hard done by and they are placing the blame in various places. Can the minister indicate what he is doing to bolster morale in the department, what he is doing to ensure that the department is not on a regular basis held up to ridicule by the media of this province, which I believe is very unfair, but has happened on a regular basis?

Mr. McCrae: You know, Madam Chairperson, the honourable member asks a difficult question, and yet the way that he asks it is worthy of some negative comment, unfortunately. When he says, there is all these allegations, Mr. Minister, unfair though they may be, you know, what kind of a problem do you have here? Some of the allegations are indeed unfair. The honourable member also acknowledged that we are dealing with certain high-profile cases. He forgets—and maybe he does not forget, but some maybe forget that this department processes some 20,000 charges in the space of a year.

In Ontario, the legacy left to Ontario by the previous Liberal government was to see in the wake of Askov some 40,000 cases either thrown out by judges or forced to be stayed by the Crown. I think we have lost maybe one or two cases due to Askov, and the circumstances there really were not the same as the kind of circumstances that we had on a systemic basis in the province of Ontario.

* (2000)

I raise the Ontario example to show what happens in jurisdictions where people do not look ahead, and I say this with all due respect to my friend and former colleague, Ian Scott, but there was a time when backlogs should have been addressed in this country and were in Manitoba. Some 20,000 cases were disposed of between July of 1989 and December of that year, or late November of that

year—a mammoth job, a fantastic achievement, an enormous human endeavour. In light of that, to hear the honourable member rise in his place after the experience in Ontario, and speak in the terms that he has, really rubs me the wrong way, I have to say. You know, in any endeavour where you are dealing with some 20,000 cases in the space of a year, there are going to be administrative oversights, not very many I must say, but where there have been we have acknowledged that. We have said we did wrong, and we are going to do this and that to ensure that it does not happen again.

That was our response to former Chief Justice Dewar's report, who made certain critical comments about the operations in the Public Prosecutions branch. If we did not want to hear some bad news, we did not have to ask former Chief Justice Dewar to do a review. We wanted the straight goods and we got them; we took steps.

We have other jurisdictions looking to Manitoba for our opinion on many matters that come forward in other jurisdictions, because Manitoba's opinion counts. We have some of the finest lawyers in this country working for this very department. I cannot help what they write in the newspapers about this case or that case or the other case, but I will make it my business, Madam Chairperson, to defend this department when it is worthy of being defended and to acknowledge mistakes when mistakes have been made. The department understands that. The department is willing to work within that kind of a framework and I can tell you the success stories by far outweigh any other side of the coin that you can imagine.

Now, I cannot help it if the news media want to take certain vocal spokespersons, notably in the defence bar in this province who have clients to represent—let us not forget, Madam Chairperson—and make certain comments. I cannot help it if the news media is going to pick up on those things and carry stories about them. In fact, that is their right and privilege to do so and I would defend that through legislation that we work under. On the other hand, when the apologies flow in from those self-same spokespersons for the defence bar, I think maybe I have been derelict in my duty by not saying enough about that, the fact that the apologies have been unequivocal and the apologies have been in writing.

I suppose I should be making more of a point about going after those who criticize us, sometimes

it appears just strictly for the sake of criticism. Sometimes, you know, there are those in legal circles who benefit by having their views known, by having their views reported on. Well, that is not my concern, not my business, but my business is to run a department as efficiently and as appropriately and with regard to the rights of individual persons and with regard to the protection of the general population, with due regard for those things. That is what I stand here to try to do with the help of some very, very talented and very, very dedicated prosecutors and others who work within our department. So that when someone wants to raise an issue, we will be here to carry on doing the good work that we have been doing.

I understand that sometimes these kinds of things have a negative effect on the morale of people working in a department. This is a very special department and I am the first to say that, having worked in it for many years and having been associated with many of the practitioners that the honourable member is talking about, for many years, probably longer than him. So, yes, there have been times when attention has been called to areas where improvements could have been made and, by golly, Madam Chairperson, we have made improvements.

Since the Dewar review we have the best code of ethics in this country for Crown prosecutors. We have the best developed policy on charging, the best developed policy on plea bargaining and all of these various things that Crown prosecutors have to work with and this is since the Dewar review. Let not anyone think that this department is not prepared to learn from its mistakes. We have learned from our mistakes.

The honourable member himself acknowledged earlier on today the very, very significant progress this department has made since the change in government in 1988. Different governments put their priorities in different places, but we happen to believe that in the Justice department we are dealing with real human being people, victims and witnesses and relatives of victims, and accused persons as well, who very often find themselves in serious problems because of societal reasons. You know those things are recognized by this department and I suggest more than ever before.

What this department needed was the kind of motivating forces that come from a government that is prepared to pay some attention to a Justice

department. I know the honourable member does not mean any harm, but sometimes his comments only help exacerbate a problem that might already have reasons for existing by virtue of things like Bill 70 or whatever you want to name.

Bill 70 is not something that really cheers people up. I mean that is just—the honourable member knows that. There are always other things when you are in the public eye, and certain members of the public out there take, well, what can only be described as cheap potshots sometimes at what are extremely dedicated and talented and well-educated members of our branch here. It is very unfortunate.

You know, I can stand here in my place and say what I have said in an attempt to defend where a defence is appropriate, but where mistakes happen we have to acknowledge that and to the extent that we refuse to acknowledge our mistakes, to that same extent we will make the same mistakes again, and they will only get worse like Askov has shown us.

* (2010)

Like what happened in Ontario and the new government in Ontario figured the only response to a backlog is to hire 27 new judges. I do not think that is the right response; I think that is the response from yesteryear. The response of this particular administration has been to change the way we do things, to do things more efficiently and to modernize things rather than working under a system that has grown anachronistic in a number of ways and needs changing, cries out for change.

Well, this government is making those changes. I wish they could be made faster, but some of them require resources, some of the changes need resources and call out for resources. This year is not a good year for the expenditure of new resources. On the other hand, we have the kind of people that we need to work through the kinds of changes that we need to provide the best system of justice possible to the generations of the future.

Mr. Edwards: Sometimes I think the minister, even though he means well, by turning a blind eye to the problems in this branch of his department does more harm than good. It is not enough, I think, to stand in his place, as he does regularly as these matters come up in the House, because they do come political issues, and say, what problem?—there is no problem.

That is not enough. The fact is, Madam Chairperson, that this department apparently does not learn from its mistakes or seek to find out what its mistakes were. Let me raise one case in point, the case which I had raised in this House and which this minister consistently refused to even investigate and give the members in this House any level of assuredness that he had done so was the Lauzon case, where a public prosecutor of this province in the prosecutions branch was taken to task, not by a member of the defence bar, not by a politician such as myself, but by the judge who heard the case. The Court of Queen's Bench judge who heard the case publicly lambasted the department for allowing this to come to trial at all.

Madam Chairperson, that seems to me to be something which would be worthy of investigation by the minister. That is not a light criticism to take. I know he throws off the criticisms of the bench on other matters like the Brandon Courthouse and like court reporters. He throws those off very lightly, but this is a specific accusation levelled from the bench towards the department. I could recount again, although I will not, but if the minister would like, the specific words that were said by the Queen's Bench judge in that case. Can the minister tell us today what investigation he did into the handling of that case in the wake of those criticisms, those very real, very pointed criticisms?

I say that because if the judge was wrong—things happen which the judge said was different—then the minister's statements would have some credibility, but he does not know. He did not review the transcript, I bet. Maybe he did. He did not sit down with the Crown attorney and get the full goods and sit down with the defence attorney perhaps who was making the same criticisms, or explore what gave the judge reason to make those comments.

It is taking those kinds of comments lightly that does enormous harm to the position of Minister of Justice and of Attorney General. The public becomes confused when the politicians start fighting with the judges. Do we believe the judges; do we believe the politicians? There is a confusion. It does not behoove and this minister does not look good at all for him to be in open conflict with the judges of the Court of Queen's Bench. That is what he was doing, Madam Chairperson, without the basis of knowledge, without knowing what actually had happened in that case.

The minister answered those questions specific to that case, and I will move on to others, but can he tell us with respect to that case what investigation he did, what the result was, what action was taken?

Mr. McCrae: Madam Chairperson, I do not know if you were in the Chair the last time we went around this issue. I think my colleague questioned me on this matter for just about as long as he did on the appointment of Queen's Counsels. We know what he was trying to do at that time. You cannot just cite the rebuke that one member of the judiciary made of the department over an extremely unfortunate case. The honourable member knows that this department is very, very aware of the unfortunate nature of that case. On the other hand, it is not fair just to take one judge's comments in isolation from everything else that has happened.

The honourable member forgets that the—the—I think it was Judge Webster that committed the accused in that case for trial. In her wisdom, in Judge Webster's wisdom, something else must have been operating in that judge's mind from that which was operating in the mind of the judge at the trial level.

We leave it at that point. I do not think the honourable member and I really see this thing in exactly the same way. I think we both agree that the circumstances were unfortunate in the extreme. I think we both understand that society owes it to people like Ronda Lauzon to show a level of understanding for the plight of one in that position.

I guess the only place where the honourable member and I disagree or see it a little differently is that I believe there is still an element here of protection for children that needs to be considered. Maybe the honourable member feels that too, but it has not come out in his comments. I feel a deep and abiding concern for children and there is a message, I guess, in everything we do. A judgment was made by the department, a judgment I supported, and I suppose I am prepared to be judged based on that too, Madam Chairperson.

Mr. Edwards: The minister indicates again why—and gives more credence to my concern that he is turning a blind eye. It is not enough to say, well, it was just one judge and just one case. It is not. There are consistent cases in which this branch of this department has been held up to ridicule in the last number of years. We can go through them, Madam Chairperson, but I would

rather not because the minister should acknowledge them.

The fact is—and I will leave it—that he ignores the problems in this branch at his peril because they are real and they are there. I can tell him in my experience, in my dealings with members of this branch, they are increasing, not decreasing. Bill 70 is a small part of that. It was there before Bill 70. There is something that needs to be done and some leadership that needs to be shown in pulling this department's morale back up because I do not think that it is at an adequate level now. If it is missed time lines on young offenders' cases, if it is ridicule from the bench, if it is being held up to scrutiny and having the police now turn on the Criminal Prosecutions branch in the Pollock case, what an unseemly sight that is to have the police and the Crown attorneys pointing fingers at each other: It is your fault.

I mean, that kind of spectacle is akin to the judges and the Crown attorneys doing the same thing in the Lauzon case. This minister cannot keep turning a blind eye. Madam Chairperson, that appears to be what he wants to do. He mentions the Dewar report. True, some of those have been put into place, but he knows as well as any that there continues to be the taint of that case in that department, both in real terms and psychologically.

(Mr. Ben Sveinson, Acting Chairman, in the Chair)

* (2020)

Mr. Acting Chairperson, specific to another activity identification of this branch, the Young Offenders Act is mentioned. There are ongoing moves to amend that act. Can the minister give us an update as to what input this branch has had, obviously with the expertise of having prosecuted under that act, into the federal review of it and when he anticipates amendments coming forward, if he knows at all?

Mr. McCrae: The honourable member raises something that is a matter of some frustration for me as a provincial Attorney General. I think other Attorneys General at the provincial and territorial level will echo my sentiments. I do not know that it is something that needs to be brought to a personal level, but it certainly is at a systemic level or an institutional level or something.

Two full years ago the Attorneys General of this country, the provincial and territorial ones, led very ably by the same Ian Scott I referred to a while ago,

who led by virtue of bringing forward proposals and steering the meeting, as I recall it, through very capably, brought all the Attorneys General and provincial and territorial to a consensus on the kinds of changes that we could agree on on a consensus basis with regard to the Young Offender's Act.

That was two years ago, and I am very sorry that I cannot report better progress in terms of changes that we want to see enacted to that Young Offenders Act to make it show that legislators across this country are interested in protection of the public. That is where I think the weakness of the Young Offenders Act is, and my colleagues from across the country tend to agree with that.

Needless to say, the honourable member, I am sure, would be aware of these kinds of things, that the officials of the various governments meet frequently, once or twice or three times a year, maybe more often, on various issues, and certainly the Young Offenders Act is one of them. I am not happy that there has not been more progress. In our federal and provincial arrangements, it seems to me there are not mechanisms in place that allow for our law to be changed as quickly as sometimes circumstances call for them to be changed, and I suppose that is an area where I would like to see more done.

There have been areas where I have been pleased with certain developments at the federal and provincial level, but this one is one where I am not. I do not mind being as frank as that with the honourable member, that I would have liked to have seen the changes that we had agreed on. Now, I realize that at the conclusion of the meeting, the federal minister's commitment was to do some further consultation with other interested groups besides Attorneys General. That is reasonable, but it is two years later and nothing has happened, so I feel that we will, of course, continue to press the federal government as we have been doing to get on with these changes. Beyond that, at this moment, I am not able to provide the honourable member with the magic answer that he sometimes seems to want, but I cannot legislate in areas of federal jurisdiction. Unfortunately that is not open to me. If it were, I can tell you, changes to the Young Offenders Act would have happened before now.

Mr. Edwards: Mr. Acting Chairperson, can the minister indicate what the activities of the Child Abuse Witness Program have been in the last year?

Mr. McCrae: I am not clear on what it is the honourable member wants. If he wants some statistical analysis of what the unit has been doing for the past year or two or three, I do not know if that information exists, but if it does, it would be something I could make available to the honourable member. I am assuming that the answer would be that there is plenty of work and that the unit is extremely busy, because as the honourable member knows, in our society this type of business is becoming more and more a public business than a private family business. It is becoming more and more of a concern of all of us, so I could guess that would be the kind of report I would get, but if there is something that sets out numbers of cases or some such thing that have been serviced by this unit, then I would share that with the honourable member, but otherwise I am not clear on what he is asking me.

Mr. Edwards: Mr. Acting Chairperson, perhaps I will be clearer. Not so much the statistical analysis, what I would like to know is what they do. They ostensibly, I gather, prepare child witnesses to testify in court. How do they do that? What activities do they actually engage in? Is there an interview process? How do they do it? Perhaps the minister could also indicate how many in this department actually work in that capacity.

Mr. McCrae: The person involved in this program makes it her business to use the skills that she has to attempt to make young victims more comfortable with the, obviously, what must be scary and unfamiliar surroundings, trying to make victims like that more comfortable with their surroundings and to generally serve as a buffer between what to many might seem like an impersonal, maybe even sterile kind of justice system, into something that has maybe more of a human face. I would say, it is probably a professional extension of the kinds of services provided by victims' assistance units associated with the Winnipeg City Police, for example, or the Brandon Police.

* (2030)

Mr. Chomlak: In order to proceed with these Estimates, I am not going to necessarily re-cover territory that has been covered by the member for St. James (Mr. Edwards), but I feel compelled to comment on the question of difficulties being encountered by the Public Prosecutions branch. I concur with the comments of the member for St. James to the extent that it has been brought to my attention that there are morale problems in that

branch now. I am not going to purport to indicate why. That is the case. It seems to me to be a fact.

I just want to point out to the minister that for members on this side of the House—and the minister indicated that the Public Prosecutions branch is a unique kind of body in a unique organization—perhaps we on this side of the House do not give credit where credit is due on the very positive aspects that have occurred, but certainly when there is a screw-up or an apparent screw-up, it is our duty on this side of the House to raise that and to raise that to the fullest extent possible, because of the nature of our judicial system and because it is the Public Prosecutions branch.

It makes no matter if it is one screw-up in 100,000 or five in 100,000, it is our role and our duty to ensure that justice is seen to be done. I am not defensive about that, and I will continue to do and to raise those issues as long as I continue to be critic in this particular area.

I want to indicate, with respect to this one specific case, the Pollock matter, that I was very pleased, and I indicated such, with the appointment of Mr. Justice Hughes to head up the inquiry. I was also pleased with the terms of reference, because I thought they were broad, and my criticisms, and they continue to be my criticisms, were that it took so long for the minister to respond in that regard and that we had raised these matters over and over again.

Part of the dilemma, and I am sure the minister will have a response to this, in this area is that the longer these matters go unresolved, the greater the question grows in the public's mind as to what is happening in terms of justice.

Everyone has an opinion and everyone is an expert in the justice area and, by not moving expeditiously, which the minister generally does, in that particular area the perception of the problem was allowed to grow in the public's mind. My major criticism, insofar as the Hughes inquiry has now been launched, is that the minister did not move, and I think that is a very valid criticism, swifter to resolve the difficulties.

Mr. McCrae: Mr. Acting Chairperson, I hear the honourable member's criticism; I take it in the spirit that I believe it to have been intended. There is no doubt that certain members of the public, as this matter unfolded, would have, in some sense of frustration, thought to him or herself, well, why does

somebody not do something about whatever it is that is going on.

I can appreciate the honourable member's comments and the sentiments that are behind them. Needless to say, however, the Hughes inquiry has been struck; that has been done. We have a bit of a mixed bag from the honourable member in terms of his criticisms and also some support for what we are doing, so that is behind us.

I believe I have put on the record at the time when the honourable member was raising the issues the reasons for the passage of time, the reasons being my respect for the electoral process and the process of who is responsible for what and when and all of those things, and I put those things, they are a matter of public record, so probably no need to rehash them, but I do appreciate the honourable member's comments.

Mr. Chomlak: In that regard I have one other suggestion with respect—the other reason I am quite pleased with the Hughes inquiry, and it is rather broad mandated in terms of looking at all aspects of the whole Pollock matter, is, it will allow the minister to review some of the processes that are in place, for example, the relationships between the Crown attorneys and the police department, and will permit them perhaps to put in place new or different procedures should some of those procedures be found to be wanting. I do not know if the minister wants to comment.

Mr. McCrae: I said in announcing the inquiry that our department has—we are often subjected to public comment, but it is not that often we are subjected to totally disinterested comment and disinterested assistance. I think by reaching out beyond the borders of our province that we might have found that kind of disinterested—when I say disinterested I do not mean that Mr. Hughes would not care, but disinterested in the sense of independent.

You know, we get comments and, as I said earlier, sometimes we know from where those comments come and what pursuits some of these people are involved in who make such comments, in other words, their vested interests. In this particular inquiry I do not think we have such a thing. We have an independent look. We got an independent look at the time of the so-called ticketgate matter, and we got some independent criticism, and we responded to that criticism. I am prepared to be judged on the

quality of that response, and I will be accountable as to our response to the next report whatever it might contain.

Mr. Chomlak: In regard to the area of the Child Abuse Witness Program, I noted the research and planning document, Justice Indicators in Manitoba 1988, that 17 cases per month were referred in 1987-88 to the program, that is, a Child Abuse Witness Program.

I am wondering if the minister has any updated statistics as to the number of witnesses that are referred to that program other than those from '87-88.

Mr. McCrae: I will endeavour to find out if there are such statistics to share them with the honourable member.

Mr. Chomlak: I thank the minister for that comment. The question of victim impact statements was pioneered. Manitoba was one of the provinces pioneering it. I have not been in active practice, in terms of the courtroom, for several years, and I am wondering if the minister has any statistics or any information to advise us as to what extent victim impact statements are being utilized in the criminal justice system.

* (2040)

Mr. McCrae: At the present time, they are not being utilized at all. There was a pilot project undertaken in Manitoba which was evaluated. I have read the evaluation some time ago and, generally, a positive comment on the nature of the program—it is not without its difficulties, but it is not one of those programs you can operate in the absence of new resources either. I believe that the problem that I face at the present time is the resources problem with regard to such a program.

I am sure I would have to do some discussing with people in my department about the experience that was undertaken and the results of that and deal with some of the concerns that would be raised in various circles including prosecutorial circles, including judicial circles and, perhaps, defence circles as well. The issue right now that looms the largest for this particular fiscal year is the issue of resources.

Mr. Chomlak: Mr. Acting Chair, so basically the process of the victim impact statements is in a hold pattern pending the allocation of resources and some further review? Would that be a correct characterization?

Mr. McCrae: I think the short answer is yes. The matter is in that kind of a pattern that the honourable member referred to. There is also some comparing of notes that perhaps could go on with other jurisdictions that were involved in that pilot before I would want to proceed. Certainly we are prevented from moving forward at much of a pace at this time because of resource problems that we have this particular fiscal year.

Mr. Chomlak: I am not certain if this is the appropriate place to raise this issue, but I will raise it and the minister, of course, as usual I hope, will advise me.

The whole question of child abuse, which is why I asked this specific question on the statistics earlier, is appalling. I think all members will agree. I have seen people in my office on a regular basis who come to me with their dilemmas, and I am sure the minister has, as has the member for St. James (Mr. Edwards). Are there any new initiatives or any new directions being undertaken by the department with respect to child abuse?

Mr. McCrae: Mr. Acting Chairperson, they do not come to my door looking for legal advice. I could tell the honourable member that. They might come to his or the member for St. James' but not mine.

I think the most significant thing recently was the Court of Appeal decision dealing with the Laramee case where the Court of Appeal of Manitoba struck down the section of the criminal code allowing for the use of video tape evidence. It was that matter I was referring to a little earlier where I said sometimes I get carried away with some of my comments when I disagree very profoundly with some things, sometimes I tend maybe to say so a little more than I should. I regret that, but on the other hand it is no secret where this government stands on those things. I certainly meant no disrespect to anybody with any of the comments that I made.

I think one of the first things that we should be doing is what we are doing, and that is reviewing the judgment in that case. You know, even judgments we do not like provide us with quite a bit of guidance, some very, very helpful things said by judges in their decisions that help us find other ways maybe to get the same job done. We are working closely with federal officials on that particular front.

I think when we find some of the systems we have in place coming under that kind of attack, we need

to do what we can to preserve what is good in our system, so that occupies a fair amount of the attention of the Department of Justice, preserving those things that we have, peace and order in our communities and all of those things. Certainly our government has taken strong stands on issues related to violence of any kind and abuse in the family and abuse in circumstances of trust. Those kinds of issues are very, very important to this government, and we will continue to look on those issues as important issues until we can stamp these things out, which may take a very long time but should not stop us from continuing to work on that.

As for more specifics, we have programs in place. Our family violence court is something that we are extremely proud of. I think that for the most part women are the major beneficiaries, but children are also beneficiaries of a system that provides for speedier justice, a more sensitive way of delivering justice and putting more of a human face on an otherwise somewhat scary justice system.

I told you earlier that today we added another prosecutor to that program, something that was felt to be necessary because of the strong evidence that the demand for the services of that court was growing. The Ursel review, if I can call it that, made that point very clear to us, but it also made the point that statistically speaking there are fewer stays of proceedings in that court, there are more sentences involving incarceration and lengthier terms of incarceration in that particular court, and I suppose most importantly, demand for that court has been seen to be growing.

We owe it to a program that we know to be a good one to resource it properly, and that is what we added to that today. That is a very, very important thing, and if we can take the principles of the main lessons that we can learn in that particular court and apply that beyond the perimeter highway, that would be my wish to move in that direction.

Mr. Chomlak: There are several questions arising out of the minister's comments, the first being, can the minister indicate a video—as I understand it, the court of appeal decision indicated that the video taping is not admissible as evidence in a criminal court, but that does not preclude video taping from occurring, I suppose, for practical purposes and for assistance and that. Is that still continuing?

Mr. McCrae: My understanding, Mr. Acting Chairman, is exactly what the honourable member

has said. There are certain investigatory advantages to be gained by the use of a video system.

I do not know myself, but I know it is more than once, and quite a few more times than once, that a child in this kind of situation has to tell somebody. That is hard. I know the honourable member knows that. That is very hard. This kind of technology ought to be used. If we cannot use it in the courtrooms, well, we will argue in another place where we ought to be able to. Even if that is cut off for the moment, certainly as a tool to relieve anxiety and to make life a little more pleasant for young victims of abuse, sexual especially, we ought to be doing that. My understanding is that, indeed, that technology is used for purposes other than just courtroom purposes.

Mr. Chomlak: With respect to the Court of Appeal decision, the province I assume has not yet appealed to the Supreme Court, but that appeal is pending?

Mr. McCrae: Mr. Acting Chairperson, no decision about that has been announced. Normally, I would like to be able to announce such a thing sooner, if it were possible, but the issues involved here require, I guess, a little more review than I initially thought was necessary. It also requires more work back and forth with other jurisdictions, most notably the federal jurisdiction which has an interest here in preserving its own legislation. We certainly want it preserved.

If the appeal mechanism can be strengthened by other measures, i.e., potential change to legislation, all of these are options that we have to look at. We should not look at them all by ourselves because we are dealing with children from right across this country who will be affected. If this goes to the Supreme Court, and if the decision there were the same as in Manitoba, that would not be very good, I do not think, for kids right across our country.

So it is not your usual case because in this case we have a federal law that has been struck down, and that is the problem we have. As soon as I am able to, though, I will be making our intentions known.

* (2050)

Mr. Chomlak: Mr. Acting Chairperson, can the minister indicate whether or not cases of sexual assault vis-a-vis, or against, children proceed to the

Family Violence Court by matter? Is that a routine occurrence?

Mr. McCrae: Mr. Acting Chairman, all cases like the kind the honourable member referred to in the city of Winnipeg are to be referred to that particular court. I am not aware of any that are not.

On the other side of the coin, the leadership of the Crown's component in the court makes it her business to ensure regular liaison with police, with other caring agencies—for example, victims' groups or shelter groups—to ensure that the objectives of the program in our Family Violence Court are being met. It is sort of an ongoing monitoring evaluation process which works in both directions.

I think that part of the success, part of the perceived success, of this program has to do with the consultation that was undertaken prior to the setting up of that court.

A couple of weeks ago I was able to attend a conference on Women and the Law in Vancouver and everywhere I went in the space of those three days at that conference I was being complimented by people from outside Manitoba who had heard about what was going on here. Well, now that is partly due to the fact that a number of Manitoba's delegates to that were from private agencies, but out there talking about our Family Violence Court.

We appreciate that kind of support, but we also appreciate the input that we get from these community groups and agencies, because that is how programs are going to work best. Rather than just sort of make up your own mind as to how things ought to be and that the whole world ought to see things the way you do, find out beforehand, because I will tell you we are getting good support for the fundamental principles behind the operation of that court and, therefore, our results are going to be better, too. That is borne out in the review conducted by Jane Ursel of the University of Manitoba whose report I had the occasion to remark on one day in Question Period when the honourable member for Fort Garry (Mrs. Vodrey) asked me questions about that. The honourable member might remember that.

Mr. Chomlak: I, in fact, do recall that memorable occasion in this Chamber. The minister made reference several times to the Perimeter Highway for obvious reasons. Are there plans to expand the Family Violence Court beyond the Perimeter Highway of Winnipeg?

Mr. McCrae: I promised my officials that I was not going to commit the government to anything that we had not already discussed in detail, so I will have to be careful about that. Let me say this about that. -(interjection)- Well, without due notice, you know, I think even very high officials of these departments are entitled to that kind of courtesy.

I remember when the Family Division of the Court of Queen's Bench was unified under the New Democrats and thinking what a great idea that was, and it was, and thinking would it not be nice if that program turns out to be a successful program, would not that be a good thing to have outside the city of Winnipeg, in the town of Selkirk and other areas of Manitoba where people have family problems too. This is obviously in the back of my mind, and I know it is in the back of the department's mind, so I am not really announcing anything, but we like to see people in this province protected, because the things we are trying to protect them from are tragic and they are not just confined to the city of Winnipeg.

The Acting Chairman (Mr. Svelnson): Item 2.(a) Public Prosecutions: (1) Salaries \$4,890,500—pass; 2(a)(2) Other Expenditures \$1,135,300—pass.

Item 2.(b) Office of the Chief Medical Examiner: (1) Salaries \$229,500—pass; 2.(b)(2) Other Expenditures \$830,500—pass.

Item 2.(c) Board of Review: (1) Salaries \$34,100.

Mr. Chomlak: Perhaps, just by way of general question, can the minister apprise me as to what is happening with respect to Lieutenant-Governor Warrants these days in the Department of Justice?

Mr. McCrae: Mr. Acting Chairperson, the decision rendered by the Supreme Court of Canada has required that the federal government bring in new legislation to deal with inmates who are kept under Lieutenant-Governor's Warrants. I gave the federal parliament six months within which to do that, to bring in legislation which would respect people's rights. In the meantime, our province has two things to do, and one of them is to live by the rules set down for us in the interim by the Supreme Court of Canada. The other is to keep our attention on appropriate facilities for LGW inmates.

All of those things are going on. As recently as last week our department was represented at a meeting of CCSO, which means Continuing Committee of Senior Officials, and that is what we

have in Canada to assist us in our relationships province to province and provinces to federal government. So my department, of course, was represented at the latest CCSO meeting at which this matter was discussed. I am not clear whether Ottawa is going to be able to deliver in six months. If the Young Offenders Act is any example, I guess they are not going to be able to, but we will have to see. If they cannot, the Supreme Court of Canada will have to be approached to see what can happen then. All of that being said, our responsibility is to ensure that we respect the law of the land as laid down by the Supreme Court of Canada and to keep working towards the provision of facilities that are appropriate for LGW inmates.

* (2100)

Mr. Chomlak: Mr. Acting Chairperson, along those same lines, there have been recommendations and ongoing discussions for some time about the construction of a treatment facility for sexual offenders. I am wondering what the status is of that particular project—and I recognize that it is in conjunction with, probably, the Minister of Health (Mr. Orchard)—but I wonder if the minister might give me an update as to what is happening insofar as the facility is concerned.

Mr. McCrae: I am afraid I cannot give the honourable member a good quality recent update. I can however inquire of the Minister of Health and maybe get back to the honourable member on that basis, or if the honourable member wants to go directly to the Minister of Health, that would be all right, too. He would like me to be the conduit and I will volunteer to do that.

The Acting Chairman (Mr. Svelnson): 2.(c)(1) \$34,100—pass; 2.(c)(2) \$15,200—pass.

2.(d) \$45.8 million.

Mr. Chomlak: I was wondering if a five-minute break might be in order.

The Acting Chairman (Mr. Svelnson): It is the will of the committee to take a five-minute break?

Some Honourable Members: Agreed.

The Acting Chairman (Mr. Svelnson): Agreed. We will resume at 9:10 p.m.

The committee took recess at 9:04 p.m.

After Recess

The committee resumed at 9:14 p.m.

The Acting Chairman (Mr. Sveinson): The committee will come to order. When we recessed we were considering 2.(d) Provincial Policing.

Mr. Chomlak: Mr. Acting Chairperson, my first of line of questioning in this area is in respect to Dakota Ojibway Tribal Council police. As I understand it, the department provides about 15 percent of the cost of the policing, and I am wondering if the minister is involved in any kind of discussions or consultations with respect to perhaps assisting the DOTC police to a greater extent

Mr. McCrae: Over the last three years I have had numerous discussions with the Dakota Ojibway Tribal Council and police commission for that force about the level of funding that they receive, both federal and provincial. The provincial grant is basically just that. The responsibility for that policing is not with the Province of Manitoba and under arrangements arrived at under the previous administration, support for that police activity has been ongoing since the days of the Pawley administration and on into the present administration at the present rate of \$150,000 a year.

So I think that the recognition needs to be there that the responsibility is clearly a federal one and the involvements of the Province of Manitoba is out of a wish to show some support for what is happening. I recognize and have agreed with the DOTC people that it would be very advantageous if arrangements could be improved, certainly from the standpoint of the federal involvement.

An announcement was made just recently by federal Solicitor General Mr. Doug Lewis, a minister with whom I enjoy working, I might add, respecting policing, and I look forward with our Director of Law Enforcement Services who has joined us this evening, Mr. Bob Chamberlain, to working with him, with federal officials and aboriginal peoples to see what possibilities exist there for our jurisdiction here in Manitoba and the various aboriginal jurisdictions to benefit from that announcement. So that basically is where it stands right now.

Mr. Chomlak: Of course, the payment by the Province of Manitoba, if it amounts to 15 percent, which I believe is the figure, is not strictly a gratuitous payment. I would assume there is a recognition that

to the extent that the tribal councils are involved in policing matters, it lessens the impact on the RCMP, and that is of some benefit to the province. Is that not a recognized component?

Mr. McCrae: Mr. Acting Chairman, it should be noted for the honourable member that since the DOTC have operated their tribal police services, there has been no reduction in the RCMP establishment in the communities that were served by the RCMP previous to the implementation of the DOTC program.

Mr. Chomlak: Is the minister aware of some of the difficulties being encountered by the DOTC police with respect to maintaining experienced people as a result of a pay differential between their police department and other services? Does he have suggestions as to how that problem could be alleviated?

(Madam Chairman in the Chair)

Mr. McCrae: I am advised that while salary levels for DOTC constables are indeed lower than RCMP salary levels, so too are the salary levels of police departments such as Morden and Altona and other places where there are municipal police departments.

* (2120)

As an aside, the honourable member for St. James (Mr. Edwards) is asking about training. Some of the DOTC personnel are trained through the RCMP, but some are also trained at the Brandon police academy.

I recognize some of the problems, yes indeed, from discussions I have had with DOTC officials certainly respecting things like, well, salaries. I am sympathetic to that point, but the other point needs to be made as well. In addition, I am sympathetic to issues raised with respect to equipment and facilities. Yes, I am sympathetic, and yet it has to be made clear, I believe, that reserve lands are appropriately the responsibility of the federal government. The Province of Manitoba has continued with the support which began under the previous government, and it continues under the present government.

Mr. Chomlak: Madam Chairperson, there is also the Special Indian Constable Program in place in the province. Can the minister give me an indication of how many Indian constables are present in the province in that particular program?

Mr. McCrae: There are 30 positions identified; 28 of them are occupied, and it is expected that the other two positions will be filled in the near future.

Mr. Chomiak: Just for purposes of clarification, that was 30 and 28; 30 total positions, 28 occupied. I thank the minister for that response.

I suppose it is conceivable and one does not want to prejudge that as a result of the Aboriginal Justice Inquiry there may be a greater demand for an emphasis on programs like the Special Constable Program or the DOTC policing program. I am wondering if those considerations are being figured into the interdepartmental committee or what forethought is being given to this component of aboriginal justice.

Mr. McCrae: Madam Chairperson, I know those matters are on the minds of the members of the working group. That is also on my mind. On the other hand, also there is a recognition that some areas are better positioned to a move to a purer aboriginal self-policing than other areas.

The RCMP have, and continue to enjoy, a very good reputation in its working relationship with aboriginal peoples. We have 50 aboriginal people involved with the RCMP in Manitoba now. Considering the participation rate in the justice system of aboriginal people, that could I suppose be seen not to be adequate even still, but I say that is a better number than we have seen in the past.

To answer the honourable member's question, I know for a fact that aboriginal self-policing is very much on the minds of those in a position to be able to do something as a result of the report of the Aboriginal Justice Inquiry.

Mr. Chomiak: Madam Chairperson, just moving on to the RCMP policing issue, the overall negotiations taking place now, I wonder if the minister can just give us an update as to what the status is today and any predictions he might have for developments in the near future?

Mr. McCrae: Predictions are only as good as all of the indicators that go into the making of the prediction and have something to do with the predictor, him or herself too, so I will not venture too far. I will say that last Tuesday and Wednesday, I and my counterparts in the provinces and territories met and some of those meetings were amongst ourselves and some of them included the federal Solicitor-General Mr. Doug Lewis, the Honourable Doug Lewis.

What do they say after these meetings? There was a frank exchange of ideas and opinions, I think that is what they sometimes say, but, indeed, there were open and frank discussions.

I had the privilege and honour on behalf of the Province of Manitoba to sign an agreement which will save Manitobans some \$9 million this fiscal year, that being the RCMP extension agreement, the one that extends the status quo as at March 31 of this year for one further year, which is a very, very significant thing for the federal government to agree to do in light of the rather harsh and hard positions they had been taking prior to the entry onto the scene of the Honourable Doug Lewis. That was done last week and I would say some extended discussions—the discussions went on for some time in Toronto last week.

There were proposals, counterproposals, and the discussions are going on without the kind of atmosphere that we were experiencing previously. In other words, there has been a change of gear, if you like. There has been a change of approach, certainly on the part of the federal government. I am pleased also, though, to report that the provinces and territories, backed up by municipalities across this country as represented there at those meetings, those jurisdictions remain firm in their consensus to approaching the federal government with one voice. Everyone recognizes that is an extremely important way to embark or to engage in these very, very important discussions.

I know, I have said this a hundred times in recent months but the importance of the Royal Canadian Mounted Police in our communities should not, must not be, underestimated. We must do everything in our power to reach terms that are honourable for everybody and terms that will guarantee the continued existence of the RCMP in our communities. It is an excellent police force. I do not know of anybody who has the nerve to disagree with that one because it is so patently true. It is also very much a unifying force in our country, I suggest, the existence of a national police force.

I think everyone involved recognizes those fundamental principles underlying our discussions and the discussions, while I cannot report in specific terms—what is in the proposals and counterproposals at this moment—I hope as soon as possible to be able to announce that we have reached an honourable agreement with the federal

jurisdiction, one that will serve us and our children well for a long time into the future.

Mr. Edwards: Madam Chairperson, it is my understanding that the graduates at the Special Indian Constable Program in fact serve around the province but primarily are posted in areas that will have a higher percentage of Native population, and that means they often do a lot of their work on the reserves. Can the minister indicate whether or not that is true?

Mr. McCrae: Generally speaking, Madam Chairperson, I can say to the honourable member that what he says is true. On the other hand, there are aboriginals who are members of the RCMP who want their life experience to include work in other areas, too. It is not 100 percent the case what the honourable member says about representation of these constables in areas where the population are primarily aboriginal. That is true, but there are a number who do not work in those particular locations, too.

Mr. Edwards: Is there any special arrangement that the government has with the RCMP to cover reserve areas in the province of Manitoba?

* (2130)

Mr. McCrae: I think maybe I should ask the honourable member to ask his question again, just so I can be clear as to what it is that he is asking.

Mr. Edwards: Within the province there are many Native reserves. My question is: Is it the normal RCMP contracting in place, that is a 70-30 formula, for the policing in those areas, or is there some other relationship or arrangement with the federal government on those reserve lands?

Mr. McCrae: Yes, I think I understand a little better now. Most policing on reserves in this province is carried out under the policing contract between the province and the federal government at that 70-30 ratio. In addition to that, however, there is the DOTC police on eight reserves plus other special constables or 3B constable programs in effect.

What we were wondering is whether the recent announcement by the Honourable Tom Siddon and the Honourable Doug Lewis was entering into the honourable member's thinking when he asked the question. As I said a little while ago to the honourable member for Kildonan (Mr. Chomiak), an announcement made recently, last week in Brantford, Ontario, I think it was, by those two ministers holds some very interesting possibilities

for the future. I will be asking Mr. Chamberlain of my department to seek the most innovative and the most efficient way for our province to benefit from the announcement made by those two ministers having to do with policing on reserves in Canada.

Mr. Edwards: Madam Chairperson, it is my understanding that the provincial contribution to the Special Indian Constable Program represents 54 percent of the total cost of that program, 46 percent being picked up by the federal government. Is that in fact the case?

Mr. McCrae: The honourable member has that right.

Mr. Edwards: We have a situation where the provincial government picks up the tab for 70 percent of the funding for policing under the police contract. That contract covers many of the reserves in the province. We have a further situation where the Special 3B Indian Constable Program may result in certain of those individuals policing reserve lands, Natives, and it makes sense that they would. The provincial government picks up 54 percent of that cost, yet when we turn to the DOTC we see that the funding levels of the provincial government are dramatically less.

I want the minister to consider his comments in light of the defence he has made of the poor funding of DOTC. He said it is not really our responsibility; it is a federal responsibility. That is what he said; that is his defence. Well, clearly, nowhere else in the province is it only a federal responsibility; they fund 70 percent on other reserves; they fund 54 percent of the special constable program. Madam Chairperson, I think the DOTC has a pretty legitimate question. Why are they not funded anywhere near those levels?

Mr. McCrae: Madam Chairperson, the honourable member has figured out something that has been on our minds for some considerable period of time, and that is, the cost of policing and the responsibility therefor. I am glad the honourable member has twigged onto something. The point is that we announced—what?—about three months ago I think, a position that we would be putting forward in our discussions relating to policing.

Our position is that policing on federal lands is a federal responsibility. Regardless of what agreements have been arrived at over the years, regardless of what might be arrived at in the future, that is a position that our government announced

right here in this House. I think the honourable member was actually here that day. Madam Chairperson, the honourable member should also be aware that the DOTC is, has been and remains a pilot project, so he should keep that in mind too.

I am not sure what he is arguing. I think he is arguing that the province should find another bucket and fill it up with money and throw it at somebody. On the other hand, I am not ready to accept that argument when, since Confederation at least, if not long, long before, aboriginal Indian reserves are a responsibility of the federal government. That is the position of this government and it is not new. The honourable member, if he was here the day we announced our position, should remember that that is our position.

If he wants to take the position that the federal government has no responsibility for aboriginal people, let him say so, let him put that on the record, let he and his party be judged for that particular position, because it is not the position that aboriginal people want to see represented by the leaders in Legislatures across this country.

Mr. Edwards: Madam Chairperson, well true to form every time the minister gets caught with his defences being exposed for what they are, as frivolous, and frankly not only illogical but oftentimes simply factually incorrect, he turns to the issue of personal attack. What is clear is that it is an issue of fairness. What is clear is that if the provincial government says that they want to get out of financing military bases and Native reserves, fine. That is an important position to take with the federal government.

What you do not do in the meantime is pick favourites, Madam Chairperson. That is what this minister has done. He says, I do not want to fund Indian reserves, but I will fund some to 70 percent and some to 54 percent, but these I will only fund to 15 percent. That is what he says, that is his excuse.

It is fundamentally unfair. He knows it is, and he is seriously struggling, I would suggest, to find some rationale for it, because the rationale he earlier gave just does not hold—he is just not consistent.

The DOTC has become far more than a pilot project, I suggest, Madam Chairperson. Can the minister indicate whether or not he has studied the recently released review of this police force's activities? It has gone through, by my information now, two reviews, an initial review after the first three

years, the three-year review, but it has also gone through a further national Native police review.

* (2140)

I have had opportunity to review a copy of that. I wonder if the minister has also had an opportunity to review it and whether or not he can now tell us, and perhaps he will want to substantiate why they are paid less than other police officers.

He first said, well, they are not trained RCMP. They are; they are all trained in Regina. They get ongoing training in Brandon, but they are trained in Regina. Would the minister tell us, please, whether or not he has reviewed that report and what his conclusions are about this police force?—because they are understaffed, they are underpaid. They are doing essentially the same job as other constables. They are doing a good job, even on the admission and the recommendation of Crown attorneys in the Westman area, RCMP in the area, nothing but accolades as far as I know. If there are, let my know, but nothing but accolades as far as I know of that police force.

They raise revenues for this province. They enforce provincial laws. How come this minister is not willing to treat them fairly?

Mr. McCrae: When the Province of Manitoba and its taxpayers have been supporting to the tune of up to 70 percent of the enforcement of laws on federal lands for a long time, when the provincial government under present arrangements must be there to provide services to DOTC reserves should there be a discontinuation of DOTC services, when the province has paid significant sums for policing of all communities in the province outside those policed by municipal forces, when all of that forms the history of policing in this province, I wonder just what it is the honourable member is getting at when he refers to what is a pilot project, not started by the provincial government, not a pilot of the provincial government, because it was an initiative, if you like, of the federal government.

What I think needs to be said here is that—oh, in addition, Madam Chairperson, the RCMP continue to police DOTC reserves for certain Criminal Code offences. All of that being said, combined with the position of the Province of Manitoba, that the final responsibility for policing on federal lands is that of the federal government. We have made that position clear, it remains for us to hear this evening the position of the honourable member and his party

as to how much additional policing monies he and his party would be prepared to commit to the people of Manitoba should they be in a position to spend the people's dollars in this regard.

I really must insist, Madam Chairperson, that rather than the usual practice on such an important matter as this, the usual practice of taking shots as the honourable member is sometimes prone to do, he ought to put his position on the record so that we can know what it is, rather than guess.

Our position is clear. We have been supporting the DOTC even though we are operating with a federal pilot project. We are backing up DOTC forces with RCMP, paid for at the level of 70 percent of their costs. I really want to know from the honourable member what his position is with regard to at what level of funding this province ought to be providing police services in this province. It might be helpful to us to know that, not only for the taxpayers of this province who actually pay the bills that the honourable member would be running up day in and day out in his comfortable place over there, but I think on behalf also of myself and my colleagues across the country as we approach our negotiations for an RCMP contract. It might be interesting to know what the position of the Liberal Party might be on that.

Mr. Edwards: Madam Chairperson, what would be nice would be for the minister to make a defence in these Estimates that made sense and to try and be consistent and logical in his answers. He is neither. He says that they want to offload and have this taken on by the federal government. Fine, if that is an approach they want to take, but what you do not do in the meantime is discriminate, say some reserves get 70 percent funding, some get 54 and some get 15.

Yes, the provincial government position is clear, clear as mud, Madam Chairperson. There is absolutely no clarity and no consistency to the provincial position because truthfully they do not have one. They are flying by the seat of their pants. They say the federal government is offloading on us. That is the same thing they are doing to the municipalities. It is the pot calling the kettle black. This government is doing exactly the same thing it condemns its federal counterparts of.

What they are doing in terms of Native policing is discriminating amongst Natives themselves. Some reserves get funding of 70 percent, some get 54 and

some get 15. That is the point and the minister has no defence for that. He has made that abundantly clear.

Madam Chairperson, with respect to the report which was issued by a committee in November of 1989, dealing with the ongoing concern between rural urban municipalities and the municipalities themselves over police costs, what has happened with those recommendations which came forward, the report, as I say, coming forward in September of '89 chaired by Mr. Dennis?

Mr. McCrae: The honourable member, I think he used the word "discrimination" in his question. That is always a very disturbing word for me because it is thrown around so easily in this place and elsewhere, especially by members of the opposition, but I guess there are about 600,000 in the city of Winnipeg who could claim the same thing. They get nowhere near 70 percent of the cost of their policing reimbursed by the Province of Manitoba. You know, even those good people in the city of Brandon face that same kind of discrimination, if I were to adopt the honourable member's word. What about those good people down in Altona and Morden and Ste. Anne and wherever else they have municipal police departments? They do not get in on the 70 percent.

Just for easy recollection, we could put it this way. All policing outside of those that are covered by municipal policing in municipal jurisdictions in Manitoba is covered under the provincial contract at 70 percent. Any additional programs like 3B, like DOTC, are programs entered into by the federal government. So do not let the honourable member, Madam Chairperson, convince you—and I do not think he is going to—that there is any discrimination on federal lands including Indian reserves.

I think if we are going to use that kind of word, we have to ask ourselves immediately, what about those poor souls in the city of Winnipeg, and those poor souls in the city of Brandon, and those poor souls in other places? I mean, the honourable member, you know, you have to remember some of these communities are policed by municipal contracts with the RCMP—Minnedosa, for example. What about those poor souls in Minnedosa who have to pay at the rate of 70 percent, the people of Minnedosa, not as provincial taxpayers but as municipal taxpayers?

Those poor souls in Minnedosa, if they left it to the Liberal Party, would not even get the roof of their courthouse fixed. I want to know just who does this honourable member for St. James (Mr. Edwards) stand for when he stands in his place? Where is the discrimination? Who is the discrimination directed against?

* (2150)

Madam Chairperson, I know he has not convinced you, and I know he has not convinced the honourable member for Kildonan (Mr. Chomiak). Maybe he thinks he has convinced himself, but he certainly has not convinced me. He talks about discrimination, but you know what does he feel when it comes to things like affirmative action, for example? Maybe we could hear him hold forth for some extended period of time about that as well. I guess that means we should never enter into any affirmative action program that somehow in some way would assist some disadvantaged group in society, because, oh, we cannot have discrimination when everyone recognizes that there is an element of that in affirmative action programs, of necessity, and exempted by the Charter of Rights and Freedoms so that disadvantaged people in our society can enjoy benefits that sometimes the rest of us might just enjoy as a matter of course.

What the honourable member should remember, if he can, is that under the provincial contract, 70 percent presently is paid for by the province. If the federal government wants to come along with the 3B program, we do not mind if they do. If they want to come along with their DOTC pilot project, which we have no objection to them doing, in fact, we have as a province decided to contribute to that by way of a grant, but not under the conditions outlined by the honourable member, because he is wrong and he knows he is wrong. His questions forget altogether about the hundreds of thousands of other people who do not enjoy policing services paid for at the rate of 70 percent by the Province of Manitoba.

Mr. Edwards: One would think that somewhere in that would have been an answer to the question, but there was not. I was listening. There was not an answer.

If the RCMP had not come along with their special constable program, if they had not come along with the DOTC, this minister would be paying 70 percent. When I say, discrimination, I mean, you take

reserves in this province and you choose some who happen to have a program which works very, very well, called DOTC or happen to be funded and have access to special Native constables, and you treat them differently.

What is interesting, you treat them less. This is not affirmative action we are talking about. It is reverse affirmative action. This minister brings in the comparison to affirmative action. It is the regular RCMP that are paid more, not less—more.

The special constables, the special police force, the people who had the initiative to come forward with it are punished for that. That is what this minister has done. That is what I mean by discrimination. He has punished those who least deserve to be punished, those who have had the initiative to have their own police force, Native police force, that works very well—nothing but accolades, nothing, nothing from any of the other RCMP in the area, from the Crown attorneys, from the national Native review, nothing but accolades, and they are absolutely discriminated against. No question—they are discriminated against.

The question was specific to the report issued in September of '89 dealing with the other non-Native concerns, although they obviously impact, given the 70-30 formula around the province, the report of September '89 chaired by Mr. Roger Dennis that came forward. What I asked the minister was: What has happened with those suggestions? Have they been implemented or not? Have they been modified? What is the situation now as between the rural municipalities and the rural urban municipalities and the cost of policing?

Mr. McCrae: Just on policing on the DOTC reserves, I wonder also if the honourable member realizes that the citizens who live on those reserves enjoy the benefit of the RCMP provincial policing contract, which Manitobans pay for at the rate of 70 percent and, in addition to RCMP services and protection, they enjoy the benefit of an aboriginal police force called the DOTC tribal police, but the honourable member has forgotten that, and there is another thing—

Point of Order

Madam Chairman: The honourable member for St. James, on a point of order.

Mr. Edwards: The minister is being a stranger to the truth. Now, he has done that before, but I feel it is important to put on the record that this is not what

I implied. What I would like the minister to do is deal with the issues I have put forward. If he does not want to do that, he should not make the excuse by putting nonfactual information forth. I did not say that. What I would like him to do is clarify and then is he saying that we would not have to hire extra RCMP if DOTC did not exist? Of course he is not saying that. He should not be so ridiculous, Madam Chairman.

Madam Chairman: Order, please. The honourable member for St. James does not have a point of order. It is a dispute over the facts.

* * *

Mr. McCrae: The honourable member, when he is having a bad time—you check the record, Madam Chairperson—he always raises points of order when he is starting to lose his argument.

The point is, the honourable member seems to suggest that the RCMP are never around on DOTC reserves—not true. The RCMP are there for the most minor offences. Should the DOTC police be unavailable at the time, the RCMP will be there, and the RCMP will certainly be there for those major criminal offences.

The other thing the honourable member should be—

Mr. Edwards: And vice versa.

Mr. McCrae: The honourable member is wrong again. The DOTC do not have responsibility for the major offences that we have been referring to.

Madam Chairperson, there was another thing I was trying to tell the honourable member, but he just sort of sits there and he chirps away and he makes it so hard for one to retain one's train of thought, but I will not be deterred by that.

I will carry on and remind the honourable member that the ratio of police officer to citizen on the DOTC reserve is much lower, indeed less than half than that in other areas of the province.

In other words, in other areas of the province there is an average of one police officer for every 460-or-so citizens. On the DOTC reserve, the average is one officer for every 200 citizens and sometimes less than that. I mean, obviously there must be more in some cases too because an average is made up of both, but the point is, I do not quite understand what the honourable member's point is tonight, because it appears we have more

police coverage on those DOTC reserves policed by DOTC tribal police. They have the benefit of the RCMP should those services be needed. They have the benefit of those services paid for at the rate of 70 percent under a provincial contract and really having—oh, and the other point is that federal lands are a federal responsibility.

The honourable member has not denied that, has not taken a different view. In spite of my inviting him to put forward his party's position, he has consistently refused to put forward his party's or his own personal—I mean, he could leave his party aside, which he often does, and put his own position on the record.

I invite him to do that because it might be very helpful for me as I carry forward this province's position in RCMP contract talks. I make that invitation to the honourable member, to make his position about costs and policing known to me now because it is a crucial time. It is very important that I know the honourable member's position because I know it is a very important one and one that the federal people and my colleagues at provincial and territorial meetings ought to be aware of, so that we have all the options in front of us as we approach this extremely important matter.

When it comes to aboriginal policing, I am afraid the advice that the honourable member has given me so far has been less than helpful, and maybe if he could just give me a policy position, then I would be in a better position to move forward and to negotiate very productively and very aggressively on behalf of the aboriginal people and, indeed, all of the people of Manitoba.

Mr. Edwards: I want to pick up on one comment of the minister. Is he saying that the comment of the -(interjection)- Well, I will get to that, but I have another—the minister's response has, as usual, provoked a series of questions. I have only to pick the ones which beg questioning.

Is the minister saying that the statement that the DOTC police members have assisted the RCMP off reserve on a regular basis with various crimes, including major crimes—is that wrong? Is that what he is saying?

Mr. McCrae: The honourable member is not wrong about that. In fact, the DOTC have distinguished themselves in this province. One only needs to look back to the situation just a year ago here at the Legislature of our province where there was a need

for assistance with the crowds that were gathering around this building. DOTC provided very good assistance to the people of Manitoba through their efforts here. We very much appreciate that and, I know that on repeated occasions, I have had occasion to let the DOTC know of this government's position respecting their considered service to this province and to the people who live here. It is appreciated.

* (2200)

The honourable member asked me about Roger Dennis who is an employee of the Department of Rural Development. I think the report the honourable member is referring to derives from meetings between himself, representatives from the Department of Rural Development, the Union of Manitoba Municipalities, and the Manitoba Association of Urban Municipalities that that report culminated in an announcement earlier this year by the present Minister of Rural Development (Mr. Downey) respecting per capita levies in the municipalities and the grants to be made available to policing jurisdictions.

I have to say it is not my department, so I hesitate to venture too far into this whole area except to say that I know that the long-term solution to that problem, which took a long time to develop into the problem it is now, I cannot say that has been finally decided upon. But I can say that my colleague the Minister of Rural Development and I are very aware of that problem and will continue to press for its resolution.

Mr. Edwards: The citizen advisory committees which are referred to in the Estimates process, how many of them are there and where are they?

Mr. McCrae: It is the policy of the RCMP to have citizen advisory committees in all of the detachment areas served by the RCMP. I understand that at present there are about 40, and there are 72 detachments, so the honourable member can see that the RCMP would like to see those committees springing up in more detachment jurisdictions.

Mr. Chomlak: Just one small additional question for the minister with respect to the 3B program: Is the minister aware whether or not the 3B program is being continued?

Mr. McCrae: Madam Chairperson, perhaps I could put it this way. I am not aware of any plan to discontinue the program.

Mr. Chomlak: Madam Chairperson, I was advised that last year RCMP Commissioner Norman Inkster announced that the 3B program would be discontinued. I assume that is only in Alberta. That was to the Alberta aboriginal leaders.

Mr. McCrae: I think that we need to understand the distinction, and that is that the 3B program is a funding program. I believe what Commissioner Inkster announced for the Province of Alberta was that the officers engaged under the 3B program there would become full officers and therefore not qualifying the province or anyone for the special arrangements under the 3B program.

I have to make a slight adjustment in my answer, Madam Chairperson, and that is that the funding arrangements in Alberta are the same. They have just changed the designation of the officers and made them full members. That is what happened there.

Mr. Chomlak: So the funding arrangements in Alberta are the same funding arrangements as there are in place in Manitoba, and they were not previously? Is that correct?

Mr. McCrae: Madam Chairperson, I think the confusing thing is that the announcement apparently was made in Alberta, but it had to do with policing across the country. While their funding arrangements for these officers remains the same, the designation as special constable has been changed to regular officer. That program was for across the country. The fact that the announcement was made in Alberta really did not have much to do with it.

One of the implications of that announcement is that those officers are entitled to wear the red serge, and their salaries are increased to that of regular officers.

Madam Chairman: Item 2.(d) Provincial Policing \$45,800,000—pass.

Item 2.(e) Law Enforcement Administration: (1) Salaries \$285,500—pass; (2) Other Expenditures \$194,800—pass.

Item 2.(f) Manitoba Police Commission.

Mr. Edwards: Madam Chairperson, the minister will know that I have a lot of confidence in the Manitoba Police Commission to do a job which it is presently not being allowed to do. I want the minister to tell me why he does not see it as being an appropriate body to do precisely the kind of

investigation he has just retained Mr. Hughes, Mr. Scurfield and others to do, precisely the type of investigation that has come up in the past, will come up in the future as matters are questioned, both in terms of police conduct and, I would suggest, further than that, the relationship between the police and his branch.

It strikes me that we need a commission. We need a body, some independent body that can act quickly, that can act expeditiously and independently to review situations like this where questions are raised—the DeLaronde shooting, the Pollock matter, others. We need something in place. We cannot keep running around the country looking for somebody to come in and save us in the throes of a police crisis. That, unfortunately, has been the pattern that we have developed in this province, and I think we have to learn from that and predict that these things are going to come up, and let us deal with it correctly.

An internal investigation which may or may not be released by the City of Winnipeg just is not going to do. It does not have credibility, because it is internal. Secondly, even if you do get a report, we do not know that the public is going to get it, because the city held the last one back.

Madam Chairperson, I have spoken at length with members in the city administration, including the present commissioner. We have had very, I would suggest, productive conversations, and he has given me some positive feedback on a commission doing this type of work. Of course, way back, there was a police commission. That was all disbanded and done away with, the Winnipeg Police Commission.

In some part, it was replaced by the Law Enforcement Review Agency. We will come to that next, but the Law Enforcement Review Agency primarily draws its mandate from complaints from people who feel aggrieved by police conduct.

The police commission is unique. It takes a lot of its mandate, and if you look at its mandate under the police act, it takes its mandate from the minister. The minister has the power to refer things to it for investigation.

* (2210)

I wonder if the minister has considered a greater role for this commission, because I get its annual report, and I certainly do not say that it is not a very useful board even now. It is. The point is, I think it

could be far more useful, and I think there is every reason to give some body—and I would suggest this one, I do not suggest creating a new one, I think we have one here—that role, the role of on behalf of the government investigating systemic complaints, complaints that affect not just an individual, but have a public aspect.

I suggest the DeLaronde and I point to the Harvey Pollack case, the policing problem out in Ste. Anne, where there was pretty well a feud going on in that community between the police chief, the mayor and others. That is a role the police commission should play. Is that not what was envisaged at the time? That I know was the role that was played by the former police commission, the Winnipeg Police Commission here in the city.

Is this not an appropriate time, learning from the last couple of years, to look to empowering the police commission with further responsibilities? I do not think it takes any change in the mandate. I think it just takes a point of view about what it can do for us in this province.

Mr. McCrae: I have heard, Madam Chairperson, the presentation of the honourable member. I appreciate the concerns that are behind his comments this evening in this regard, and I will take his representations seriously, as representations, consider them and discuss them with my department.

Mr. Chomlak: Just one question, the protocol in place dated March 14, I believe, '88, for dealing with sexual abuse, the paper from the Manitoba Police Commission, is that protocol still in effect, or has it changed?

Mr. McCrae: That protocol is in effect and, I think, gives credence to some of the things the member for St. James (Mr. Edwards) was saying of the useful work that the Manitoba Police Commission has done and can do. Yes, that protocol is in effect.

Madam Chairman: Item 2.(f) Manitoba Police Commission: (1) Salaries \$122,700—pass; (2) Other Expenditures \$76,000—pass.

2.(g) Law Enforcement Review Agency: (1) Salaries.

Mr. Edwards: Madam Chairperson, the Law Enforcement Review Agency in its enabling legislation have apparently been under review for some time. I recall this going back a couple of years, and the minister saying and others saying, we are looking at it, it needs changes. Mr.

DePoureq, himself, I remember making comments in the paper at one point that there was an ongoing review being done of the act.

I wonder if the minister can report on what review is being done and whether or not he is contemplating bringing forward amendments to the act which, I think, albeit it serves an important purpose but it does have problems, by the admission of those directly involved in it themselves. I wonder if the minister has completed a review or is in a position to tell us if he is going to be making changes to the act.

Mr. McCrae: Madam Chairperson, when I first came into this job there was talk around that there was an intention, I guess on the part of the previous government or somebody, to make some significant changes. I remember hearing some comments both sort of in favour of the Law Enforcement Review Commission and the way it works and some of those who felt that it was unfair to the police and some felt that it could just generally be tidied up and could do a better job.

You know, at that time, I thought to myself that there is just enough opinion pro and con here that maybe we have struck the balance that we needed and certainly in regard to the handling of complaints against police officers. That history is there, but we have a number of things that are on the go. We have a law enforcement administration headed up by Mr. Chamberlain, who has his hands very full with the present situation for the renewal of the RCMP contract.

The questions raised by the honourable member respecting the police commission and now questions relating to the Law Enforcement Review Agency, all of that combined with a three-year, \$3 million Aboriginal Justice Inquiry coming close to its conclusion, we have a lot of issues identified for us just in the last five minutes here that will require attention. You know, the honourable member raises interesting points, and they will not be forgotten as we look into all of these matters in the upcoming months.

Mr. Edwards: Madam Chairperson, I am intrigued by the conclusion here under expected results where it lists there has been a 10 percent reduction in the number of complaints received compared to the average of the first five years operation. The conclusion reached is any reduction in complaints signifies an improvement in police conduct. I think

that may be true, but it may also be frustration with the process.

Is there any substance or can the minister give any other evidence that would support that conclusion? A simple reduction in the number of complaints one year is a sign that there are not complaints to be made. I draw to his attention that very few, a very small percentage, I would suggest, of people who feel aggrieved probably get around to launching complaints under this administration.

Perhaps the minister could comment on that and also indicate whether or not that 10 percent reduction is consistent with other years. Are they going down every year?

Mr. McCrae: It may be, Madam Chairperson, that the numbers from which that conclusion has been drawn do not really cover the whole story as the honourable member says. Who knows, for example—I do not at this moment—how many complaints are handled and handled satisfactorily by the police department in Winnipeg and Brandon and the other municipal ones by themselves without ever having to resort to the Law Enforcement Review Agency.

So maybe a comment like that is one opinion, and it may be valid. I do not know any more than the honourable member about that, but it may be a comment that takes into account some of the circumstances and not all. I do not know if there is a higher level of satisfaction with the police authorities now than there used to be. I think we have a higher level of expertise. We probably have a higher and better level of service than we have in the past. I also know we have a higher level of crime so that all of those things balance each other off to some extent.

So, no, I do not think we should read too much into that particular comment based as it seems to be on one set of statistics anyway. So from the point of view of those statistics, that might be one conclusion you could draw and it might be the right one, but I am not able to stand here and say that it is.

Mr. Chomiak: Madam Chairperson, my next inquiry is relatively straightforward. I cannot help but pose the question. We have seen a substantial increase in the payment of the position for the Law Enforcement Review Agency from \$49,700 to \$75,200. That is a considerable jump. I noted in looking back through past Estimates that in the

'89-90 year, the salary level was \$56,800, so we have gone from \$56,800 down to \$49,700 and back up to \$75,200. That connotes to me a reclassification, but I would like the minister to outline for me the reasons.

Mr. McCrae: Madam Chairperson, if honourable members want to move on and get on to other stuff we can do that and leave this not voted on tonight, if that would suit honourable members, because I see Mr. Sinnott madly looking through his papers here, and he may not be able to come up with that answer just right away. It requires an answer and we will get the answer, but I do not have it at my fingertips.

I can speculate and say we did not budget enough last year. Now that is a possibility, but that is speculation. On the condition that the answers will be forthcoming, if honourable members want to pass it, that is fine with me.

Madam Chairman: Item 2.(g) Law Enforcement Review Agency: (1) Salaries \$109,000—(pass); (2) Other Expenditures \$26,600—pass.

Item 2.(h) Canada-Manitoba Criminal Injuries Compensation Board.

* (2220)

Mr. Edwards: Madam Chairperson, can the minister indicate where or how the funding arrangement works for this Criminal Injuries Compensation Board? I see that it is joint. It is both federal and provincially funded. How does that funding work out, and where do those funds come from for the board's operations?

Mr. McCrae: Regrettably, the book dealing with our Estimates refers to a recoverable amount from the Government of Canada of \$375,000. That is not clear any more. That appears to be the subject of a federal cut, which is greeted with a fair amount of regret in this province.

The money we are talking about here is strictly general revenues that are raised from the taxpayers of this province. The money you see here is an amount that is made available, projected for payouts under this program that is administered for us by the Workers Compensation Board under principles followed by that board. The amount you see reflects our estimate of what we expect might be payable through this fund this fiscal year plus an administration fee for the Workers Compensation Board to cover the costs of their work on our behalf.

Madam Chairman: Item 2.(h) Canada-Manitoba Criminal Injuries Compensation Board \$2,238,400—pass.

Resolution 96: RESOLVED that there be granted to Her Majesty a sum not exceeding \$55,988,100 for Justice, Public Prosecutions, for the fiscal year ending the 31st day of March, 1992—pass.

Item 3. Justice (a) Administration and Special Programs: (1) Salaries \$105,200—pass; 3.(a)(2) Other Expenditures \$17,000—pass.

3.(b) Civil Legal Services: (1) Salaries \$1,624,400.

Mr. Edwards: Madam Chairperson, I had asked earlier in these Estimates about the economic litigation program in British Columbia, and the minister referred me to further into the Estimates process. I wonder if this is the appropriate place to ask those questions, and if he has the necessary expertise with him at the table to answer the original questions about that program.

Mr. McCrae: This of course is the area that I felt we would be in the best position to answer the honourable member's questions. Mr. Tom Hague has been Acting Assistant Deputy Minister responsible for the Justice Division for the past while. I understand he is on his way down here and can really help us out quite a bit when he arrives.

I do not know, I cannot remember if we discussed that over the adjournment tonight with Mr. Hague or not. He will remind me whether he feels ready to discuss it or not. If the honourable member wants to pause for a second, I will find out.

Madam Chairperson, I have had an opportunity to discuss briefly with Mr. Hague of our department the experience in Manitoba. As the honourable member for St. James (Mr. Edwards) will recall, amendments were passed to allow for what I believe to be a better system of small claims resolution in Manitoba. Also, after some 50 years of need, the Queen's Bench rules were changed also in that first session of the Legislature in 1988.

We have a Queen's Bench rules committee which comprises the Chief Justice of the Court of Queen's Bench and the associate chief justices and other judges from that court as well as representation from the private bar and the Department of Justice.

That Queen's Bench rules committee has been keeping abreast of developments actually more in Ontario than in B.C., but Mr. Hughes, the gentleman

referred to in sort of less than glowing terms some while ago, has also had something to say about the economic litigation model referred to by the honourable member. He has had something to say about that in the report that he has done as well, which members of our Q.B. rules committee have access to.

So while we have not made any particular announcements or made any particular policy moves, we are aware as a department and as a Queen's Bench rules committee of the issues being raised by the honourable member.

Mr. Edwards: I am pleased to see that it is being considered, being looked at; it is known; it is something which is being, at least, reviewed from a Manitoba point of view. I view that—and I do not claim to have access to the same information, Mr. Hughes' comments or others about it—but I view that as one of the most exciting initiatives on the horizon in terms of access to justice.

That is what this minister talked about when he was first elected, and I think we all agree on that. We want to increase it. To some extent, the criminal system has been greatly helped by a reduction of the backlog. The civil side, I believe, still has lots of room for improvement.

* (2230)

In any event, just before I go on, to make sure the conclusion of the statement that I referred to Mr. Hughes in less than glowing terms should remain, that is not the case. In fact, I referred to him in glowing terms. I said he was a man of national reputation. I would like that correction noted.

Madam Chairperson, this is an area which, of course, employs many lawyers who work in various capacities with the Crown. As I look through these lists, there is a varied type of work that is done, everything from northern flood litigation to expropriation and administrative work, normal solicitor's work. It has always struck me that we should have in place—and perhaps we do, I recall at some point having some discussions with the minister in prior Estimates—a system of rotation for lawyers working for the Crown.

I think if we are asking people to spend their career with the Crown as practising lawyers, it would be a good idea to give them the opportunity to explore other areas, to move into other areas. The Crown does a lot of very interesting work, everything from the Constitutional Law branch, of course, to all

of this work, to the Public Prosecutions itself and the various kinds of prosecution within Public Prosecutions. Is there, in fact, a process in place whereby Crown attorneys can move, transfer from one area to another and thereby increase their knowledge, increase the challenges available to them as people who we, obviously, will want to spend a career with the Crown developing their legal skills for the benefit of the public?

Mr. McCrae: It is funny, the honourable member and I are on the same wavelength every once in awhile, and this is one of those areas. When it comes to career and professional development, I agree with the honourable member about this.

It is nothing that we can say we have in place in a formal way, but I know in recent months, for example, we have had a lawyer in the criminal prosecutions area from Brandon spend about four to six months working in our constitutional law branch which I believe that lawyer would tell you was an excellent opportunity, an excellent experience.

Another example I know of was someone working in family law and someone working in youth offenders court in the prosecutions area change places, which is and was something that this department encourages and attempts to facilitate wherever that is possible and in the best interests of the legal people involved and, of course, in the best interests of the administration of justice.

So this is a good idea, but we do not have something that actually forces people to move here or there either. So the way we have it right now, it is something that is encouraged and does happen. Of course, you will see people in our department that if you look back 10 years ago were somewhere else in the department or some other branch or some such thing. That happens too, but we do encourage this and we do attempt to facilitate it when that is possible.

Mr. Chomiak: Madam Chairperson, I must admit my card file system has failed me for the first time today.

I am wondering if the minister can indicate—I wanted to ask a question, too, about the Law Foundation grant. My card file system says 3.(a), but perhaps it is further on. We have already passed 3.(a), so if that is the case I wonder if the minister will entertain a question or two in that area.

Mr. McCrae: Probably no one in Manitoba knows as much about this as Mr. Hague who has joined us.

Where are we now? We are at Civil Legal Services. That is a good place. Go for it.

Mr. Chomlak: I thank the minister for that. Just my general question to the minister is: Is there a new formula in place with respect to the Law Foundation administered under The Law Society Act? What is that formula? What length is the duration of that formula?

Mr. McCrae: Just last week, Madam Chairperson, I introduced amendments to The Manitoba Law Society Act, and I think maybe it is noteworthy for what was in there was what was not in there. That was a concern raised in this House by the Leader of the Opposition (Mr. Doer) about the Law Foundation, a concern that I was well aware of and had been working very hard on. The Law Foundation's formula will, of course, not be changed by legislation at this session and that is because the Law Foundation, the Law Society, the Law School and the government of Manitoba came together and resolved the impasse or, how shall I put it, the problem that we had respecting funding for library services in our government for at least for a year. It helped us by coming forward with suggestions on how to solve the problem.

The problem has been solved by the Law Foundation making a grant to the government library services and by the Law Society increasing its contribution to Legal Library services because there is a recognition there that users out there—many of the users of the library services are members of the Law Society—and that the government benefits only to a certain extent too. This arrangement that has been worked out is to last for this fiscal year and similar to the analogy of the RCMP talks, where we still have a big problem to solve and to work out—we still do here with regard to the operations of our government-run Legal Library services.

We have also agreed though to review jointly the budget for library services and to see what deficiencies can be found. The Leader of the Opposition (Mr. Doer) quite rightly raised the concern on the part of community agencies and others who are funded by the Law Foundation and that a large call on the foundation's resources on the part of the government for the running of its library services would impact those recipients of grants, and that is true. There is no way around that and yet we have reached a point where something needed to be done. I have done it before when I introduced the bill, and this would be a good time to

pay a little tribute to some people who really did an excellent job.

* (2240)

I include Mr. Hague and his colleagues in the government of Manitoba, but I also include the former president of the Law Society, Mr. Colin MacArthur who represented the Law Society in those discussions, and I commend Mr. John Burgess who is the chairman of the Law Foundation. I commend also Dean Roland Penner who seems to be a member of everything. He certainly is a member of the Law School, obviously being its dean, but he represents the Law School on the Law Foundation and of course, on the Law Society.

So there was a fellow who had sort of an interest in the resolution of this problem, if I can put it that way and played no small role, I suggest, in helping with the resolution of this. I am sure that I have probably missed out some people too, Tom, but it was a sticky problem that we were all facing and some people really went to some effort to help us through this particular year. But the challenge is still ahead, and that is to see if we cannot do a good job, or a better job, of operating library services in our province.

I speak mostly of the Great Library here in the city of Winnipeg because there is not a whole lot that can be done in those other places—Brandon, Dauphin, Flin Flon and Thompson—where we have much smaller libraries to operate. Certainly the Great Library in the courthouse and the E. K. Williams Library at the University of Manitoba ought to be not looked at one in isolation from the other, and we have to look at whether there is any duplication of service in those places. We are pleased that we are going to have the assistance of those other agencies that I have referred to in that review.

To make a long story short, that bill is going to make for pretty dull reading now that this part of it has been removed because that was the part that I think engendered most of the concern.

Mr. Chomlak: Madam Chairperson, can the minister indicate what grant will be provided by the Law Foundation and the Law Society to the libraries, and what the deficit figure is for the libraries that has resulted in these concerns being raised?

Mr. McCrae: What we end up with after everyone's work is—what remains is a \$95,000 problem which must be resolved at some point during the course of

this fiscal year. The Law Foundation will be contributing \$180,000, and the Law Society will increase its contribution from \$140,000 to \$180,000. The present projected cost is \$987,000. I believe if you take \$180,000 twice, plus the government's contribution, you will come to \$95,000 short of the target. That is the problem we have, and the first meeting to attempt to resolve the remaining problem will take place on July 18.

Mr. Chomlak: Just briefly, in respect of another line of questioning, does the minister have a listing of the civil litigation that the Province of Manitoba is involved in, in any kind of meaningful sense that at least lists the cases, and if such a listing is available, would members on this side of the House have access to it?

Mr. McCrae: Madam Chairperson, I understand that the department does keep sort of a running tally of the cases we are working on, or cases in which claims have been filed, and I can make that information available to the honourable member.

Mr. Chomlak: I thank the minister for that response. It is largely academic in terms of my interest in getting some idea of the range.

Madam Chairman: Item 3.(b) Civil Legal Services: (1) Salaries \$1,624,400—pass; (b)(2) Other Expenditures \$131,000—pass.

3.(c) Legislative Counsel: (1) Salaries \$1,213,300—pass; (c)(2) Other Expenditures \$354,900—pass.

(d) Manitoba Law Reform Commission.

Mr. Chomlak: The Law Reform Commission has undertaken a review of the professional status of organizations and other groups. I wonder if the minister can outline for me when he expects a report from the Law Reform Commission in that regard, and what the status is of the report.

Mr. McCrae: Madam Chairperson, I understand that we need not expect a final report on that from the Law Reform Commission until at least the spring of 1992.

Mr. Edwards: As the minister may be aware, the Canadian Law Reform Commission has embarked upon and, in fact, gone some way upon a major overhaul of police powers. They are looking at all aspects of criminal procedure, and I noted their recent publication of a report on police powers, and specifically they were discussing, I believe, videotape evidence and the other matters which, of course, are primarily in federal jurisdiction.

I wonder if the Law Reform Commission provincially is playing any role in that overall overhauling, if you will, of police power and police power authority, which is happening primarily at the federal level but obviously would involve the province in that we are responsible for the enforcement of the law.

Is there any participation by our Law Reform Commission in that overall review to the minister's knowledge?

Mr. McCrae: Not that I am aware of. Law reform commissions may consult each other on an informal basis from time to time, but I cannot tell the honourable member if there is any reference to that particular matter.

Mr. Edwards: We will be getting to the Family Law section soon. I know I had indicated to the minister we would talk about The Dower Act then. Was The Dower Act referred to the Law Reform Commission, or is it intended to be referred to the commission, given that the minister has indicated that The Dower Act is going to be thoroughly reviewed?

* (2250)

Mr. McCrae: The Law Reform Commission may have had something to say about The Dower Act in the past, but in the present round of Dower Act proposed changes, I think not. What we have is a process; we are talking about a process of obtaining further advice from interested parties through the Family Law division of our department.

Madam Chairman: Item 3.(d) Manitoba Law Reform Commission: (1) Salaries \$264,500—pass; 3.(d)(2) Other Expenditures \$126,300—pass.

3.(e) Family Law.

Mr. Edwards: I did not realize it was the very next appropriation. Maybe I can continue and ask the minister what the process is that is underway to review The Dower Act and when he expects it coming to completion.

Mr. McCrae: Madam Chairperson, we expect the Family Law branch of our department to be in a position to consult in quite a meaningful way with interested parties and agencies in our province within the next two months.

Mr. Edwards: I thank the minister for that answer. The Access Assistance Program was set up back, I believe, in 1989. I might be wrong; maybe it was 1988. In any event, I recall that as quite a divisive

debate which we had, not so much between the parties in the House, but many of the groups which came to the committee were very upset that this was being put into place.

I supported it at the time because it was a pilot project. I understood their concerns about it, but it seemed to me they were not strong enough at the time to say it should not at least be tried.

I remember at the time getting a commitment that there would be a committee set up to review it. I know that committee has been functioning in some form or other and on that committee were many of the representatives of the people who had such serious concerns at the outset. What has been the experience with the Access Assistance Program? Is it continuing to be reviewed, or has a decision been made as to whether or not it is a worthwhile project?

Mr. McCrae: I believe, in concept, the idea is something that the honourable member and the member for Kildonan (Mr. Chomiak) and I support, that being ensuring that children who ought to have access to parents who ought to have access to their children, ought all to be assisted in whatever way we can to ensure that happens for the benefit of the children, and that relationships that are good for families ought to be encouraged.

The three-year pilot phase—and I am reading from notes here—of the program will be ending at the beginning of March of 1992. So, I take it, we probably passed that in the fall of the '88. That would be correct. It went into effect in 1989.

The government will be gathering information and making a decision as to the future of the program and the area in which services will be offered. These decisions in large part will be based on information from a review of the program. We would like to have an independent evaluation of the program. We would like to have some assistance in paying for that independent evaluation, and there are those in Ottawa to whom we might be turning to seek that assistance.

Mr. Edwards: Will that evaluation take place in the months preceding the spring of March of 1992? The question is—let me try and put it simpler: Is the evaluation going to take place when the project has already been ended; that is, when it has quit operating, as it will, presumably, in March of 1992 if it is not renewed? Is the evaluation going to start then, or is the evaluation going to start some months before it actually ends so that the evaluation can

hopefully be completed before it ends, so that if the decision is to go ahead, there is not a severing of services?

Mr. McCrae: All I can say today about that, Madam Chairperson, is that I understand the concern the honourable member is making known here, that somehow the program should not be stopped and then do your evaluation. Things are sometimes hard to get started up again. I understand his point and I will be mindful of that as we decide on how this evaluation and when this evaluation should happen.

Whether the program should end before the evaluation begins, whether we ought to carry it on for another year, for example, while that evaluation goes forward, all those things I am very mindful of, especially if it has been a useful program. We hate to see children deprived of the opportunity to see their parents if their parents are fit and proper parents to see their children. I certainly can understand that is a concern.

Mr. Edwards: Madam Chairperson, the Maintenance Enforcement Program is, of course, something which many in Manitoba are quite proud of. We were leaders in that field, it is my understanding, and since then, many, many jurisdictions have come on side with similar programs and we have reciprocal arrangements.

I understand that there are continuing discussions and attempts to get other jurisdictions, more jurisdictions to join in so that we can have, as much as possible, a cover for the various jurisdictions and thereby provide protection for maintenance orders and track down those who seek to evade them.

Is there an ongoing negotiation process with other jurisdictions, states in particular, and other jurisdictions to try and add them to the group that are participating in the Maintenance Enforcement Program?

Mr. McCrae: I am unable to give the honourable member a report card on our performance over the last year in terms of increasing the number of jurisdictions with whom we have reciprocal enforcement of maintenance orders arrangements.

If there has been any action in the previous year, I expect that my department will be able to tell me that, and I will be able to report that to the honourable member. Obviously, the more jurisdictions we can gather into our net of friends with whom we are prepared to do this kind of business in order to ensure that families are adequately protected, the

better. That has been ongoing. We have sought out and have been sought out by other jurisdictions.

Hopefully, I get to attend a conference with some American attorneys general later this year, and it is an issue I propose to raise again with them to ensure that we have not missed anybody. I think that in this world people are far more transient than they used to be. People get around more; they move their domiciles. The advantage of this kind of arrangement is clear. I will get whatever updated information I can for the honourable member.

Mr. Chomlak: I am wondering if the minister can outline for me—the Family Law section is obviously a wide-ranging section dealing with a myriad of issues, all very timely, all very pressing. It is an evolving area of family law.

Having said that, can the minister outline, to give me an understanding and a picture of where the department is going in this area, perhaps, the three major priorities, the three major projects for the Family Law section? Would that be possible?

* (2300)

Mr. McCrae: Madam Chairperson, the honourable member seems to want to confine me to three. I do not know if I am prepared to be confined. We have a very proactive Family Law division of our Legal Services branch.

Actually, in Manitoba, we can all share in the pride that I feel because this branch has served successive governments very well, brought in some very progressive legislation from back to the days of the Lyon government to the development of the Maintenance Enforcement Program which was a groundbreaker.

The maintenance of that Maintenance Program and the growth of that program remains a priority of that branch, right from there through to other major developments like—well, in the next government, the expansion and the unification of the Family division of the Court of Queen's Bench. That Family division played a large role in the policy development that led to that, and then in later years under the Filmon government, to the expansion of that court province-wide.

The Access Assistance Program is another one that we see as being important, progressive and helpful to families. We are presently also involved in developing child support guidelines with input from other jurisdictions. This is a big, big project. It

has been in the works since the days when Madam Justice Robyn Diamond was director of that branch.

Of course, the revision of The Dower Act is a very large project for the Family Law division of the department. I do not know if that is three, I think it is more, and I probably left out some too, but really this is a busy little branch that does some very good work. It does a good job advising the minister.

The member for St. James (Mr. Edwards) will recall we brought through about five pieces of legislation dealing with estates, fairly complicated material. We were well advised and well assisted by that branch for that and for other things too, so we have lots on our plate there.

We have made good progress and we intend fully to continue to make good progress in this area because this is an area that, as life gets more and more complicated as we head into the next century, we are going to find that stresses and strains are going to be exerted on families. We need a government that is going to understand those stresses and strains and which is going to be served by a Family Law division like the one we have.

Mr. Chomlak: I actually have several questions in this area, Madam Chairperson, but I was under the impression that we were wrapping things up at eleven o'clock tonight. Was I under a misimpression?

Madam Chairman: What is the will of the committee?

Mr. Edwards: Madam Chairperson, I think we have made good progress this evening. I think that in all likelihood—of course, no one's promising anything, but we will be able to finish this the next time we sit.

We certainly will not finish it tonight, and therefore I would suggest it is an appropriate time perhaps to break. I would support, if it is a motion or whatever, the suggestion of my friend the member for Kildonan (Mr. Chomiak).

Madam Chairman: Is that the will of the committee? As agreed, the hour being past 11 p.m., committee rise. Call in the Speaker.

IN SESSION

Madam Deputy Speaker (Louise Dacquay): As previously agreed, the hour being past 11 p.m., this House is adjourned and stands adjourned until 1:30 p.m. tomorrow (Wednesday).

LEGISLATIVE ASSEMBLY OF MANITOBA

Tuesday, July 2, 1991

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