



Third Session - Thirty-Fifth Legislature  
of the  
**Legislative Assembly of Manitoba**

---

**DEBATES  
and  
PROCEEDINGS  
(HANSARD)**

---

39-40 Elizabeth II

---

*Published under the  
authority of  
The Honourable Denis C. Rocan  
Speaker*



**VOL. XLI No. 40B - 8 p.m., MONDAY, APRIL 6, 1992**



**MANITOBA LEGISLATIVE ASSEMBLY**  
**Thirty-Fifth Legislature**

**Members, Constituencies and Political Affiliation**

---

<b>NAME</b>	<b>CONSTITUENCY</b>	<b>PARTY</b>
ALCOCK, Reg	Osborne	Liberal
ASHTON, Steve	Thompson	NDP
BARRETT, Becky	Wellington	NDP
CARSTAIRS, Sharon	River Heights	Liberal
CERILLI, Marianne	Radisson	NDP
CHEEMA, Guizar	The Maples	Liberal
CHOMIAK, Dave	Kildonan	NDP
CONNERY, Edward	Portage la Prairie	PC
CUMMINGS, Glen, Hon.	Ste. Rose	PC
DACQUAY, Louise	Seine River	PC
DERKACH, Leonard, Hon.	Roblin-Russell	PC
DEWAR, Gregory	Selkirk	NDP
DOER, Gary	Concordia	NDP
DOWNEY, James, Hon.	Arthur-Virden	PC
DRIEDGER, Albert, Hon.	Steinbach	PC
DUCHARME, Gerry, Hon.	Riel	PC
EDWARDS, Paul	St. James	Liberal
ENNS, Harry, Hon.	Lakeside	PC
ERNST, Jim, Hon.	Charleswood	PC
EVANS, Clif	Interlake	NDP
EVANS, Leonard S.	Brandon East	NDP
FILMON, Gary, Hon.	Tuxedo	PC
FINDLAY, Glen, Hon.	Springfield	PC
FRIESEN, Jean	Wolseley	NDP
GAUDRY, Neil	St. Boniface	Liberal
GILLESHAMMER, Harold, Hon.	Minnedosa	PC
HARPER, Elijah	Rupertsland	NDP
HELWER, Edward R.	Gimli	PC
HICKES, George	Point Douglas	NDP
LAMOUREUX, Kevin	Inkster	Liberal
LATHLIN, Oscar	The Pas	NDP
LAURENDEAU, Marcel	St. Norbert	PC
MALOWAY, Jim	Elmwood	NDP
MANNES, Clayton, Hon.	Morris	PC
MARTINDALE, Doug	Burrows	NDP
McALPINE, Gerry	Sturgeon Creek	PC
McCRAE, James, Hon.	Brandon West	PC
McINTOSH, Linda, Hon.	Assiniboia	PC
MITCHELSON, Bonnie, Hon.	River East	PC
NEUFELD, Harold	Rossmere	PC
ORCHARD, Donald, Hon.	Pembina	PC
PENNER, Jack	Emerson	PC
PLOHMAN, John	Dauphin	NDP
PRAZNIK, Darren, Hon.	Lac du Bonnet	PC
REID, Daryl	Transcona	NDP
REIMER, Jack	Niakwa	PC
RENDER, Shirley	St. Vital	PC
ROCAN, Denis, Hon.	Gladstone	PC
ROSE, Bob	Turtle Mountain	PC
SANTOS, Conrad	Broadway	NDP
STEFANSON, Eric, Hon.	Kirkfield Park	PC
STORIE, Jerry	Flin Flon	NDP
SVEINSON, Ben	La Verendrye	PC
VODREY, Rosemary, Hon.	Fort Garry	PC
WASYLYCIA-LEIS, Judy	St. Johns	NDP
WOWCHUK, Rosann	Swan River	NDP

## LEGISLATIVE ASSEMBLY OF MANITOBA

Monday, April 6, 1992

The House met at 8 p.m.

### COMMITTEE OF SUPPLY (Concurrent Sections)

#### HEALTH

**Mr. Deputy Chairperson (Marcel Laurendeau):** Order, please. When the Committee of Supply was last sitting this afternoon we were considering the Estimates of Health, No. 1.(b) Executive Support Salaries on Page 82. Shall the item pass?

**Mr. Leonard Evans (Brandon East):** I would like the opportunity, because this is a general item and also because the matter of the Brandon General Hospital was raised and discussed in some detail by the minister himself, to ask a few questions of the minister by way of getting some information and understanding where his position is on this. It comes out of the meeting that was held last Thursday in Brandon where there were well over 500 people in attendance, I must tell you, a lot of confused, angry, concerned citizens, and they generally wanted some information, and they wanted to get some answers.

We had the representative of the board, Mr. Singleton, who did his best. He did a fairly good job. We had Mr. McCrae representing the government in his riding and myself in the opposition in Brandon East, and neither Mr. McCrae nor I could give that many answers, but Mr. Singleton was right front and centre, as perhaps he should be as the acting representative of the board and former chairperson of the board.

I would like to ask by way of obtaining some information from the minister firstly whether—and I am only talking about the Brandon General Hospital, but what happens at Brandon General has some bearing on the general policy and it is something that could be repeated throughout Manitoba when you discuss other specific hospitals. The point is, there is, according to the information that has been given to the public by the administration of Brandon General Hospital, a shortfall of \$1.3 million, that is \$1.3 million short in order to maintain the status quo in the organization and the level of service they had last year.

Yes, indeed, there was an increase in the budget, a substantial increase, and I acknowledged that at the meeting. I am not debating that, but obviously that increase still was not enough—for whatever reason I do not know. This is why I want to get some answers—to allow the administration and the board of Brandon General to maintain the status quo. Therefore they have come up with some cuts that are widely known, the layoff of nurses, the scaling down of the palliative care ward and the elimination of the gynecology ward and its absorption elsewhere in the hospital and whatever.

It was a very emotional meeting, people did not understand, and they wanted some information. There is no question in my mind that the board would have been well advised—and hindsight is easier than foresight—to have had some kind of public dialogue of maybe two months ago or whatever, in fact, before they even made a final announcement to enable the public to be clued into what their problems were and to what they were suggesting, what they were looking at, and to offer some feedback and some legitimate dialogue.

In fact, if anything came out of that meeting it was the importance of having more public participation in decision making to the extent that you can have it in this type of setup. Mr. McCrae furthermore agreed with them, and he is on record as saying that he agrees that there should be more public information consultation by boards prior to any major decisions being made of the nature that we are talking about that has caused such a great stir.

As I said earlier today, I have not in my history of representing that area have known any rally or public meeting to express concern and dismay over reduction of services at the hospital. That is a new development in the city of Brandon. I do not believe ever in its history has there been a public meeting in this respect.

I wanted to ask some questions that I think the people there would have liked to have asked the minister. I would like to see if I can get some answers by way of being productive and positive about this. I wondered if the minister could tell us whether—and I am just assuming that because of

MHSC now being integrated into the department. We live in the day and age of computerization. I know that there is enormous amount of detail published even in the annual reports of the Manitoba Health Services Commission on all kinds of costs of operation.

\* (2005)

I know the minister and his senior staff have access to all of this detailed information. They have a planning division, there is analyses that go on all the time and so on. I would assume that the minister was aware of the fact that Brandon General was facing a \$1.3 million shortfall, even though we are talking about an increase—[interjection] Well, the minister asks, this is the statement made by the administrator of the hospital and the representative of the board.

They have stated publicly—it is their words not mine—a \$1.3 million shortfall to maintain, even though the revenues have increased, the level of services and the status quo that existed last year. Now that is how I used the term "shortfall," the term that was used by the hospital itself.

So maybe one general question is: Was the minister aware of some of the consequences of the level of funding that was approved for this year?—the increased level, I repeat, I appreciate that. It was an increased level, but was he aware that there was, what the administration of the hospital said, insufficient amount to maintain the status quo and that there was going to have to be a reduction in service levels? Was the minister aware of these consequences?

**Hon. Donald Orchard (Minister of Health):** No, Mr. Deputy Chairperson.

**Mr. Leonard Evans:** One of the very emotional areas is the downgrading or downsizing of the palliative care service level. I wondered if the minister could advise whether from his knowledge and the department's knowledge, is there any way that he can see the Brandon General Hospital maintaining the palliative care service at the level that existed last year?

**Mr. Orchard:** Yes, I can, because it is my understanding in making the decision to reduce the size of the palliative care ward that the administration and board are downsizing it to reflect the occupancy pattern of the last 18 months, and the number of beds proposed in the reorganized

structure of the hospital will accommodate that patient load.

**Mr. Leonard Evans:** This was the type of answer, I guess, that the representative of the board, Mr. Singleton, gave, but then members of the audience, including one person who was suffering and, I guess, still is suffering from cancer who spent time in the unit, maintained that all beds were filled when he was there, all 19 beds.

He pleaded, I mean, he said he was alive today, and five of the people who were living there at the time he was there have already had their obituaries in the paper. In other words, they have passed on, but he was pleading for the same level of service. By that I mean the same number of beds, the same size of operation. He maintained that really, well, he questioned the hospital's figures on it, and there were other members in the audience who did that as well.

Now, I am no expert on this. I do not have the data. I do not work there, obviously, so there was this concern expressed that the scale-down proposal would not be sufficient really to accommodate people in these circumstances.

There was also the other angle that was thrown out that organizations such as the IODE Diamond Jubilee Chapter, which over the many years had raised money in teas and bake sales and however that organization raises money to provide furnishings and so on to make it a very comfortable place for the family of people who were terminally ill, they were distraught to see that that work and those contributions were seemingly pushed aside in this type of reorganization.

I am asking the minister then, I am suggesting to the minister that a lot of people dispute these figures and believe that a downsized palliative care ward is not sufficient.

**Mr. Orchard:** Mr. Deputy Chairperson, as I indicated to my honourable friend in my last answer, the board analyzed the use of the palliative care ward over an 18-month period of time and found that downsizing it to the flexible capacity ranging from, I believe, six to nine beds would accommodate the needs for palliative care. Possibly I might help my honourable friend by—and I presume this quotation is accurate. It is out of Friday, April 3, Brandon Sun.

It is a quote from Robin Singleton, who, I understand, represented the board at the meeting:

It is important to emphasize that the beds taken out of service were unused beds.

A continuation of the quote: Some of those beds in palliative care are not used for what they were designed for, he added later, noting the unit is for the terminally ill and chemo patients should be in regular medical beds.

\* (2010)

I, without having direct knowledge, would assume that the palliative care ward was used for other than palliative care, in that the new configuration of beds, which at the press conference that I was at to support the board and the administration's decision some three weeks ago, they indicated that they had some flexibility within the hospital system to increase the numbers if the demand warranted such flexibility but that their analysis of 18 months of utilization would indicate the new configuration would provide for adequate patient care.

I tend to believe that because, as I have indicated to my honourable friend, in the last four years the budget for home care in the city of Brandon as well as the generous increase—not my words but the words of the member for Brandon East (Mr. Leonard Evans)—last year to the Brandon General Hospital's budget was accompanied over a four-year period of time by 149 percent increase in home care budget, with almost a doubling of the units of service.

Some of that service went to palliation in the community, in one's home. That is what caused the reduction over the last 18 months, I would speculate, of the utilization of the inpatient palliative care unit. So what we have in this example is exactly what many people, including my honourable friend's party critic for Health—that when you move services from the institution to the community and you have empty beds, you do not staff empty beds, that you close empty beds if you have transferred some of the service to the community by increased funding of services in the community. You then transfer the budget from the hospital to the community and you close the beds.

The shortfall in funding is a deficit that the Brandon General Hospital is projecting to incur this past fiscal year and the current fiscal year, if they did not take some action. Deficits are not allowed, as my honourable friend knows. He was at the cabinet that set that policy, and we have continued with that policy.

Even with the generous funding increase to Brandon General Hospital—not my words but the member for Brandon East's words—of last year, they still project it to be running at a deficit. Based on their analysis of utilization, a downsizing of the palliative care ward would not compromise inpatient palliative care. The capacity would be there as needed.

Their analysis of the occupancy rate of three other wards indicated a 51 percent occupancy rate over the past 18 months, a 67 percent occupancy rate, and a 68 percent occupancy rate. Those three wards were collapsed into two wards, which I believe, if my memory serves me correctly, will average about an 85 percent occupancy rate on two wards—in other words, a staffing or a utilization of those beds which will fully employ the staffing patterns.

Now when you close one ward, the staff accompanying that ward will be laid off, or else you continue to pay costs for staff not to look after patients because the beds are empty. Now that is a difficult decision any time you have the prospects of layoff. The alternative is you pay staff to occupy and serve empty wards.

Every dollar you put in there you take away from the community or other areas of health care spending and further confound and deny the ability to reform the system and continue the shift to the community. That is why I had the opportunity and created the opportunity of a press conference in Brandon three weeks ago—to meet with the media, to defend a reasonable management decision of the hospital and the board.

I did not duck the issue. I went out and met with the media in Brandon. I would have been there Thursday of last week at the meeting, but you know my children are only out of school for this past week. I have made a habit of taking them on holidays, and that is where I was, with my family. I regret not being able to interrupt my holidays and go to Brandon, but I had been there three weeks before.

\* (2015)

**Mr. Leonard Evans:** I thank the minister for that information. Even though the organizers of the event had an empty chair and put up a sign for Don Orchard, because I know people do make such plans and they do like to be with their family, I want the minister to know that I made no issue whatsoever. I made no mention of anything with

regard to the minister's plans. That was not my business. You were not there and that is your business. I want you to know that I—because frankly I think that would be very unfair if someone did that. Although I have seen it happen in the past in different situations, and I am not going to mention any names or any places.

What I would like to ask the minister, you said the home care units were increased, and I think you said 149. I was just wondering if you could tell me, what were the number of home care units in—I think you said 1987 and then you compared it with 1991, did you?—or April or March 1992?

**Mr. Orchard:** I will give my honourable friend two figures which I think will demonstrate the issue that I am trying to point out to my honourable friend. I will give my honourable friend the Continuing Care budget for the Westman region and the units of service for two years.

The first year is 1987-88. I do that very deliberately because that is the last year that my honourable friend had some responsibility for the budget. The budget for Continuing Care for the Westman region for home care was \$2,190,500, and in that year of 1987-88, 269,811 units of service were purchased.

The budget is projected to be—and this is a preliminary projection for year-end fiscal year 1991-92—\$5,717,000. More than double the budget when we inherited government. The units of service purchased with that increased budget is projected to be 442,000. Not a doubling of units of service obviously, because we have had some salary increases so that a unit of service costs more but individual units of service almost doubled for Westman region.

I will give my honourable friend the same figures for Brandon city which are incorporated in the last figures for Westman region—the home care services expenditures were \$424,276 in 1987-88. That represented the purchase of 53,271 units of service. The preliminary projections for fiscal year ending 1991-92, March 31, is that the budget will be in excess of \$1,056,400. That will have purchased over 100,450 units for almost a doubling of the units of service with more than double the budget in Brandon.

**An Honourable Member:** Excuse me, 100,415?

**Mr. Orchard:** One hundred thousand, four hundred and fifty.

**Mr. Leonard Evans:** Excuse me, just for clarification—'87-88 units for Brandon again—would you mind repeating them?

**Mr. Orchard:** Fifty-three thousand, two hundred and seventy-one units of service were purchased in 1987-88 with a budget of \$424,276. It is estimated that the budget for the past fiscal year just ended will exceed \$1,056,400 and that will have purchased in excess of 100,450 units of service.

**Mr. Leonard Evans:** I appreciate the information, and obviously we are glad to see the numbers increase. The only point I can make is I have been told by some people who work in the system, even though the level is higher, that there are still insufficient funds for home care. Now this is what I have been told by people in the system. They are not politicians, and I am not going to repeat their names. They do not necessarily work directly in home care, but they are in the health care system in that area. They say that if you want to take more pressure off the hospital, that budget has to be substantially increased. I offer that opinion from people who are health care providers or whatever the expression is—health care administrators, actually.

\* (2020)

I just wanted to say about the palliative care—I know the minister has given the reasons and he did so at a news conference in Brandon—it certainly did not register with the 500-plus people here, because one of the highlights of the evening was a fellow by the name of Henry Buhler, who probably should not have been in the palliative unit because he seems since to have been cured. He was at the meeting, and by his own statement maybe he should not have been there. He was told he did not have very long to live, and apparently the doctors are amazed that he made such an important, significant, vital recovery.

He went on and on about how it was all filled and there was a standing ovation for minutes. I mean, for minutes people were just taken by his description of the service in the palliative care unit and really expressing a concern that, even though these average figures recorded by Mr. Singleton and so on, there still would not be the level of service that had been available up until that point.

You know, it was a very emotional thing. I had never met the gentleman before in my life, but he was there making that presentation. I am just

saying there is a feeling out there or understanding out there that there is this insufficient level, that it is not going to be provided in the future.

This is why I get back to my original point that the hospital should, all hospitals should have public information sessions, allow for dialogue, provide information, allow questions to be asked, suggestions to be made and so on. The people there were certainly—the 500-plus people who were there as I said—well, there is a picture of them standing and giving a standing ovation after a 15-minute eloquent description of his particular situation and his feelings on the matter. At any rate, I gather the minister is satisfied nevertheless with the decision made by the hospital and believes they should live by it.

I wanted to ask another question and that is whether the minister and his staff, senior advisers, believe that the administrative costs at the Brandon General Hospital are excessive or out of line with the other urban hospitals.

**Mr. Orchard:** Mr. Deputy Chairperson, I really cannot answer that question tonight, but I would be fully prepared to get into that discussion when I have appropriate staff here in the hospital lines. Appreciate that the detail of that kind of question is not available tonight to accommodate my honourable friend. My honourable friend must understand that I do not know the exact details, but there was a collapse of two positions or three positions into two at the senior management level at the hospital, and the elimination of one senior management position.

You know, my honourable friend makes the point that at the public meeting a man who was on the palliative care ward, and is now alive and well, maybe should not have been there. I think that is what Mr. Singleton is saying when he was saying that the occupancy, when it was full, it was not always with people dying, terminally ill from cancer, so that was not an appropriate use of the palliative care ward. That is for, unfortunately, where you have people terminally ill who are going to die and you provide them with as much comfort as you can and as homelike an atmosphere as possible. It is not for people with chemotherapy. It is not for people with other treatment modalities suffering from cancer or other serious diseases.

You know, I understand the emotion behind the issue and there will always be emotion behind any health-care issue, but the budget increased and increased significantly to the Brandon General Hospital. My honourable friend called it generous, the increase for 1991-92. Well, despite that and despite a significant increase in home care, you have people telling you that neither budget is sufficient. I guess maybe what we should do is cancel all other departments in government and spend all of our budget on health care. You know what I will tell my honourable friend? That would not be enough, because there would be someone who would not receive the instant treatment as they wished, when they wished, et cetera.

Now, my honourable friend, when he communicated with constituents in January, 1987, indicated to Dear Constituent: You should understand that the decision to close beds at Brandon General Hospital was made by the board of directors of the hospital because of the large deficit.

My honourable friend is saying that is the reason for bed closures then. I am saying that, in part, sure, more money to the hospital would have averted that, but we gave them a generous increase—not my language, the member for Brandon East's language—and still they ran a deficit. But in trying to come to grips with that deficit they did not compromise the program service delivery in the hospital, because they analyzed their use of palliative care, downsized to accommodate use. They analyzed occupancy on three other wards—51 percent, 67 percent, 68 percent—collapsed three into two.

The same bed capacity for acute patient care and admission is there today as was there last year, the difference being they are going to save dollars by not staffing empty beds. Now my honourable friend can say, as he has said at that meeting, well, you should just give them the money.

That is the point I have been trying to get around all this afternoon. If that is the solution that you proffer to the Brandon citizens in 1992 when they are faced with a deficit, why is it that you did not do it when you had the ability in government to do it? You could have gone to the Premier, Howard Pawley, and to Larry Desjardins, the Minister of Health, as the member for Brandon East, senior cabinet minister in western Manitoba, and said, cover the deficit so they do not have to close the

beds. Did you do that, sir? The answer is obvious, no. Why then, sir, are you saying from opposition that this government should simply provide the money to staff empty beds when you would not even provide the money to prevent the closure of those beds to solve a deficit problem when you had the complete authority and control to do so?

That, sir, is why this debate on health care is going to go on for an awfully long time, until we get some consistent answers to pressing problems in health care, because I want to assure my honourable friend that in this province, no different from any other province in Canada, we cannot afford to fund the unlimited demands of the health care system, just as my honourable friend when he was in cabinet could not afford to fund the unlimited demands of even the hospital side of the health care system, because my honourable friend's government put in a no-deficit policy for hospitals.

We cannot afford to fund—I will be very direct—a 12.1 percent increase in taxpayers' dollars demanded by the MMA on behalf of physicians in Manitoba. We cannot afford that. We do not have that kind of money.

If you think we are unique, ask Ms. Lankin from Ontario, Minister of Health. She is saying to the health care system, we need to manage better, that there is up to 30 percent waste in the expenditure of dollars in the health care system in Ontario. That 30 percent translates into over \$5 billion. That is why, sir, they are giving the hospitals a 1 percent increase, not roughly a 4 percent to 5 percent increase that is coming in our budget this year.

That is why the Minister of Health in Saskatchewan says in a press release, and I will dig it out for my honourable friend and give it to him, that we do not need more money in health care, we need more management. That is a Minister of Health who happens to be a New Democrat who happens to be in the government of Saskatchewan.

The Premier of British Columbia, another New Democrat, is saying, we cannot afford to fund ever-growing budgets in health care. We have to contain the costs. Now, that is not some neo-Conservative, right-wing Attila the Hun. That is Mike Harcourt, man of the people, New Democrat. That is why I say to my honourable friend, you can go to Brandon, and you can whip up another meeting of 500, and you can pass out more petitions, and you can get more names on petitions.

You can do that, and you can get the public whipped up. You passed out petitions at the meeting, right? So you can do those sorts of things, but you would be hypocritical to the people you serve if you tell them you would do anything different than what we are doing, because when you were in government you did not give them more money to cover their deficit. You forced them to close 31 beds.

\* (2030)

That is where I started this afternoon's discussion, saying what we need is some honesty, and I have to give my honourable friend in the second opposition party some credit for laying issues on the line. You have not even answered today, neither of you have answered today, whether you have changed your mind on the policy you have put in place of no deficit. You will not even give that candid admission. Yet you want every answer of me.

How can you debate health care reform? How can you debate the principles of health care reform if we are not talking about starting from even policy keels. If you say hospitals can run deficits and I say they cannot, we are not talking the same kind of health care reform. My health care reform is based on no deficits in the hospitals. My health care reform is in moving hospital budgets to the community as quickly as possible by following the patient with the budget. That is what I explained in my opening remarks and I will continue to explain that, and I want to tell you that the public, when informed of that, agree with that process.

**Mr. Deputy Chairperson:** Order, please. At this time I would like to remind the honourable minister the word "hypocritical" is unparliamentary and does not fall under the other category of being parliamentary, so I would ask him to retract that statement at this time.

**Mr. Orchard:** Mr. Deputy Chairperson, I gladly retract that statement.

**Mr. Deputy Chairperson:** Thank you.

**Mr. Leonard Evans:** Mr. Deputy Chairperson, first of all I want to make it clear, the minister seemed to infer, or at least I thought he was inferring, that somehow or other I organized this meeting. I was invited to the meeting, and I had nothing to do whatsoever with the organization of it.

I was not even sure who else was going to speak. I knew someone was going to speak from the board and I knew Mr. McCrae. I thought maybe there



would be city councillors and so on. I had absolutely nothing to do with the organization of the meeting. It was really a truly grassroots meeting organized by a citizen in the community who put ads around the community, posters and in no time got this response. The hall was paid for by silver collection or at the door. Furthermore, I want to make it clear that, yes, I have a petition.

The petition I was talking about today signed by 5,300 people, this was done by people I have never met. I do not really know these people, although one of them advised me that he was a student of mine some years ago, but I have not seen him for about 25 years. The fact is, I had nothing to do with this petition. This is from people who are concerned and distressed.

Now, it is directed to the board of the Brandon General Hospital, and it is asking the board—[interjection] It is not the petition that I have got going, that is another petition again. This petition is asking the board not to close the palliative care unit and the gynecological unit. They want the board to work to find a more equitable and cost-effective way of meeting the budgetary restraints.

This is where I was getting my question: What else could the board have done? I do not know what else the board could have done. It seems to me they are between a rock and a hard place in terms of how you cope with not having enough money to maintain the status quo from last year, even though there has been an increase, and at the same time provide these services that the public obviously seemed to think are pretty vital and have requested.

I might add that the people who signed this were not the city of Brandon alone. Yes, many from the city of Brandon, but there are 84 communities in southwestern Manitoba who are represented in this.

I also want to make a point to the minister. You know, he says, well, when we were in office, and he keeps on harping back at '87, if you want to talk about '87, fine. In this area we had some cutbacks and that was it. Therefore, we are being hypocritical because now we are being concerned about cutbacks. The fact is that there was a lot of reform going on at that time and a great deal of money was being spent to make the system more efficient. Home care was being expanded then too, but besides that, around that time we brought in the day surgery program which was very significant in the

hospital—well, in around that time—to take pressure off.

Also there were other developments in the hospital that helped to improve the level of service, the CAT scan, that came in around that era and also very importantly there were 320 nursing home beds built at a cost of over \$18 million in that period, '87-'88.

**An Honourable Member:** Was Rideau Park one of them?

**Mr. Leonard Evans:** Rideau Park was one. Well, look, let me say this, there were 100 beds there. They were psychogeriatrics from BMHC. What the minister does not know, and he may not—someone should tell him if he does not know and I will tell him—that psychogeriatric people who are elderly at BMHC over the years had been put into this system. They have gone to Fairview Home; they have gone to the Hillcrest home; they have gone to the Dinsdale home.

To that extent a place was provided for them but there was still—so it did take pressure off of the system in that respect. Furthermore, in the years ahead it will be there, unless this government ceases to fund it for whatever reason, as part and parcel of the nursing home supply, if you will, in that community.

There were a lot of major reforms that took place and more very top-class beds, top-quality accommodation put into place so there was a development. Obviously, the people in the community were not concerned that there were a few beds closed in the acute care side because of the other developments. There was certainly no public meeting to criticize the government at that time. There was no outcry as we have today. It was not perceived to be as anything—maybe there was the odd doctor who might have been upset or what have you. There were no layoffs of nurses. Ask the nurses' union, they will tell you.

The point is, we were in the process of reform and the process of upgrading the hospital in terms of the kind of equipment and the kind of programs that it had.

Mr. Deputy Chairperson, I was asking the minister whether he could advise this committee whether the administrative costs of that hospital were in line, because a great deal of that meeting was spent on people questioning various specific positions in the hospital, and there seemed to be an inference that

too much money was going into administration, and if that money was not going into administration it would have resolved the problem of the palliative care ward and the gynecological ward closures, or scaling down.

To some extent I thought some of the people were unfair, I really did. I thought they were unfair in their statements, but nevertheless there was that strong feeling that somehow or other Brandon General Hospital is top-heavy with management, excessive amount of money is into administration. In fact, I think a lot of the people who signed this petition think that, because there is reference to that. That is why, even though there was some increase in the overall budget this year, nevertheless there were these closures, because too much money is being funnelled into administration.

The minister said earlier, well, he does not have that kind of detail with him, but this brings me to another point and that is we should be given more information. There should be a report on the administration of hospitals. I know there are annual reports but they do not give you very much information. I have seen the Brandon General report and it is not detailed enough as far as I am concerned. The citizenry would be well served if we had that type of report. So I ask the minister, does he have the impression that there are excessive funds going into administration of the Brandon General Hospital?

**Mr. Orchard:** Mr. Deputy Chairperson, I will deal with the administration issue later, but lest my honourable friend get too far out on a limb about the wondrous days when he was responsible for bed closures and whatnot in Brandon, I want to point out to him these 320 beds that he is talking about on the personal care home side, just off the top of my head without analyzing my honourable friend's statement, I know 100 of them were a direct replacement for beds at the Brandon Mental Health Centre. They were not new beds, additional capacity. They were simply new beds built, beds closed on the hill at the Brandon Mental Health Centre and the patients transferred to the new beds.

\* (2040)

I know that my honourable friend while he was in the Pawley government saw the end of International Nursing Home and two others because I toured both of them as an opposition critic. Those were in part replaced by Dinsdale home, so that before my

honourable friend starts getting into this dynamic that they put 320 additional new beds in Brandon, I advise him not to get too far out on that limb because there are rather sharp saws that will leave him on the end of that branch falling fast. Just off the top of my head I can tell my honourable friend where he is wrong in at least 200 of the beds that he claims were there. Let us not get into that, because we will get into the frozen capital budget that I inherited in 1988 as well where there was no construction for nine or 10 months.

Let me deal with the issue of administration. I have a concern over administration costs in our acute-care health system. I have concerns, for instance—and I will give you some of the concerns and some of the areas of reform that we are going to be working towards. Communities, and some exist where there are separate administrative structures for the personal care home side and the acute hospital side. I say other communities are operating very effectively with joint administration and with cost savings. So in those areas we are going to be very solidly encouraging the boards and the administrations of those facilities, before they cry insufficient budget to government, that they look at ways of economizing on administration within their communities, because I do not see a whole lot of sense for a personal care home which is 150 steps away from an acute-care hospital to each have its own separate administrative CEO and structures paralleling, when I know communities that have the acute-care hospital and the personal care home, both of them fairly substantive units, administered by one administration and they are a half mile apart in the town. I know it can work and it can contain costs.

I want to deal with another couple of areas on administration. Brandon—I cannot give my honourable friend a sense for whether they are above or below the administrative costs of comparable-sized facilities, but let me tell you where I am starting to point questions at my bureaucracy. Very quickly they are going to be asked directly of our senior hospital administrators in Winnipeg, because Brandon cannot really fit into this sort of an administrative structure.

Each hospital has a personnel department staffed by a personnel director and personnel officers, et cetera. The majority of the staff hirings in hospitals are nursing staff or support staff. I ask myself the simple question: Do we have to have eight

separate personnel divisions for eight hospitals in the city of Winnipeg, or is there an opportunity for some centralization of that function and a considerable dollar savings without compromising patient care one iota?

Second area: purchasing. In the purchasing of supplies for hospitals, there are eight separate purchasing areas, all of them essentially purchasing the same kinds of supplies in an acute care hospital. Can there be savings by amalgamating purchasing function? That will mean layoffs. Those are difficult decisions, but let me assure you I see an opportunity to undertake them without compromising patient care one iota, but where would my honourable friend stand if that came out of this government as an investigated direction?

Would my honourable friend cry the usual cutback and compromise of patient care, the usual rhetoric, or would he say, reasonable to investigate, it should have been done a long time ago? That is where we are heading. Before hospitals come to us saying that under this year's budget proposals our only response is massive closure of beds, massive staff laying off at the nursing level, which is the most sensitive political level, we are going to be asking those fundamental questions about their management structures and whether there can be a Winnipeg hospital personnel directive and purchasing department.

Those do not compromise one iota of patient care. I have to admit, I am not a mental giant, maybe it is impossible to do. Everything is impossible to do if you do not want to do it, but I think there is a heck of a lot of room for creativity in today's acute care hospital system under the \$950 million that we are projecting to spend there to save a tremendous amount of dollars without compromising one iota the service to the patient, to the client, to the individual Manitoban needing care. That is what Ms. Lankin in Ontario means, I suspect, when she says 30 percent of the funding on health care is wasted in Ontario.

I do not think she may be too far off in Ontario, and maybe that figure could even be transposable to Manitoba, but in getting at it, you are going to have every professional group whip up the people of Manitoba crying cutbacks, claiming people are going to die on the streets, that they are not going to get their surgery. Do you realize that the decisions made by Brandon General Hospital will

not compromise one iota the level of surgical activity in that hospital?

How many times did you hear the issue brought up of line-ups for surgery? Entirely not related, because they were not using the beds for surgery patients anyway.

The last point I want to correct my honourable friend on before he gets out on that proverbial limb again, the outpatient surgery did not exist in 1987 when my honourable friend was communicating to the citizens of Brandon. It was funded for the first time by this government. It was a proposal that was made by the hospital board and developed, and we ended up providing the funding for it. I believe it commenced operation in late 1988, not anywhere near the time my honourable friend is trying to justify the statement he made.

You should understand that the decision to close beds at Brandon General Hospital was made by the board of directors of the hospital because of the large deficit. It had nothing to do with outpatient surgery. It had nothing to do with 320 or whatever number of beds my honourable friend talks about in personal care homes. It had everything to do with the deficit at the hospital, a deficit that my honourable friend, as I indicated earlier, when he had the ability to do it did not cover, but yet is asking me to cover today. I do not find that being very consistent.

**Mr. Leonard Evans:** I know others want to get on, but I am not responsible for the length of the answers, Mr. Deputy Chairperson. I just want to ask a couple of more questions, make a couple of more points. We can debate this business about how many beds were added and so on. All I can say, though, is that this government did close the International Nursing Home when you were minister. I believe there were 44 beds at that time. They were gone and that was your decision.

**Mr. Orchard:** No, no, that was your decision that we carried out.

**Mr. Leonard Evans:** Well, that was our decision but day surgery was your decision and you carried it out. We did not make that decision—[interjection]

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

**Mr. Leonard Evans:** I was very concerned that this minister was going to eliminate International Home—[interjection]

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

**Mr. Leonard Evans:** —that when this government closed International house, it did not come up with a program for additional nursing home beds—[interjection]

Well, Mr. Deputy Chairperson, the minister is interrupting me, but as I said, he cannot compare the Rideau Park and BMHC. You know what conditions those people lived in at BMHC? They lived in huge wards. They had absolutely no privacy whatsoever, and in the Rideau Park they have a bona fide personal care home at top-level standards, good quality, private rooms, private bathrooms and lounge facilities and so on, and they are much better off and that facility is there. It took pressure off the other nursing homes that did take patients out of BMHC. It did take elderly people out of BMHC. They went to Hillcrest, they went to Fairview, et cetera, so it did take pressure off, and secondly, the other facilities too. There is no question, it raised the quality of nursing home care in the community enormously.

\* (2050)

My understanding was—I do not have all the files with me—that we made a decision, and I thought it had been carried out, to implement the day surgery at the hospital because that was one way of reforming, taking the pressure and containing the costs that the minister is talking about. This was my understanding. I remember Mr. Desjardins talking about it, and I thought that was an agreement and that it was proceeding. But the point I am making is that there were not just cutbacks, there was not just a small reduction in beds, or however you want to describe it, but there were these other developments. The CAT scan was a major investment decision for that community.

Mr. Deputy Chairperson, I want to go on to another area, and very specific, because there is an industrial adjustment committee that has been established. The minister is probably aware of it, and I am advised that it is a federal-provincial initiative. It is meant to help cope with the people who are to be laid off, no matter whether it is a hospital, a meat-packing plant or whatever it is.

In this case, these people are, if they are going to be out of work, they are looking for alternative employment, and my understanding is that there may not be sufficient funds to enable these LPNs who are being laid off to train into some other type of health care occupation or whatever. So I am

asking the minister, can his government or will his government or will he look into this, to see whether funds can be provided? I understand there is some talk of maybe three or four being able to go on to registered nursing training if they feel so inclined, but I do not think the individuals necessarily have the money to do that, but all the others have no financial support either, so maybe the minister could enlighten us on this.

It is a question and it is a request that the minister look at funding for the retraining of the affected nurses so that they can seek alternate employment, and I think it is a positive request. I mean it is a request made in all earnestness and seriousness, and I wonder if the minister could respond.

**Mr. Orchard:** Mr. Deputy Chairperson, when I was in Brandon at the press conference with the administration and board members, some of the board members, I recall one of the answers that was given in response to a media question, that in fact the School of Nursing in Brandon had budgeted or planned for an increased student intake in case any of the LPNs who may be laid off, and my understanding is that number is not determined because the "bumping process" is going on right now, so we do not even know how many numbers definitively we are dealing with, but that they were making extra spaces available in the School of Nursing to accommodate those who may wish to upgrade their nursing career training.

I am not aware of any insufficiency in that regard. In terms of the other committee structure, I understand that this has some attachment to, what is it, the federal jobs strategy or, I do not know the exact name, but a federal government program. I will attempt to find out whether there are any constraints to funding that the federal government might have on that aspect of retraining.

**Mr. Leonard Evans:** I thank the minister for that. My understanding is that it is a joint federal-provincial effort, and there may be some precedent where the province has put some money in to help retraining of people, but if the minister could look into it and let us know, that is what we are asking. There are a lot of LPNs who are very concerned. I might say some of them with 20, 25 years of service at that hospital have told me they will not have a job after the beginning of May or whatever.

I have a lot of other detailed questions that we could debate for some time. I understand some of my colleagues on this side are getting anxious, and they want to ask some questions, so maybe subsequently in the Estimates some other day, we can have an opportunity at some appropriate time to ask further questions. Thank you, Mr. Deputy Chairperson.

**Mr. Gulzar Cheema (The Maples):** Mr. Deputy Chairperson, can we go back again to the whole hospital so-called reorganization, and can we at least have a rough time frame of when the Urban Hospital Council is going to bring out their reports on the possible restructuring of some of the hospital beds? That is my No. 1 question.

**Mr. Orchard:** Mr. Deputy Chairperson, I think we have, toward the end of next week, a couple of reports coming down that will be formally passed from the Urban Hospital Council to myself, and then I have made a commitment to undertake fairly quick decision making on it. That is when the first ones will come out and others will be presented—and I hesitate to give my honourable friend definitive times, because I recall the Health Advisory Network, where I would say a given date and I would be embarrassed to have to report that an extension had been requested. We are certainly hoping to have a number of the issues dealt with by mid-summer.

**Mr. Cheema:** Will the minister be releasing the reports to the members of the Legislative Assembly before the final decisions are made?

**Mr. Orchard:** I had not given that a great deal of thought about releasing the reports before the final decision was made. Let me just do a little quick consultation here. I am treading on terribly dangerous political ground, but I believe we will be doing that.

**Mr. Cheema:** Mr. Deputy Chairperson, I do not think the minister is really going in any wrong direction. I think he is on the right move, and I think it will help all of us to make a rational judgment on some of the very important issues.

My next question is: Can the minister share with us the bed occupancy rate in each and every hospital? If they do not have it today, can we have it tomorrow? My second part of the question is the occupancy rate over the weekends.

**Mr. Orchard:** I can provide that information, but I will tell you what my problem is. If we get into that kind of detail with the hospitals before we get down

to that line, we will revisit it all again. That is all right by me, I love Estimates. I mean, I could be here until June, it would not matter. It would be kind of enjoyable, especially if I had such pleasant exchanges as I just had with the member for Brandon East (Mr. Leonard Evans). He is a lot more pleasant and he is a lot more calm here than he is in Question Period. I do not know what happens to him in Question Period. [interjection] Oh, it is the television camera, I forgot.

At any rate, we have that information, and I think it is broken down even as far as weekend occupancy goes. We can provide that information. The only thing that I would ask my honourable friend is, should we get into that kind of discussion tomorrow when we have not really gotten to that line. Mr. Deputy Chairperson has called me to order tonight for unparliamentary language. He might not let us do that. He is a fairly stringent individual.

\* (2100)

**Mr. Cheema:** Mr. Deputy Chairperson, rather than going into every detail, we are simply asking for information. I think it comes under the Executive Support staff, and that is the major policy direction the government is moving in. Health care reform is the only policy direction government is moving in, I believe, so I think it would be helpful if we get the information. It will definitely make the minister's job a lot easier in the long run. Can we get the information, what are the beds per 1,000 in Manitoba as compared to the national average?

**Mr. Orchard:** Definitely, we will get that.

**Mr. Cheema:** Mr. Deputy Chairperson, those things are again very important for all of us to make a rational decision. Can we get data in terms of the teaching hospitals across this nation? Where do we fall, the medium range of admissions and discharge dates, and what is the average occupancy as was given to us last week by the minister, before the holidays? I think that will make more sense for us to compare as well.

**Mr. Orchard:** You know, my honourable friend is really into an interesting area, and if I understand his question correctly, you want to have an ability to compare admission rates and lengths of stays and that sort of thing—not necessarily length of stays?

**Mr. Cheema:** No.

**Mr. Orchard:** Like, he wants to do a comparison of our teaching hospitals with other teaching hospitals across Canada. I will give my honourable friend a

little bit of an indication of some of the challenge that is to us.

You might recall Manitoba and Medicare, the report that was done about six or seven years ago for the former Minister of Health. That indicated an alarming trend where we were, over a 15-year period of time or 13 year, I forget which, but anyway we went from below to above the national average in cost-per-patient day, of paid labour hours per patient day, et cetera. Subsequent to that, we struck a task force of the Health Advisory Network to try and provide further details to that Manitoba and Medicare report.

In some of the discussions that I have had around that report, because it is now currently out for discussion to the two teaching hospitals before coming back to the Health Advisory Network, there is an extreme difficulty in finding comparable teaching hospitals in terms of size and program offering, et cetera.

Even such things as their physical location in the cities—like, Health Sciences Centre is a core area hospital and has a lot of emergency traffic that other teaching hospitals like, for instance, the teaching hospital in London, Ontario, so that there was difficulty in coming up with comparables that would give some reasoned comparison of how we compare in terms of our activity in all of the management ratios and analyses in our teaching hospitals versus other national ones. They have come close, and what may be—no, I guess I cannot share that report with my honourable friend because it is in the interim discussion stage. Yes, it is over at both teaching hospitals to be reported, for them to return their comments to the Health Advisory Network shortly.

My honourable friend is on the right track. I just point out that we had a consultant retained, for several tens of thousands of dollars, to try and do that comparison, and it is difficult. It is very difficult, but they have done it in a reasonable fashion, and that will, I hope, soon be a report that we release.

**Mr. Chœma:** Can the minister also get the information in terms of the use of the ORs in some of the communities outside the city of Winnipeg, how many times the ORs have been used per month on a per procedure basis?

**Mr. Orchard:** Yes, I think we can provide that information because we did it about two or three years ago when we did the anesthesia upgrade and

we set the national standards. They were, 200 hours per year of anesthesia to require the upgrade. We lowered that to 100 because we had a number of our smaller rural hospitals that were not utilizing their equipment for 200 hours. I think we can get a pretty good idea on that. It may be a year or two old, but I doubt if it would have been significantly changed.

**Mr. Chœma:** The reason for that kind of information, I think the minister is well aware of that. During the Health Advisory Network's information session in the smaller communities, the point was made that if we want to combine, say, one or two hospitals doing one kind of critical surgery, it will make more sense for them to do it, and I think that kind of data is going to be a required part of the health care reform. It can be used because the work has already been done.

I do not have the information, but I think that is one very, very effective way of putting three or four hospitals together to do procedures rather than—if they are doing one or two appendectomies per year and if the next-door hospital is doing more than that, if the population is compatible and if there is no danger to immediate life, then I think some of the procedures may have to be very well centralized. That could be a part of taking some of the unnecessary, transferred from the communities to Winnipeg.

That has been happening and was very well outlined the first day in some of the minister's remarks, that some of the admissions which are being done, according to information that we have from the minister, could be taken care of in the communities. That is the reason we want to have all that information, because then we can tell the people who are calling us that our decisions are based on the information that we have and on the scientific data, which is very crucial for people to know, that the system is going to be changed based on the facts and not simply on unknown figures from nowhere.

Can the minister tell us, have they hired any consulting company to deal with the health care reform? I am not talking about the mental health reform; I am talking about dealing with the health care reform as such in Manitoba. Have we approached anybody outside of Manitoba to tell us how we would do it?

**Mr. Orchard:** Let me deal with my honourable friend's first suggestion. The information on the level of activity, et cetera, is going to be a fairly important piece of information as we parallel the Urban Hospital Council in rural Manitoba. Our first meeting on that is coming up, I guess, within about a month's time. What I have been trying to encourage for the last almost four years is community co-operation because I think there is a growing realization amongst board members and citizens in rural Manitoba that every community cannot have every single service, and that they are more apt to be able to provide a full range of services if they share community needs for those services.

I have to tell my honourable friend, though, that that is political dynamite in rural Manitoba because every community so cherishes their individual facility, their physicians, and they jealously guard them from their neighbouring communities, et cetera. I understand that. I have grown up and I have lived in rural Manitoba, but there is a coming realization that we cannot retain physicians, for instance, in rural Manitoba unless communities co-operate to provide them relief so that they have a weekend with their family, that they have a lifestyle that is comparable or at least coming close to comparable to some of the lifestyle they might have in the city of Winnipeg or another major centre.

I think the rural communities are very actively coming around that issue, and I really have to tell you I am looking forward to the Urban Hospital Council equivalent creation in rural Manitoba because I think they will come around those issues in a very, very reasonable and quick fashion.

The second question around the health care reform, in terms of whether we have approached any outside individuals on the reform process—yes, we have. Dr. Jack Weinberg is head of evaluative clinical studies at Dartmouth-Hitchcock Medical Centre. He is one of our board members on the Centre for Health Policy and Evaluation.

We have had a number of meetings with the Dartmouth people, the Weinberg group. When I say we, I mean myself and senior staff of the department, as well as senior medical people in the health care community. We even had an exchange with them in January where a number of physicians and administrators went down to Dartmouth to see what they have done down there and how we can approach reform of the health care system.

\* (2110)

Subsequent to those discussions, we have approached the Weinberg group on their ability to help us analyze and track the care to the patient and the individual's health status in a reformed system as we change from institution to community-based care, so that we can take away any of the fears and the natural accusations that bed closures mean compromised patient care, et cetera, so that we can, with clarity and with analysis, prove or disprove that theory. We quite frankly happen to think we can disprove the theory that you compromise the quality of care in a reformed health care system.

The Weinberg group is very interested in working with us in developing an evaluation process and a monitoring process to demonstrate at timely intervals how the system is dealing with patients' needs—the system, not the hospital in isolation or the community in isolation, but the system. They actually are quite excited about it. [interjection]

My deputy reminds me that it is a joint effort that we are proposing between our medical school, the Centre for Health Policy and Evaluation and the Weinberg group in Dartmouth-Hitchcock.

So, yes, we are contemplating retaining their services because they are probably as good as anybody in North America for that kind of analysis.

**Mr. Cheema:** Mr. Deputy Chairperson, on the question I raised, that was the use of some of the resources in some of the community hospitals outside Winnipeg, and I want to reinforce and make it very clear that we are in favour of such a role for each and every hospital in the communities where they could be specified for a certain specialized role.

That will not only save on cost for the taxpayers, but I think it will help the economy of the communities, because when anybody comes out of some of the communities, when they come to Winnipeg for some of the procedures, that is simply draining some of the money, and it could be used in their own communities and in a way, in some areas, the medical establishment or the health services are a major part of the local economy.

I think that could be one of the issues that most people in North America are talking about, as the minister said in his opening remarks also, that the whole issue of health has to be dealt with, the local economy plus how individuals feel about themselves, how they feel part of the system and how they feel confident. If we can keep them in their

own communities and still provide health care, provided they will feel comfortable, because they do not have to work seven days a week if they can share the calls. Such a system has to come. It does not matter if it is done now. Eventually this will happen.

The minister said it is political dynamite. I do not think that for all of us it is dynamite, but when we are all burning in the same fire, we do not have to worry if somebody is going to be saved or the other person is going to come out without any burns. I think the issue here is that the reform has to be the total package.

According to the minister's reply, this group now, is this going to be an extra cost, other than the health policy centre, where we are spending a large amount of money already to evaluate some of the things and some of the work? They have already produced a couple of reports, and we are hoping that they will come and tell members of the Legislative Assembly and the media what are their inferences and in which direction they are leading. I am just interested whether this will be an extra cost, and if so, then can the minister justify, why do we need an extra cost to the centre which has already a large amount of money attached to the operation of this particular centre.

**Mr. Orchard:** Yes, there will be additional costs in utilizing the service of the Dartmouth-Hitchcock Medical Centre group under Dr. Weinberg.

Now, the reason that we are having them participate is twofold. First of all, they have substantive experience on the medical side because their primary analytical evaluation abilities have concentrated on the medical side, physician services side, so from that standpoint, they have impeccable credentials. Married with the University of Manitoba and the centre, we think it is a good combination, but it will cost us some additional dollars which will come from the Health Services development fund, we anticipate.

The centre, for all of its expertise, does not have the kind of depth and medical expertise that the Weinberg centre in Dartmouth does have, so that we are in fact complementing two very significant bodies of knowledge and research by having them participate with the centre.

I want to also indicate so the discussion does not get narrowed down to physicians only, we are going to be utilizing, on a not as extensive a basis, an

individual by the name of Connie Curran. She is currently the editor of Nursing Economics and was one of the major presenters at the National Nursing Symposium that I hosted about two years ago—a very, very knowledgeable individual on nursing issues, an exceptional person. She has been in Winnipeg recently, and we anticipate having her participate in a consultative role with the reform process as well and the impact that reform has, as in Brandon, where we have a layoff of nurses and a requirement of change in the focus of employment from acute care institution to community per chance.

She has had some considerable experience in that, and we would hope to engage her assistance on the nursing side of the reform issue.

**Mr. Cheema:** Mr. Deputy Chairperson, can the minister tell us in dollar amounts how much this particular group is going to cost per year during this reform?

**Mr. Orchard:** They are in the process right now of giving us a proposal, so I cannot outline what the costs would be at this time, but we are going to be paying them for a design of protocol so that we can evaluate the impact on the patient in a reformed system.

**Mr. Cheema:** Mr. Deputy Chairperson, we will wait for the information when it can be made public. We do not want to destroy the whole process at this time.

Now, not on the same issue, but it is also part of the whole health care reform, can the minister tell us whether this government has been approached, or they have approached a company out of Florida—it is called Florida Counselling Incorporated—a community clinic concept to do work in Manitoba?

**Mr. Orchard:** No, the ministry has not. Maybe one of our community clinics or one of our hospitals might have—I could not answer, but the ministry has not.

**Mr. Cheema:** Mr. Deputy Chairperson, I just wanted to confirm that. I think it will be worthwhile for the minister to check with the Premier's Office or through cabinet if there has been a contact through somebody called Florida Counselling Incorporated. They deal with mental health services. According to the information I have, and I just wanted to confirm whether that is the case, they are trying to develop a system for us in Manitoba.



I just wanted to know why we have to go to somebody in the south when the mental health reform has been so well placed in Manitoba. I just wanted the minister to check, and that is simply information that I have no way of confirming. I thought I would just check with the minister rather than going through other sources. I just wanted the minister to know that. I think they should be very careful and not be seen by others who are supposed to be expert in mental health reform when we have a system right now, and you are almost there to take over and not derail the whole image of the system. I just wanted to be very cautious because whatever you have achieved, if these individuals, these companies, would come and try to take money, it will not do any good to us.

\* (2120)

(Mr. Bob Rose, Acting Deputy Chairperson, in the Chair)

**Mr. Orchard:** Mr. Acting Deputy Chairperson, I appreciate my honourable friend's advice, because it is good advice. We have not made any contact, but that is not to say that—this organization may well have contacted the Premier's Office to offer their services, and I will check on that. We have not—the only group that we have talked with outside of the province of Manitoba is the Weinberg group at Dartmouth and Connie Curran as an individual.

Both of those are out of country, I will admit, but I simply say to you that anyone within our health care system who has crossed paths with either Weinberg and his associates or Connie Curran in the nursing profession holds a great deal of respect for those individuals. Although they are not home-grown Manitobans, their advice is welcomed, in my estimation, by those who have had the benefit of meeting with them and discussing and listening to them.

**Mr. Cheema:** Mr. Acting Deputy Chairperson, can the minister tell us what is the estimated amount of bridge money they are going to require when we are changing the system from the—I am not talking about mental health reform, I am simply talking about the general medical services of the hospital restructuring which has to happen and will happen, and there will be some time for transferring some of the services.

That will take some time and also will require bridge money to make sure that the patients are not displaced so that they get the proper care. Even

though the care in the community is going to be less costly, still the money is going to be required. Can the minister tell us where that money is going to come from, and how much is that amount?

**Mr. Orchard:** Mr. Acting Deputy Chairperson, the budget, for instance, in Continuing Care, we have budgeted a fairly significant increase in there. Now one can always face the argument as was presented by the member for Brandon East (Mr. Leonard Evans) that the increased funding that we have put in place over the last several years is not enough.

We will always have those arguments, but we have increased, fairly significantly—it is probably one of the larger single increases in the ministry—on the Continuing Care side, so we hope that this will help us.

Secondly, we have established a \$3-million fund within the \$950 million-plus on the hospital side to help with two areas of endeavour: the reform of the system in terms of funding innovation within the hospitals for innovative programs within this year's budget, and also to assist hospitals in commencing the process of continuous quality improvement or total quality management as an aspect of management that we think holds a great deal of promise in terms of improving service levels in the hospital.

**Mr. Cheema:** Mr. Acting Deputy Chairperson, does that mean the minister feels comfortable that \$3 million is going to be a sufficient amount over a period of one year, when some of the services have to be eventually transferred to that community? Is that a realistic goal or realistic approach?

I personally do not feel it is realistic, because if the reform has to take place, \$3 million means how many, per day, per patient, per bed, how much is going to be totally transferred out of the hospitals? If at one end we are talking more the major shift than at the other end and we do not have the real dollars attached to it, I think we will have a lot of difficulties and I just want the minister to be aware of that, and want to register our objection to that.

I think it may not be realistic and there may be some other ways of doing it or explaining how it could be done. It is going to be tough, but \$3 million is not going to be sufficient, and the minister knows it, but definitely if they are going to transfer money in at the same time from the hospital to the community which is going to be very tough. You

cannot just shut one day and next day open a shop somewhere else. It is not possible; it is not practical.

So I think maybe a time is going to come for explanation to the people, the health-care providers and the patients that there may be a period of difficulty, and I want the minister to know that \$3 million is not going to do much in that regard.

**Mr. Orchard:** Mr. Acting Deputy Chairperson, I appreciate my honourable friend's concern, but also built into the budget is funding for additional bed capacity in the personal care home side and the Health Services Development Fund has an additional \$4 million, some of which could be accessed as well. I have to tell my honourable friend, I do not know what we are going to have to come up with, because the task before us is rather an immense one. Some of the information that I shared Monday last in terms of the types of admissions to, for instance, our teaching hospitals are pretty dramatic pieces of information.

Let me do a little speculation. This is always dangerous when one does this, but let us deal with those first percentile of complexity admissions to the teaching hospitals. I believe it was 36 percent at St. Boniface and 28 per cent at Health Sciences Centre and those were from rural Manitoba. If you were just able to have half of those carried out in existing rural and northern facilities because a lot of them do not operate at the occupancy rate that we have in our major Winnipeg hospitals, that you can probably achieve that transfer of care with an immediate impact on the budget because you would not significantly increase the cost in existing rural and northern hospitals because probably you have wards that are staffed and 60 percent occupancy, and could achieve almost an instant removal of budget from the teaching hospitals if you could come around that issue, but that, of course, is the difficult issue.

In other areas of length of stay, the difference from five days to seven and a half days for the one procedure that I explained Monday last, even bringing the higher length of stay hospitals down is an almost immediate saving in budget without compromising patient care, probably improving it. So there are opportunities for very quick savings in the hospitals.

The difficulty is that the natural tendency is not to allow government to reallocate those savings from the institutional budget lines as individual

institutions generally to the community, to improve those services in the community. Of course, as my honourable friend has quite accurately identified, that is the challenge in health care reform.

**Mr. Cheema:** Exactly that is what I was trying to reach, to the point that putting in \$3 million or \$4 million, eventually that figure may be nonviable. In either way, it could be positive or negative because we do not know yet, because there is so much that is going to happen. That is why, as long as the hospital funding is based on some base line and there is room to maneuver and save, depending upon the condition of health care reform, then I think government has the room to play. If you put the exact figures right now, I think you are in a bind, and simply for a year you cannot do anything.

So I think it will be worthwhile to say, this is what the base line is going to be, but on the condition attached to the health care reform that any advantages coming out of health care reform have to be translated back to the taxpayers, and if money saving is going to be made, so be it. That is why we were a little bit hesitant initially to criticize \$3 million or \$4 million, because we thought that may not be a realistic figure. If we are going to reform the whole thing—what we are doing—it may be a substantial saving, and it is going to come right away.

\* (2130)

If the government would develop a policy to give a hospital, say, \$10 million and say, that is it, then if the spending is only \$4 million or \$5 million or \$6 million or \$8 million, \$9 million, why give an extra million? Why not say, this is based on the present circumstances; when the system will change, your funding formula is going to change depending upon the circumstances? As the case has been made many times, the reform, of course, means that we want to settle the patient the best way, but that has a basic value attached to the financial aspect.

We are going to have substantial savings, no doubt, about that, but that is why we have a difficulty when people say, well, you are saving \$800 per bed in the hospital, why are you not spending, giving me 24-hour coverage in home care? The argument is that those services are not to replace what you had. Those services are to simply complement or replace in a way which economically may not be the same, but you may get, not the same kind of environment, but the same kind of services.

I think that is the issue which for a government it will be very risky to put an exact figure. I think then, next year is going to come for some of us, and it does not matter who it is, that cannot get up and we have a \$20-million cut.

That may not be a real cut because that is a perceived cut, and depending upon how much you want to put your numbers up and say, well, we were supposed to give you \$10 million, you saved \$2 million; we saved for the taxpayers \$2 million, so we have to keep that back. I think that that should be the bridge money, in the bank, in terms of—the reform must be attached to the financial incentive otherwise we are just wasting the public's money again. It is going to be the same thing again. We will have the duplication of services which happened in the past.

Now, we are seeing some home care problems because the policy put in by the last government, I mean the home care in Manitoba was one of the best, but then it got out of hand because the real definition was never given. I mean, everything was so fuzzy that under the home care you could get this or that or orderly services or cleaning services. They were not meant to be provided under home care. Home care has a special function, but then we missed the point. If we are going to continue to do the same thing, then next year we will be doing the same thing here again and talking about the same issue.

So I think it will be worthwhile to be very realistic and say that we are having this major reform, but then we have to have an outcome. Of course, the patient is then the No. 1 one priority, but the taxpayer is also a priority, and in this case they are both the same. I think the people would really appreciate if they were given the right information. That is why we keep on emphasizing the information is very crucial to the success of health care reform.

I think the most important thing right now is to let people know exactly where we are coming from. Given the circumstances, within even half an hour after the Brandon gathering, most of the individuals—I was not there, but we heard from individuals and their minds were changed once they came to know how the funding has been done and what has been happening. I think it is very crucial.

I would like the minister to look into that area, not attach a specific number when we are in the reform. You do not do that. With our own personal life, if we

are changing other things, we do not put \$20,000 for this and that is it. If you save or you overspend, I think we have to be very, very careful.

I want to emphasize again it is very important from our point of view and taxpayers' point of view to be very—again, I will use the same line—open and frank to the people that this is what we are going to have, and when we are shifting the services, there is going to be some difficulty, bridge money is going to be required. Of course, this is the right way, we get a saving, because \$900 compared to \$120 is a \$780 difference. That \$780 has to go to the government's pocket and go back to the people rather than going back to some other services which may or may not be required.

There are going to be tons of people coming from everywhere, I can provide this, or we can provide that. That is why, even if consultation is required from outside sources, we will judge them on their merit. That is the issue here, not shooting down anybody who wants to provide, whether they are from Manitoba or from outside, as long as they are in keeping with our goal in Manitoba that we want to provide the patient with the best care possible, but also keeping the ability of the taxpayers to pay it and try to preserve at least the necessity services in the long run.

I want the minister to have those views from our point of view. I do run out of my vocabulary which is very limited, so I try to put 20 words into everything, so I hope that I have conveyed the message in a very realistic view.

I think I will end my questions in terms of the health care reform right now, but I would just ask the minister again, have we done the work on the uncollected bills, the out-of-country individuals who have not paid the taxpayers when they come and use our services?

**Mr. Orchard:** Mr. Acting Deputy Chairperson, I have two years information that I will share with my honourable friend. There are two types of admissions. The emergency admissions, which we do not have a whole lot of control over, say, an automobile accident, an unexpected accident or illness. Then there is the case of the elective admissions where the facilities make prior arrangements with the patient for repayment of hospital accounts.

I am informed though that the uncollectable accounts are minimal as a result of the elective

admissions, but they can range from 14 to 20 percent on the emergency side. I will give my honourable friend some numbers.

In 1989-90, there was \$81,000 out of 387 nonresident-of-Canada revenue in uncollectable accounts. In 1989-90 the total billed services was just about \$400,000, \$387,000, and of that, \$81,000 was uncollectable or uncollected to date at any rate.

Now in '90-91, the nonresident-of-Canada revenue billed for services performed amounted to \$507,000, and in '90-91 \$73,000 was not collected, so that was down to around 14 percent.

For the second hospital that we have information for, 1989-90 the total billings were \$258,000, \$40,000 of which was uncollected, and 1990-91 for that second hospital, total billings were \$358,000, \$65,000 of which was uncollected to date.

The breakdown is roughly, of the uncollected, United States patients 3.1 percent of the 14.5 percent, and other nonresidents accounted for the balance. The interesting thing is, for that first hospital where there was \$73,000 out of \$507,000 uncollected, one patient who was a nonresident of the United States, who was from another country obviously, accounted for \$54,000 out of the \$57,700 of uncollected, so one individual. That is why it can vary quite a little bit from 10 percent to 20 percent. One individual can skew it a fair little bit.

\* (2140)

**Mr. Cheema:** Mr. Acting Deputy Chairperson, it may seem that it is only—I should not say only; it is a substantial amount in terms of even \$75,000 to \$80,000 per year, and that is the record we have at least for four years now. You know, that means the perception, in terms of the hospitals and the health care provided and taxpayer, is correct. That is what we have been told, that sometimes those things are happening. That is why I would like the minister to tell us what is being done to at least—it is never going to be 100 percent eliminated; that is impossible. I am not saying we should be banning everybody just to come into a hospital without a cheque in their bag, but I think taxpayers still have a right to ask for people who do not have insurance, and they should pay the bills.

I think one way is to have some identification or try to secure some down payment in some of these services, or some kind of follow-up has to be there. That means this \$320,000 could have gone for our own people in Manitoba to provide some of the very

important services, so something has to be done. I think one way is to have identification or insurance.

Secondly, I think we should look at the whole issue of the elective admissions out of the country and see whether they will pay in advance so that taxpayers of Manitoba are not taken for a ride.

Certainly we can at least try to discourage—that kind of behaviour is not tolerated in Manitoba. Specifically, I am not saying somebody who comes with cardiac arrest, we are going to turn that person away, but if somebody comes and wants to have a wart removed or have a finger stitched, they must pay their bills, because if they are not paying, we are paying. Somebody else is paying their bills, so that is unfair to our people.

**Mr. Orchard:** Mr. Acting Deputy Chairperson, the figure that I gave you for '90-91 of the first facility, where it was \$73,000 uncollected, \$54,000 of that was one patient in an emergency circumstance, but the total \$73,000 represented seven patients over that year.

These are always emergency and unplanned admissions. The information I have is that where it is an elective admission, where there has been some planning ahead of time, the uncollectable accounts are very minimal, so that it is on this emergency and there you get into the judgment call. I think probably the first concern of the professionals, let us say, in an emergency is to provide care for the individual first and then worry about the ability to pay later. That has been the nature of the system.

But in total, in two years of those hospitals there is \$250,000, and I do not know how we could come around it any differently than what they do because I think they put in a pretty good effort to try to collect. Because I do not think that Manitobans would necessarily think that refusal to provide the service would be an appropriate response. I think most Manitobans would want to see the individuals cared for in the hopes that we would not be paying for it as taxpayers.

(Mr. Deputy Chairperson in the Chair)

**Ms. Judy Wasylycia-Lels (St. Johns):** Let me ask some questions, in part related to some of the areas touched on by the Liberal critic, pertaining to studies and reviews underway and tie it directly to the issues we were discussing this afternoon. I would like to know, given the Premier's (Mr. Filmon) promise in 1988 to not permanently close hospital beds until a

comprehensive review had been completed, could the minister indicate if that review has been completed and if so is he prepared to table it for us today?

**Mr. Orchard:** Mr. Deputy Chairperson, so that my honourable friend does not get off the track, that commitment made in the 1988 election was carried out as committed for the first term of this government's minority. That commitment was undertaken and delivered on. Now, a number of studies have been undertaken to understand our health care system. My honourable friend has received a number of those studies, and as I am able to table them she will receive further of those studies. All of them provide underpinning to the direction of health care reform that we are undertaking.

I want to refer specifically to the first Centre for Health Policy and Evaluation study. I want to remind my honourable friend that this study and its resultant recommendations was a compilation of studies that have been undertaken for about an eight to 10-year period of time, thereabouts, studies which, I have to say with all the delicacy that I can put in, were not acted upon by previous governments, the one I served in included. You know, one of the things that I want to point out to my honourable friend is a recommendation that comes in page 11 of the recommendations. It says, evidence from studies both in Manitoba and elsewhere point to the importance of closing beds in conjunction with expanding resources for outpatient surgery.

That is a recommendation by professionals who study the system, and it is therefore recommended that no expansion of outpatient surgery or independent surgical centres be funded unless accompanied by enough hospital bed closures to produce real cost reductions. Now, that is the piece of policy advice that my honourable friend may wish to argue against, and has argued against in terms of the Brandon situation because that is exactly what happened in Brandon. It happened after the fact. We funded the outpatient surgery and had it in place and operating. The occupancy rate on the beds went down, and subsequently the board and the administration made the decision to close the beds, exactly as the Centre for Health Policy and Evaluation recommended ought to take place.

My honourable friend congratulated the centre for this report, although without having the opportunity

to read it, I would not dare to say that she agreed with the recommendations that are in there. But, if my honourable friend does not agree with some of the observations in here, and believes they are not appropriate directions for government to pursue, I would certainly be interested in knowing, because many of the recommendations in here form, in part, platform policies which will guide the reform of our health care system.

**Ms. Wasylycia-Lels:** Mr. Deputy Chairperson, is the minister saying that the previous promise by the Premier (Mr. Filmon) to put any bed closures in the context of a framework and a comprehensive plan based on a review is no longer the case, and that, in fact, bed closures are in the works, are being executed by this government without the benefit of any kind of a comprehensive review?

**Mr. Orchard:** No, Mr. Deputy Chairperson.

\* (2150)

**Ms. Wasylycia-Lels:** Back in 1988, upon questioning in this Legislative Assembly, the Premier indicated that the comprehensive review promised in the 1988 election was, in fact, the Health Advisory Network. Now, more than several years later, the minister is telling us today that the Health Advisory Network has yet to provide that kind of comprehensive review upon which decisions around bed closures and other decisions would be made.

He is now also suggesting and pointing to other studies. We keep going through this cycle, this interesting circuitous route, in terms of promises and studies, groups that do not deliver, new study groups being formed, those studies not being forthcoming and others appointed to, in terms of the magic solution and the basis upon which this government is acting.

Perhaps the minister could tell us tonight how many of the Advisory Network task forces have handed in final reports, and how many he is prepared to table.

**Mr. Orchard:** Mr. Deputy Chairperson, when the Premier (Mr. Filmon) indicated the policy underpinning reform in 1988, that commitment was lived up to in the lifetime of that government—lived up to. There were no hospital beds that were closed prior to having an understanding of the health care system.

I know my honourable friend lived in a government where one idea was probably the only

one they exercised, but the Premier, in referring to the Health Advisory Network, did not say at any time that that was the only investigative body that this government would create and use to provide advice on health care system policy.

Nowhere did the Premier say the Health Advisory Network is the only idea that we will have. That was the first major investigative body that we established. The Premier never indicated it would be the only one and the last one. That is why I have indicated to my honourable friend that such things as the Centre for Health Policy and Evaluation are providing input, policy advice, statistical and scientific analysis to guide the reform of the health care system.

The Urban Hospital Council—the old boys' club that my honourable friend referred to as if there is something diabolically wrong with CEOs who happen to be males in the city of Winnipeg being part of the Urban Hospital Council; I mean that is some kind of an interesting analogy that it is an old boys' club, nevertheless my honourable friend's words, not mine—is looking at some 40-plus issues, all of which are issues dealing with program system-wide hospital delivery in Winnipeg and Brandon. They are providing us advice on how we can change the system.

The Provincial Advisory Council on Mental Health Reform is yet another body which is building upon the blueprint for reform that I have tabled in mental health as yet another issue of reform in the mental health system. In approximately a month's time the rural northern equivalent to the Urban Hospital Council will commence its deliberations to give us the same kind of across-the-system approach to change. Again, it is going to be CEOs and other individuals dealing with it, so that my honourable friend, if she is wanting to have a single report which deals with every aspect of health care in the province of Manitoba and a blueprint reform, I regret to tell my honourable friend that I do not have such a document, nor did I ever intend to have such a document because I think it is fair to say that it does not exist anywhere in Canada.

There are royal commissions which deal quite comprehensively with a number of issues but not completely across the health care service delivery spectrum. That is why we have got the Health Advisory Network dealing with a number of issues. That is why we have got the Urban Hospital Council, the Centre for Health Policy Evaluation, the

Provincial Advisory Council on Mental Health Reform. That is why we are creating and supporting the establishment of a rural and northern hospital council, so that all of those individuals, a far wider range of consultative input than has ever existed in health care planning in the history of the province of Manitoba, are now working actively to bring a greater understanding of the health care system and how it can change without compromising the patient.

I want to indicate to my honourable friend that basically that grouping gives us the kind of complete consultation that has never before existed in the history of the province of Manitoba, because the Health Advisory Network is very much people friendly, user friendly, as are the regional mental health councils which have consumers and individuals on them, so that you have the people side of the consultation process there. The operational side of the health care system is embodied in the Urban Hospital Council with the CEOs. The senior managers are highly skilled, highly paid administrators of the major institutions.

Then for the analytical and the scientific side, we have the Centre for Health Policy and Evaluation. Although it may not look like anything of substance to my honourable friend, it is the most complete and comprehensive ability to review the system involving people, involving professionals in terms of the care delivery, the operational side and the best scientists in Canada on the analytical and scientific research side, their collective reports are part of the planning, the part of the policy underpinning that will guide our planning in reforming the health care system.

I have received the Extended Treatment Bed Review, and of course my honourable friend has that. I have three other reports on the services to the elderly which are now ready for release, and I will be releasing those within a very short period of time. I have a number of the reports that are going to be—and I have got the report on rural health services. I have not read that one yet, the rural health services report. It is now printed in English and French and will be released. I will try to release all of those at the same time.

**An Honourable Member:** Sorry, what was the last one?

**Mr. Orchard:** Rural health services. I have a number of other reports that are very close to being

released, anticipated release of a number of additional reports before the end of June this year.

\* (2200)

**Mr. Deputy Chairperson:** Order, please. The hour now being ten o'clock, what is the will of the committee? Continue? Okay, carry on till midnight or so.

**Ms. Wasylycia-Lels:** Mr. Deputy Chairperson, that was certainly an interesting statement from a minister who, when he first took up this position back in 1988, made a great to-do and many public statements about the fact that we really had enough studies in this whole area of health care reform. As I have quoted to him on previous occasions, let me do so again. The minister said on November 23, 1988: I do not intend to spend a lot of time or money on further studies. We do not need another huge stack of studies. In fact, the only thing that has been going up faster than costs in the health care system has been the number of studies. We have studied it to death. Now it is time to start doing something.

(Mr. Ben Sveinson, Acting Deputy Chairperson, in the Chair)

Fine words, Mr. Acting Deputy Chairperson. Yes, fine words, but hardly the case. Certainly the minister has done the opposite of that kind of public pronouncement. In fact, I think he is probably in the process of setting a record in this country for numbers of studies, reviews, task forces, committees, working groups, you name it, in this country. It is interesting as well that the minister should suggest that the Premier (Mr. Filmon) never indicated that the Advisory Network would in fact be the group, the mechanism by which the comprehensive review would be done.

In fact, I refer to Estimates of August 22, 1988, when the Premier said in response to questioning, it indicates he refers to the Speech from the Throne: our commitment to the establishment of a Health Advisory Network to do that comprehensive review of the health care system in Manitoba.

That is in response to the questions about the election promise, of course, for a review before any bed closures happen.

It is clear from all public records and the minister's own statements that the Health Advisory Network in fact was set up originally as the vehicle by which the government would receive this comprehensive review of the health care system, the basis for reform, the basis for major change. Obviously,

based on the information the minister has provided today, that whole process has been less than up to the expectations of this minister.

To date, more than three years after the announcement of the Health Advisory Network we still only have one final report made available to the Legislative Assembly, to the public. That leaves, if one breaks this down into different components, about 20—I am rounding off figures here—studies that have been in the works for a number of years for which we have yet to see any final report.

The minister says that he is in the process of reading a number of final reports from the Health Advisory Network and will release the information shortly. I am not holding my breath. I have asked these questions in the past, Mr. Acting Deputy Chairperson, and we keep getting the same answers. Obviously, and we know the minister has received final reports from a number of groups under this Health Advisory Network the minister is not happy with the reports he has been handed and may be doing some quick editing and quick changes, some reviews, some major damage control in terms of how he will respond with an action plan to reports which are critical and require major, major solutions by the government.

Interesting that this minister should tell us today that reports pertaining to health services for the elderly, that the report pertaining to rural health services are, have been on his desk, that he is not finished reading them all and that we will get those reports when he is finished reading them.

Mr. Acting Deputy Chairperson, we asked these questions last spring and summer in the Assembly when we heard that the minister had received final reports for health promotion services for the elderly, health prevention for the elderly, housing and home care services for the elderly. The minister said he had to read the reports, he had to review the reports, he had to have the reports translated. Now, what are we, nine, ten months since those final reports have been submitted to the minister, and the minister is still saying he has to finish reading those reports and that he will release them shortly.

Would it be too much to ask the minister if he could tell us precisely when each and every one of these final reports will be released to the Legislative Assembly and to the public of Manitoba?

**Mr. Orchard:** Mr. Acting Deputy Chairperson, the release of those reports will happen, I would hope,

fairly expeditiously. To answer my honourable friend directly, no, I cannot give her an exact date, time, hour, minute that they will be released. However, I can assure my honourable friend that when they are released, she will find them most instructive and informing.

Mr. Acting Deputy Chairperson, I just want my honourable friend not to run amuck with some of her interpretation which, I mean, it is up to her to interpret what she wants. I was very clear to my honourable friend that nowhere did we say we were limiting our analysis of the health care system to the sole vehicle of the Health Advisory Network.

My honourable friend, in criticizing the establishment of other investigative groups, is my honourable friend now changing her mind on yet another subject, that she believes the Centre for Health Policy and Evaluation ought not to have been set up in the province of Manitoba? I do not think that is what my honourable friend said in the House in response to the receipt of the first report. I do not think my honourable friend is saying that we should not have established the Centre for Health Policy and Evaluation. I cannot be so certain that my honourable friend would not want to disband that old boys' club, the Urban Hospital Council—old boys' club, her language, not mine.

I do not think that my honourable friend would provide that advice. Maybe she will. It almost seems as if I have to keep track, because there is a very new moon out there and today's criticism from the New Democrats under a very new moon is that we are studying the issues to death.

Approximately two to three weeks from now, when it is a full moon, I am positive that my honourable friend will accuse me of no consultation, that I have acted unilaterally without seeking advice, et cetera.

Over the three and a half years I have been here, it has been sort of like the tides. One day the tide is out and you are consulting too much, you never make any decisions, then when we make a decision, well, you never consulted, so you should have consulted.

I guess what my honourable friend is really saying is that she is quite frustrated with the way we have been able to bring together a lot of very, very dedicated professionals to provide us advice on a changing health care system, something I know that even a New Democratic government would be quite

envious of, bringing those kinds of professional groups together, individual professionals and concerned citizens to provide solid advice to government.

I accept that frustration that my honourable friend no doubt feels and shares, but I simply tell my honourable friend that it will not curtail the kind of discussion, the kind of investigation, the kind of analysis, the kind of expert opinion that we will constantly seek as the health care system is guiding through a process of reform which is going to be difficult.

I am not in anyway going to take advice that I hear from my honourable friend tonight that I should stop consulting with people and act unilaterally. I will not take that advice. I will continue to seek the best possible professional advice in this province, and as I indicated in answers to questions earlier on, outside of this province, where we can have individuals like Ms. Curran, a pre-eminent expert in the nursing field, and Dr. Jack Weinberg, a pre-eminent expert out of Dartmouth, who can help us with physician and other analytical issues of care delivery.

\* (2210)

**Ms. Wasylycia-Lels:** Perhaps then the minister could tell us which of the 15 Health Advisory Network studies or which of the 41 Urban Hospital Council groups, or which of any of the other among the other number of organizations and individuals you refer to as important parts of his whole review process, which one of those studies is providing the basis to this minister and this government for the 440 bed cuts that urban hospitals are being asked to consider?

**Mr. Orchard:** I do not want to have my honourable friend be able to claim that she has another scored victory in her little game of seeking information. As I have indicated to my honourable friend in my opening remarks—and she might revisit them—I clearly indicated that we are going to change the system from institutional preponderance, reliance and care delivery to a more community-based care delivery system.

In doing so, that will mean the retirement from service, the closure of beds in a number of hospital institutions across this province quite possibly, but I cannot get into my honourable friend's numbers game. That was a game that a number of individuals wanted me to get into in terms of mental



health reform because as my honourable friend well knows, this was the circumstance that existed when she sat around cabinet.

Again, we have a preponderance of institutional capacity in mental health service delivery. We are going to shift that to a more balanced approach of community plus institutional care. But in making that shift, we have not come with a preconceived quota of institutional beds to be closed in the mental health system. That quota system was vested upon the province in 1982-83 in terms of quotas for placement in the community under the Community Living Program, and that program is not one of the hallmarks of success in terms of communalization.

So we have been very deliberate in not setting target numbers which have a finite quantity to them and a finite achievable goal, but there will be reduced bed capacity in the hospital sector, one year from now, two years from now, three years from now. What it will be reduced to I cannot answer my honourable friend because had my honourable friend, three and a half months ago, asked me how many beds are going to close at Brandon, I could not have told my honourable friend because that was a decision of the board based on program and utilization and a number of other factors.

There will be fewer beds in service, and I indicated that to my honourable friend in my opening remarks. I shared with my honourable friend, and I will dig it out again because it seems as if she needs to know this: Rated beds, Health Sciences Centre, 1982-83, 1,190. When we came into government in '88-89, it had been reduced to 1,113, because program had changed in that period of time and need for those acute care beds was not as it was at the heyday of the early '70s, and beds were retired from service. That process will continue.

What will make the process work is the underpinning of information that is coming to us from a variety of investigational groups, bodies and studies, from the Urban Hospital Council, through the Centre for Health Policy and Evaluation, through the Health Advisory Network and through a number of other individual issue studies that we have on the go, because we do not tend to act in this ministry in an arbitrary and unilateral fashion. We attempt to have as good an information base at our disposal as possible, before we make decisions.

We do not set finite quotas, quantities, et cetera, because the system will change and reduce in size

with budget transfer, service to the people moved from the institution to lesser cost institutions to lesser cost community-based care, with the closure of beds in our hospitals, as I indicated to my honourable friend happened from '82-83, when she was in government, to when we came into government, without fanfare, without major announcements, because the system was even changing then. Not as much as it is going to change in the next three years, but it was even changing then.

**Ms. Wasylycia-Lois:** So we have learned tonight that the promise and policy of this government as it pertains to bed closures has changed. That promise that originally tied bed closures to a review, is no longer in effect. The minister has said that very clearly.

He has also told us that there is no longer one comprehensive study and he has pointed to 15 studies under the Health Advisory Network, 41 studies under the Urban Hospital Council and a number of other studies and individuals and organizations providing advice to this minister.

So we have got, just based on what the minister has said tonight, about 75 different points to look at, to refer to, in terms of advice being provided to this government when it comes to health care reform.

So now we are left with trying to fit all this together with this government's directives on bed closures, which the minister likes to keep pretending do not exist, one day admits this is part of the government's strategy, the next minute he blames it on the hospitals, the next minute it is a figment of someone else's, my, imagination, the next minute it is opposition fear-mongering.

It goes on and on, Mr. Acting Deputy Chairperson. All we would like to know tonight is on what basis the bed cuts are based, on what basis those decisions and directives are being made; what study, what review, what group has suggested these bed cuts that are clearly, and the minister has acknowledged, being directed by government.

**Mr. Orchard:** I know I am not going to succeed in helping my honourable friend develop her political issue, her narrow, political issue, but do you want me to read again to you recommendation II.6.1, Centre for Health Policy and Evaluation, Manitoba Health Care Studies and their Policy Implications, tabled in the House, applauded by my honourable friend?

That recommendation says: "Evidence from studies both in Manitoba and elsewhere point to the importance of closing beds in conjunction with expanding resources for outpatient surgery. It is, therefore, recommended that: no expansion of outpatient surgery or independent surgical centres be funded unless accompanied by enough hospital bed closures to produce real cost reductions"—a recommendation from the centre which my honourable friend endorsed.

Now my honourable friend is saying, where did you get that advice? Well, it is in the report she has had in her hands for almost a month. Did she not read it? Did her eyes go blank and close when she got to that recommendation? Because that is exactly the policy that was followed in Brandon—to close by amalgamating a 51 percent occupied ward, a 67 percent occupied ward, a 68 percent occupied ward in gynecology, medicine and surgery, to two wards at about 85 percent occupancy because a great number of procedures were being performed on an outpatient basis, and the inpatient bed capacity would be accomplished with the utilization of two wards, not three, two wards more fully occupied.

That is the policy underpinning that guided that board decision, that guided government's acceptance of that decision, that guided government's defence of that board's decision, because it is a recommendation of the Centre for Health Policy and Evaluation.

Does my honourable friend understand where that recommendation came from? She may not agree with it now when she realizes how it may be used by boards or government, but does she understand what it says, where it came from and how it was utilized in the Brandon situation? If my honourable friend understands it for the Brandon situation, then my honourable friend will come to understand it in other areas of the system as well, as these kinds of program change decisions impact on the system.

\* (2220)

**Ms. Wasylycia-Lels:** Mr. Acting Deputy Chairperson, I am sure it will come as a surprise to the Centre for Policy and Evaluation that it is their research and their recommendations and their advice that is being used as the basis for this government's directive to Health Sciences and St. Boniface to reduce their beds by 240, and that their

recommendations and their advice and their review are providing the basis for this government's directive to community hospitals to cut their beds by 200.

It certainly would be useful to get more information from the minister now that he has clearly said last Monday that the basis for the 240-bed reduction at the Health Sciences Centre and St. Boniface was, and I will paraphrase quickly and generally, for health care reform purposes. It would be now useful to have the minister give us the breakdown for and the rationale behind the 200 community hospital beds and on what impact that kind of bed reduction will have on our community-based hospital system.

I would hope that the minister will avoid the obfuscation in dancing around the subject and just get to the heart of the matter. It is clear we know these are government directives. Hospitals have told us they are government directives. Community hospitals have told us about the decrees from the minister and his staff in terms of numbers of beds and in terms of budget reduction targets.

So we do not need to dance around this anymore. We know that those numbers are out there, that this minister and his staff are responsible for the numbers. They are directing the agenda. They are responsible for the agenda, and it would be now, I think, appropriate after spending some five and a half hours at this today for the minister to simply indicate the breakdown of the 200 community hospital beds, or the bed reduction at the community hospitals of 200, so that we can understand the rationale, and so that we can help allay some fears among Winnipeggers and Manitobans about hospital services and about problems that they are now facing with respect to being held in emergency hallways for considerable lengths of time, and with respect to longer and longer waiting lists for various surgeries.

**Mr. Orchard:** Mr. Acting Deputy Chairperson, I am unable to play my honourable friend's political game tonight, and I do apologize to her for not being able to give her the next mailing to the membership of the New Democratic Party, and to give her the wording for the next—

**An Honourable Member:** The whole province, forget the membership.

**Mr. Orchard:** Yes, the whole province, I am sorry. That is why your budget for mailing in the New Democratic caucus room is triple what it ought to be.

Mr. Acting Deputy Chairperson, my honourable friend when she receives an answer that makes sense, that gives background to decisions made by boards and administrators as in the case of Brandon General Hospital, finds that unacceptable, does not agree with it. Well, that is not good enough. I mean, what reason is that? You know, I guess my honourable friend what I should do is I should thumb back to the good old days of Howard Pawley and the NDP. I ought to do things the way Howard Pawley and the NDP did because they dragged in the hospital administrators of those affected by the dictatorial closing that Wilson Parasiuk as Health minister ordered on them, collared them, forced them into a press conference and said, smile and agree with government.

I have not done that. We have invited them to be part of a system-wide discussion. Now, my honourable friend criticizes the 41 topics that the Urban Hospital Council has under consideration. Which one of those does she consider inappropriate? Which one would she suggest we drop that is not valuable to the system? I would be interested in knowing because that would certainly give us some idea of what the New Democrats may consider to be important in health care reform and what is not important. But all my honourable friend does is sit and carp about what we are doing. I have never heard a suggestion yet as to what we should do. Except on the full moon, it is, we are making unilateral decisions without consultation, and on the new moon, as it is tonight, well, we are studying too much. All we do is study, study, study. That is not good enough. You cannot flip-flop around.

My honourable friend says, well, now it is the Centre for Health Policy and Evaluation that is giving us all of the background to health reform. Well, I explained to my honourable friend, and I will explain again, that they are part of the information equation. They are not the only part. They are an important part, but they are not the sole and only driving force behind it. They do underpin us with a great deal of understanding of what goes on in the system.

Let me give you an example. Mental health reform process underway, great concern, and I understand the dynamics of that concern from a number of groups representing individuals suffering from depression and schizophrenia. They are very

concerned when they hear about bed closures, very concerned. Okay? Well, so am I, and I want to make sure that we have the appropriate ability to offer service to Manitobans suffering from mental illness.

(Mr. Deputy Chairperson in the Chair)

I want to share with my honourable friend some statistics. Here is length of stay for individuals suffering from psychoses. Now these are individuals suffering from the same relative degree of impairment. So we are not talking extreme versus moderate versus mild cases. I mean, these are a relatively equivalent group of patients. Hospital A has an average length of stay of 24 days. Hospital F has an average length of stay for that same type of patient of 39 days. That is a difference of 15 days, over two weeks occupancy of that psychiatric bed in hospital F versus hospital A.

\* (2230)

By using patient service techniques in hospital F comparable to hospital A, you can, for all intents and purposes, remove three-eighths of the beds and maintain the same level of patient service and use the budget savings, for instance, to develop community services to intervene earlier in mental illness. That has not compromised patient care one iota. What it has done is asked the managers and the care deliverers in the system to consider why one hospital has an inpatient stay 24 days average length versus 39 days for another hospital, and the range is everything in between. That is the kind of reform around statistical analysis that we are asking managers and care deliverers to make in the system. Do you know who is at the centre of that change? The individual requiring care. I do not know whether that means anything to my honourable friend from the New Democrats, but it certainly means a lot to me and it means a lot to Manitobans.

There is one example of where you have acute care bed capacity inappropriately used. That may be one of the reasons why Ms. Lankin in Ontario said 30 percent of health care funding is spent inappropriately, because it is not appropriate to keep the same severity of patient an extra 15 days in hospital to achieve the same end result of treatment.

Let me deal with another example. For bronchitis and asthma the length of stay in Winnipeg hospitals ranges from five days in one hospital to seven and

a half days—50 percent longer in two other hospitals. Why, when these patients are, by a rating system, deemed to have the same severity of illness? You would not compromise the care one iota if you brought all of the length of stays down to the five days. Do you know what you would do? You would free up substantial bed capacity for alternate use or for closing and transfer of the budget to support community services. Do you know who has not been compromised one iota in that system of change? The patient. Do you know who might complain? Staff who staffed the bed that is going to be closed, or the professional who had to change his practice patterns or her practice patterns to achieve a five-day length of stay for bronchitis and asthma versus a seven-and-a-half-day stay.

Let us talk about another issue. I know my honourable friend does not like to have these kinds of facts on the record, but let us talk about another one. You know, the argument has always been—and I dealt with this to a degree two weeks ago Monday. Our teaching hospitals say, we deal with the most complex cases and therefore we cannot reduce our capacity at all. That is what they told us a year ago, a year and a half ago. We are teaching hospitals; we deal with the most critically ill. They do. That is where we have our most severe traumas taken from all other hospitals in Manitoba. That is where we have our most complex surgeries, neurosurgeries, cardiac surgeries. They do those very complex procedures, but that is not all they do.

On a rating, a DRG waiting, which gives complexity of patient admitted to the teaching hospitals versus other Winnipeg hospitals—and these are admissions of rural cases, i.e., from outside the city of Winnipeg to our urban hospitals and our two teaching hospitals. In the least complex 1 percent to 10 percent, out of one to 100, 36 percent of the admissions to St. Boniface are in the least complex percentile, 27 percent at Health Sciences Centre, and only 23 percent at our urban hospitals.

Do you know what that means? That means that probably that service of 36 percent of the admissions to St. B., 27 percent of the admissions to Health Sciences Centre could have been most adequately cared for in a northern or rural hospital. What would that have meant to budget? Well, we talked about that with the member for The Maples

(Mr. Cheema) earlier tonight. It would mean a significant and dramatic saving in budget. Do you know how it could be achieved? By closing those beds that are occupied by the least complex case admissions to the two teaching hospitals. Would it compromise the quality of care to the individual? Not one iota. Would it compromise the staffing patterns at Health Sciences Centre? Yes. Would it compromise the practice pattern of some of the physicians there? Yes. Would it change the level of service to the individual being admitted? Answer: in all probability, no. That is the kind of reform that we have to seek out.

I want to deal with another issue, because my honourable friend is really absorbing all of this information. If I can just find that last one on percentage of, I think it was, pneumonia—do you understand that one, that at the teaching hospitals they do not have any more, they have in fact an equivalent rate of no-complication admissions for pneumonia, not the complex pneumonias that they claim they deal with as compared to the urban hospitals?

So you see when my honourable friend says, on what basis are you asking for change in practice patterns in the hospitals, I have given her some concrete examples for the second time in a row. I do not know what else I can provide to my honourable friend to give her the kind of analytical understanding that we have developed and are developing to aid managers in aiding the health care system to change.

Now I realize my honourable friend wants to deal with it on a purely political issue standpoint. My honourable friend does not care about the patient receiving care and the taxpayer receiving greater value in a lower-cost institution for delivering that patient care or in a community-based, lower-cost situation to deliver that patient care.

I realize my honourable friend does not care about the patient or the taxpayer, only about the institutions, but we cannot afford that anymore. The change is going to happen with reduced capacity at the teaching hospitals, but with the services to the individual requiring those services maintained. They will be maintained but not in the same place, but in all probability and definitely at a lower-cost centre of care delivery, be it in the community or be it in another institution. That is reform. That is a change of the system.

I harken back to that recommendation from the Centre for Health Policy and Evaluation. It dealt specifically with day surgery, but that very fundamental underpinning of policy applies to other programs as well. If you move programs from hospitals to the community, you close the beds if you want to achieve the savings to the system. You will not compromise the quality of care to the individual. You will often enhance it, but you certainly will control the growth of expenditures in health care, so the taxpayer benefits, the patient benefits, but my honourable friend finds fault with that underpinning and planned process.

Well, I do not know what I can do to provide any more information to my honourable friend, because that is what underpins the decision-making path that we are on and that is why we will be able to engage and continue to engage the advice and the counsel of many, many health care professionals and professionals in the health care service industry in Manitoba to assist us in making these informed and intelligent changes.

**Ms. Wasylycia-Lels:** So it is apparent now from this minister and this government that not one of these centres for study and review—the Health Advisory Network, Urban Hospital Council, Centre for Policy and Evaluation and other areas for review and study—not one of those groups, processes, have reported with final recommendations and given the minister their advice with respect to future directions for Manitoba's health care system, future directions which would obviously include size of hospitals, appropriate optimum numbers of beds in each of those hospitals and how services could be provided otherwise outside of the hospital setting. So not one of those centres of review has reported. Yet this government has clearly directed hospitals to report back on how they would meet certain budget reductions and certain bed cut targets.

\* (2240)

The minister rolls his eyes and giggles a bit about all of this each time I ask the question. I will persist, because I know that we are dealing with a very real situation. Enough individuals have expressed concerns, enough articles have been written, enough protestations have been made to warrant pursuit of this in a very serious and real way.

Let me use as an example the Health Sciences Centre. Sometime in the month of February, maybe earlier—I do not know—the Health Sciences Centre

was told of their target for bed cuts and their budget reduction targets, which include, of course, the unachieved budget reduction of the previous fiscal year and their new targets for budget reduction for restructuring purposes.

They are told by this minister through his staff to respond to those reductions, those targets, those proposals by March 31—not much time to respond and make major decisions on such a serious matter.

They hold a major retreat on March 18 and 19, all department heads, all clinical heads, to discuss how they will respond to this minister's directive, this government's directive.

The Deputy Minister of Health appears at the start of that seminar, that retreat to reiterate the government's intentions and lay out the directive in vague terms—no clear criteria, no indication of what is acceptable or not, simply the arbitrary budget reduction target of about \$10 million for the Health Sciences Centre and a bed-cut target of 160 beds.

They find it difficult to respond to that kind of directive knowing that to meet such targets they will have to cut into the services, the operations, the patient care provided in that hospital. They know they will have to look at reduced services in certain parts of the hospital, perhaps the women's hospital, perhaps the Children's Hospital. They know that to meet the government's budget target, they might have to look at closing operating rooms, beginning to chop from among their eight operating rooms. They know that to meet this government's arbitrary directive, they will have to put out of balance, or skew the balance that is so necessary between acute-operating-emergency beds and elective-surgery beds.

They have been placed in a very difficult decision, review the situation and are still left with many questions unanswered.

Subsequently they are provided with some sort of criteria, some framework for making such decisions. They ask and are granted an extension to that deadline, that arbitrary deadline of March 31. They proceed on the basis of this criteria provided by the department by which they are supposed to apply or meet these arbitrary budget reduction and bed-cut targets.

They vigorously pursue solutions to that kind of scenario and present such proposals to the board with a view to presenting, meeting this government's

arbitrary request and responding to some very difficult directives.

Now, I do not have the whole story, Mr. Deputy Chairperson. That is bits and pieces; there are gaps to be filled in. It is what we have been able to piece together based on our contact with officials, staff and volunteers associated with this hospital. It is based on what some of the media have been able to piece together. It is based on some of the memos and statements that have been forthcoming from that particular facility. So it is not the whole picture, but it is all we have to go on, Mr. Deputy Chairperson.

It is all we have to go on because this minister, this government will not be up-front and clear about their intentions and about their directives. It would have been much more productive and much less worrisome for a heck of a lot of Manitobans if this government had chosen the route of being straightforward from the outset. We do not agree with everything that is happening in Ontario, in Saskatchewan and B.C. The minister sits up. I am glad I have his attention. We have never pretended that simply because some governments today may be NDP, we agree with everything that they do.

Mr. Deputy Chairperson, I must say that when one compares the approaches of those governments with that of the Conservative government here in Manitoba today, there is a notable difference, and that is that those governments basically laid out the goods, put the scenario on the table and were clearly frank, to their detriment, to a great deal of political fallout, put the numbers out, put the bed reduction targets out for the world to see and for the community to debate, respond and react to.

As I said, we may not agree with everything that has happened in those governments, but we would simply ask for this minister to do at least as much here in this province, to be at least as open and up-front, so that there can be, No. 1, an opportunity for the public to have some input; No. 2, that there can be a climate or an environment, an atmosphere of calm where people are less fearful and worried about the future of their health care system, so that there can be an atmosphere of trust and openness between the people of this province and the government of the day.

For months now this government has persisted in a policy, in a direction that is shrouded in secrecy, where decisions are being done very quietly and

secretly, where nothing is in writing, because they know when some things were in writing last fiscal year there was considerable embarrassment for this minister and this government. So now, very little is in writing, hardly any documentation. We have to trace the footsteps, piece together all the different parts to this puzzle and then, on the basis of that information, however incomplete, ask the questions.

I would like to again ask the minister if he has received—and we take the example, Mr. Deputy Chairperson, of the Health Sciences Centre—that facility's response to this government's directive. Has he had an opportunity to analyze that response? Is he satisfied with decisions made? Could he tell us what impact there might be in terms of service delivery and patient care?

**Mr. Orchard:** Mr. Deputy Chairperson, I was most intrigued with my honourable friend's comment that she does not agree with some of the things that are going on in Ontario, Saskatchewan and British Columbia. New Democratic Party governments that are faced not with the luxury of opposition, but the reality of government, and she does not agree with some of the statements that they are making and some of the actions they are undertaking.

I want to tell my honourable friend that I suspect that when those respective parties were in opposition, they might not have agreed either and that is the whole issue. That is the whole issue in a nutshell, the difference being now that those New Democratic Parties when they are in government are responsible for implementing decisions. To a person, they are making difficult decisions.

\* (2250)

I want to tell my honourable friend that she is not accurate where she says that it is a much more informed process, for instance, in Ontario than in Manitoba. That is absolutely incorrect.

I just want to read one little article from *The Globe and Mail* by a columnist by the name of Robert Sheppard. The head of it is: Cutting costs prairie style. It is an article which—I will not go into the whole body of it—but it deals with the ideology of the New Democrats, and it deals with the new deputy minister in Ontario. He is talking about some of the various bits and pieces of policy information that have been dribbling out from the New Democratic government.

Ontario's cash problems are well known, but the government is now thinking about financing its hospitals with a new formula of inflation, plus only a small increase for population growth and aging which likely means a raft of bed closures, perhaps even hospital closures. This is in Ontario.

Now here is what I want my honourable friend to listen to, because it sort of puts serious question to the statement she made that the system in other provinces, Ontario in particular, is much better, much more informed than ours.

Taken together, these two initiatives—the first one was dealing with doctors, the second one is dealing with funding of hospitals—beg the question of whether there is a master plan at work here or just a masterly game of chicken, but even a conversation with someone as friendly and as outspoken as Mr. Decter does not provide all the answers.

Now is that not amazing? This seems to be what I am hearing from my honourable friend the New Democratic critic.

The article goes on to say: in the deputy minister's view the big problem in health care is the doctors' fees and hospital operating grants are so entangled that the bureaucracy cannot keep track of "let alone control" them.

Do you want me to repeat that for my honourable friend, because that is rather an important statement?

The only solution is to administer shock therapy, withhold money and hope the system reorganizes itself from the ground up—preferably on a regional basis—hope that hospitals cut back and rationalize their services and doctors seek new more entrepreneurial ways to run their clinics—recently Ontario stopped paying for certain medical services and Mr. Decter argues that doctors should look on this positively as a new business opportunity.

Well, this is what is happening in Ontario in this informed environment of consultation that my honourable friend the New Democratic health critic just tried to bamboozle this committee with. Such a cold shoulder is going to shock many in the health care sector, especially those who tend to look on the NDP as the founder and protector of medicare. But Mr. Decter says that trying to force efficiencies of 2 percent or 3 percent is really rather a modest goal, especially when compared with the corporate restructuring going on these days. In some

respects, it might be seen as prairie-style penny-pinching brought to Ontario. Tommy Douglas and Stanley Knowles would be proud, but will it work is the question.

I want to repeat this one part of the article. Michael Decter's view of reform of the health care system as deputy minister of Ontario is viewed to be: the only solution is to administer shock therapy, withhold money and hope the system reorganizes itself from the ground up. Now this is the grand scheme and plan that my honourable friend the New Democratic critic in Manitoba is saying is at play in Ontario, and she says that we do not have any system.

For a year now the Urban Hospital Council has been meeting around their budget last year and the goals that we gave them last year. This is not a new issue that the Urban Hospital Council and the CEOs and the institutions are dealing with in Manitoba. This is an issue that is a year old. It is around budgets, budgets that are not as large as they requested, budgets that are requiring them to make decisions around patient care.

Let me tell my honourable friend again, because I want to get right into this, because I am sick of the silliness that I am hearing from the official opposition critic. A year ago my honourable friends at the Health Sciences Centre told me, oh, golly, you know we do such complex operations that everything we do, we just, we do not have time for elective surgery, we are crowded, oh, the problems are immense, we simply have to have more money—okay, pretty reasonable sounding argument. I mean this is the premier teaching hospital in western Canada. So I said, golly, you know, is this right? We better find out.

Do you know what happened in the first nine months of the hospital operating year at the Health Sciences Centre? Bearing in mind they said that they were down almost to only an emergency operating slate because of the waiting lists and the back-up and the lack of budget and on and on and on, do you know what they managed to do in the first nine months of last year? They managed to expand their entire hip and knee budget plus an additional \$225,000. Do you know what it was? Ninety-eight percent of it was elective surgery, not emergency, not urgent as they told us their whole slate was reduced to, but elective surgery, and they expended their whole budget in nine months.

How could that possibly happen in the Health Sciences Centre that was so crowded that they were just operating from moment to moment, emergency to emergency in their surgery rooms? How did an entire program of knee and hip replacement get done on an elective basis in the first nine months when they cannot book elective surgery? Does that not sort of ring a little bell and make you ask the question: H'm, was that statement a year ago that this was just a crisis situation all the time in the hospital accurate, when they could put a 12-month surgery program on an elective basis through in nine months? Are you saying to me as Health critic for the New Democrats, that is all right, carry on, folks, just fine? Well, I am saying, it is not.

When they say it, we deal with the most complex illnesses, I said, by golly, we better find out. Here, I will give you something. Pneumonia and pleurisy are two illnesses treated in the hospitals in the city of Winnipeg. Answer a year ago from the Health Sciences Centre: We deal with the most complex illnesses and serious difficulties.

Okay, let us find out. Do you know that 45 percent of the admissions or the cases for pneumonia and pleurisy at the Health Sciences Centre have no complications? Do you know that 41 percent of them at St. Boniface have no complications? Do you realize that only 37 percent of pneumonia and pleurisy at our other urban hospitals have no complications? Do you know who handles the major complication cases in pneumonia and pleurisy?—Health Sciences Centre, 15 percent; St. Boniface, 16 percent; and our other hospitals, 18 percent. Who handles all of the complex illnesses and surgeries in this province?

Now do you understand why we are trying to underpin information so that we do not fall victim to the kind of vested interest diatribe that you are getting bit-and-pieced to death and you consider it as part of accurate information?

\* (2300)

This is what we are dealing with at the hospitals, factually and accurately. I asked for that information on the basis of the protestations one year ago, around insufficient budget. It was not as much as they asked for.

Are you saying that we should continue to fund 45 percent of the cases with no complications at the Health Sciences Centre at an average cost per patient day of \$800? Is that your idea of health care

spending and reform in the province of Manitoba? Well, it is not mine. Of course, the Health Sciences Centre is saying we cannot change one iota, because change is not something that people accept, from the nurses on the wards, to the doctors having the admitting privileges, to the administrators who are used to doing things the way they have always done them. I am sorry but we cannot afford that method of operation. I refuse to have this system reorganized à la Ontario.

I will read it back to my honourable friend because she needs to have this ingrained in her mind. There is another article by Robert Sheppard but I will go back to the original one because it is so doggoned appropriate. In the deputy minister's view, deputy minister of Ontario, not this deputy minister, because if he had this view he would not be my deputy minister, but in the deputy minister's view of Ontario, the big problem in health care is the doctor fees and hospital operating grants are so entangled at the bureaucracy they cannot keep track of them, let alone control them. The only solution is to administer shock therapy, withhold money and hope the system reorganizes itself from the ground up. That is reform NDP Ontario style and I will be damned if it is going to be reform in Manitoba.

**Mr. Cheema:** Mr. Deputy Chairperson, I think it will be unfortunate if I do not get into the debate because I tried to go two steps backward and then something happens so I have to go back to the circle again and have a dogfight again. I just want to reinforce—we keep on losing track and I think it is becoming very difficult to keep my real perspective in the whole debate. I think I was really impressed when the member for St. Johns (Ms. Wasylycia-Leis) said that one of the important things in her speech was when she spent about 20 minutes—and until she started going into Ontario I was very interested to hear her.

I think one important thing she made was the open debate in the public forum. We have asked the minister and the minister has in fact admitted that there is going to be more debate in public. The public will be more involved. I think that is very positive and very sensible, but until the member for St. Johns crossed the border from Thunder Bay, then I was tired of flipping my whole file. I said, let me look at what is happening in Saskatchewan. I thought maybe I had to go back to western Canada.

I am the one who will admit that when Frank McKenna said we wanted to have a user fee, we said no. He does not know what he is talking about,



and he went back home and quickly realized that he was wrong. The changes are being made now and Mr. McKenna cut 400 beds and there were a lot of protests. It was clear on TV. He said, do you think I would like to be unpopular? He is a smart man and we all know that.

I think the changes—what I am trying to say is that I will reinforce again that this is not any political party's issue anymore. If we are still going back and forth it will not serve any purpose. I have to read something into the record today. This is the first time I will ever do it, probably, I think, I am getting into the habit now. It is March 26, Saskatchewan slashes health and school funds. They have not even brought down the budget yet and they do not know when they are going to face the reality of life. The Finance minister says it is very strange. I say the guy must be somewhere else. He said we are going to have cut several hundred millions of dollars, said the Finance minister. We have to look at every expenditure the government makes and we are doing that. We are going to look at every program the government delivers to determine which program we may be able to eliminate.

That is the province which in 1966 had actually given us medicare. That is the major platform, we have to admit that. I think that is the province that is going to cut medicare first of all than anybody else the way they are going to do it. They have cut \$115 million. They have cut; they have not increased the money yet on their budget. They do not even have the courage to bring in the budget because they know what they are going to do, but during the campaign the promise was made, we are going to deliver everything possible, every hospital is going to have every service. You are going to have a moon brought to this. I will tell you, you are going to have fun. We are going to deliver everything, and they quickly found it out, they were not dealing in the reality of life. I think it really says that we should learn from this.

The member for St. Johns (Ms. Wasylycia-Leis), I have a lot of respect for her, but once she crosses the border of Ontario and Saskatchewan, my respect goes down from a political point of view, because I think that we have to look at what is good for the people of Manitoba, and have a Manitoba-made reform. I think that is what we are discussing here.

When we talk about 75 committees, tell me who would not like to have all the information. Every

person—we have to make a decision for even our own lives, we want to look at every aspect to make sure that we have the right information, and the health care changes every year.

That is why when the study was done in 1986—and some of the studies were excellent studies, but never used by the Minister of Health (Mr. Orchard) because probably he did not have enough support in the caucus—something was not going right, because now he is saying different things in the newspapers I have been reading. What a difference. I said to myself, what has happened to the then Minister of Health who is not now Minister of Health is taking very rational. He is saying, no, let us change it; we have to do this; we have to do that.

I think in a way it is a lesson for all of us, and especially the party who is waiting to be the government of Manitoba. I mean, that is what the message is sending. That is what—we were winning in 1988 too, but things change very quickly. I think we have to be very careful; let us not make light of the issue. I think it is very important that we do not take anybody for granted.

Let us discuss the issue again and go back to the real issue of health care reform and deal with what is happening in Manitoba and have a real view from the people. If that means 75 reports putting the data together, so be it, but let us have it. I think that the issue is to get some of the report, the information there.

I think the member for St. Johns (Ms. Wasylycia-Leis) was out when I asked the question to the minister, when are we going to have the reports, and the minister said he will table some of the reports in the House. That will give us an idea and some of the information about the hospital bed occupancy and everything, those will help. I think we should look at this data which we are going to get from the Minister of Health (Mr. Orchard).

I try to put the political mind away—and which I do not have I think—but it becomes very tough when you know the first time in four years I have to read a newspaper story into the record because I think it is worth telling the people of Manitoba that this is what is happening in the real life.

Let us talk about Ontario. I was there, and they are thinking of shutting down not beds, but hospitals. Thirteen thousand people are going to lose their jobs in the health care industry. That is a lot of jobs,

and especially when the economy is so much down, and rather than stimulating the growth—I mean, the minister and the Premier was very, very—what is the Premier's name? Bob Rae.

The intellect of the NDP party was good as the opposition because it is easier to complain. When he went to the real chair which he did not expect, all of a sudden he found something else, and there are stories in the health care industry you will not even believe it.

\* (2310)

People have started to question his intelligence, whether he is getting the real information or not. I am not questioning his intelligence, but I think people he is surrounded by, they are not giving him the right advice. That is why he has to change ministers every six months. This last minister has lasted only six months or so, Ms. Lankin, and I think she is probably on the right move because she has no choice.

I just want to re-emphasize let us deal with Manitoba again, come back to Winnipeg and on Broadway and let us talk about the issues here and see if we can probably go to the next page, because we keep on going back on the bed situation, 240 or 40 beds, and the minister says he has not given any direction, and the member for St. Johns (Ms. Wasylycia-Leis) saying the direction has gone from the Minister of Health.

I want to know who is telling the right thing, so that we can tell people that do we have the real numbers or there has been a direction from the government in terms of cutting beds or cutting hospital funding. I think those kinds of statements are probably not doing a favour to the health care providers, because they are very frightened. I will be frightened if my job is on the line. They are frightened, and they want to participate.

I think one of the ways to get them into the real action is to have the public information campaign, and I will again reinforce it is very essential. It is the most important thing, because you know what is wrong with the system. We all know here what is wrong with the system. The patient knows what is wrong with the system. The answers are clear, but the funding attached to those answers is the issue here.

It is not that people who are working are not capable. They are capable, but then they have to see their pockets and see the pockets of taxpayers

and the provincial government. That is the issue. That is why I think eventually we have to discuss in Manitoba the issue. Out of this whole debate over the year, I think the main issue is going to come. The real issue is where the health care is going to go after this reform, because the question is whether we are going to have the system that was in 1966 or 1984. We do not have that right now here, but we are not admitting it because we are afraid. Each one of us knows in our hearts that we do not have an accessible system, because there are a lot of problems. That is the issue I think is eventually going to be discussed.

When I said even in my earlier comment, what other opportunity will we have? This is a good opportunity for the other parties to tell how they would do it differently. Even though we have asked questions of the minister, we would like to have a good exchange of ideas, and we can put our ideas through this conversation and say this is what we would like to see, because people really do not believe it. If one of us is telling them, they have the magic answer. They know it. They know deep down. That is why they keep on saying, let us take this health care out of the politicians' hands.

If we did not have the Constitution debate today, health care would have been the No. 1 issue. It will be eventually. It is going to come, and the time is going to come when all the political parties in the next federal campaign have to make a clear distinction. We can blame all the parties starting in '84 with the Liberals and Trudeau. They started cutting down in payments, and then it never stopped till Mulroney, and it is going to continue. That is the issue, and I think people will teach them a good lesson.

I just want to reinforce that let us deal with the Manitoba problem and have a public campaign and the minister should at least tell people and the hospital to not be fearful. It is going to take some time with the numbers, and nobody actually knows enough numbers because nobody knows how the health care reform is going to take place. How can you have a number when you do not know the plan?

I would like the minister to probably, not probably, but must go into those discussions with the hospital groups and tell them, please, do not be afraid. Let us discuss this issue, because without that there will not be success. It will be really sad to see a real genuine interest on the part of the government and the elected officials in all three parties. They want

to contribute in a major way, and if things do not succeed, not only the Minister of Health fails, we all fail because that is the underlying goal here. So I would like the minister to get more participation.

**Mr. Orchard:** Again, I accept my honourable friend's advice, because it is well-founded advice. Just a small example, I think in retrospect the board of the Brandon General Hospital would probably like to revisit their decisions and have a public information meeting to explain the rationale behind decisions they were making. I think that continues to be a fairly tough lesson to the administration and to the board at the Brandon General Hospital.

I reiterate that in today's context where governments across the length and breadth of this country are strapped for dollars and making the kind of decisions you have alluded to in Ontario, the kind of decisions you have alluded to in Saskatchewan, the kind of decisions that you alluded to that are taking place in New Brunswick, in Newfoundland and Quebec, and no one is immune from it. Here you have a circumstance in Brandon where they have made with today's circumstances of revenue growth to government and of program changes, they have made the right decisions for all the right reasons, and it ends up being a turmoil in the community.

I just simply say that when I see that kind of thing I understand the public concern, and I get the sense that you have expressed earlier on tonight that after the meeting not everybody was happy with the decision, but after the meeting a lot of people left there with a better understanding of the process, so that public information forum was very, very valuable.

I will tell you, the situation that is facing us in this country of Canada is so severe that if as elected officials, as government in particular, if we do not get our act together as Ministers of Health across Canada and lead meaningful reform and real reform of the health care system, five years from now it will not exist in the context that it exists even today.

If you think that you see problems in the health care system today, if we do nothing, if we simply sit back, which is the easy thing to do, sit back and just let the system roll on, it will be a mere light shadow of what it is today.

So the issue is not political any more. The issue is whether we really genuinely believe in the rhetoric that all of us have stated in the four years that I have

been minister and before that, in reforming the health care system, whether we really believe that we do not need to do 36 percent of our admissions for the least complex patients from rural Manitoba and northern Manitoba at our teaching hospitals, whether that can be done more appropriately in a lower-cost institution, with the beds closing at the Health Sciences Centre and St. Boniface. I mean, that is what reform means.

If we do not undertake it, the system founders. If we undertake it, we always open our vulnerable political flanks to opportunistic criticism without an alternate approach being offered, which I find kind of objectionable, and then the paltry excuse, well, we do not really agree with what happens in NDP-governed provinces either, that does not cut any ice. That does not mean anything, because this again is Manitoba. What would you do here, what would you do different? I have not heard anything what you would do different, and I am saying that to my honourable friend the New Democratic Party critic.

I will even challenge my honourable friends with a larger issue. Right now in Canada we spend approximately 9 percent of our GNP on health care service provision. The United States apparently is approaching 14 percent now. You know, I used this in a speech earlier on, but I think it is doggone important for us to revisit, because when we talk health care we talk about the sacred trust where you must not tinker with the health care system. Well, okay, I accept that.

You know, the only way we can support our social services network that we value as Canadians, that we value as North Americans—and even though the Americans are maligned, they have a lot of sophistication in their social network that they do not get credit for—but the only way we are going to maintain that in North America is if we are able to maintain our productive enterprise, our trading, our sales into the world markets. Now, that is the only way that we are going to generate the new wealth that governments can tax to provide the services.

\* (2320)

Japan right now is spending less than 7 percent of their GNP on health care, so compared to the Americans on the world automobile market, before you even talk the efficiencies of a Japanese auto production line versus an American one, you have a 7 percent cost differential built into the price of an

American car versus a Japanese-built car simply for the cost of maintaining a national health care service, because the Japanese spend half of what the Americans spend, less than half per capita.

That is why Lee Iacocca said five years ago, as president of Chrysler Corporation, there are more health care costs in a Chrysler car coming off the assembly line than there is steel, and he said, this is a problem. He is right, because if the Japanese continue to blow away the American car manufacturers and all of those jobs disappear—that is not going to happen—but hypothetically if that happened, think of the reduction in wealth creation in North America and the reduction in taxation revenue to government to support social programs that would ensue from that.

So that getting a handle on our health care costs in North America is critical to us becoming a viable trading block competing against the Europeans who spend an average of 7 percent and the Pacific Rim which probably is something like 3 to 4 percent. That is the fundamental, critical nature of this issue.

If we were buying better health statistics—in other words, better health outcome from our significantly increased spending—I would say we are getting value. But when you do the comparison with Europe, when you do the comparison with Japan, you find that we do not live longer, that our infant mortality rate is not lower, that health indicators are not any better.

So that means that you have got to seriously question the value that we are getting in our health care spending. I am telling you, when you start asking those questions, you are shaking some mighty, mighty, formidable pillars of power in the health care system. I have used this language in discussions with other individuals.

Eisenhower—I watched "JFK," and they started that movie by showing a speech from Eisenhower as he was leaving the presidency of the United States, and he warned his president coming in to beware of the industrial, military complex and its enormous power of influence over American society. He was right.

I say to you that, if Eisenhower was an outgoing president now, I believe Eisenhower would probably, with wisdom, warn us of the industrial, medical complex, and what it can do to our North American economy and the American economy. We cannot afford to spend 14 percent when

competitors are spending 7 percent and less. We cannot afford it because our cost of goods will be priced out of the world market, and we are not buying better health status indicators.

So it is not an issue that gets tangled up, and you have said that—the member for The Maples (Mr. Cheema) has said that. This is not an issue of how many beds here, how many widgets there. It is not issues individual, although those will get all of the media attention and will receive all of the public outcry.

The issue is gaining control over the largest expenditure of government, to improve the service delivery and the services that Manitobans require from the health care system, and to do it for the betterment of the economy, in general, so that we can get back to creating the wealth to maintain the system. That is the goal of the '90s.

I am committed to as much consultation as we can possibly do. The discussion paper that I hope will be ready this month will launch that in a very significant way. You know, I will tell my honourable friend that I very much look forward to the public reaction to that, and to reaction from my opposition parties to that document, because we have been trying to craft the thing together now for several months, and it is an enormous task because it has never been done before, but we are going to do it, and we are going to launch a very substantive reform of the health care system on the basis of that discussion paper.

**Mr. Cheema:** Mr. Deputy Chairperson, we will wait for that campaign to be started, and I will definitely take some credit because I think we have given the minister, sort of, I would say, political support or moral support, and a sort of ethical obligation here as a member of the Assembly, that as a caucus we are going to support the process.

We want to make sure that the process is put in place—the right process. We may decide against some of the minor things here and there, but the goal is noble, and I think that is the issue here: the goal is noble, and we have to keep that. I want to go back, what the Minister of Health (Mr. Orchard) said on the funding of health care.

It is not only Japan, but the seven countries who have the national health care system in the world. We spend the maximum about of anybody, U.K. or Netherlands or Switzerland and Japan, of course. They were saying there, the health economists, one

of them was saying that if we were to have the same population they have today in the age group, we would be in big trouble. Their population is more aged than in this country. We are still in the baby boomers—and I had always that in mind—we have a maximum aging population, that simply is not true.

Their aging population is more than us, and if we think we are in trouble today, watch till we get where they are and then we will be in real trouble—no question.

I think what they are basically saying is the system in Canada was based, just like a new born baby, a lot of good people gave it, but it was just left in the jungle with no control and the open-ended health system and everybody came and tried to by-pass the baby and say, it is a good thing, we like it, we love it, but we are not going to teach you, we are not going to remodify you.

I think that is the problem right now. We have it and it was—one of the best ways I read it recently that he said in a very simple way, the question is going to be rather not what we want in this country in health care, what is required. That is the issue that each and every person has to have soul searching.

Because when you are at your home, sitting at the dinner table, each one of us knows that the system is not what it was meant for. It is an open-ended health system, controlled by so many people, so many groups, and the same groups are crying for tax hikes. I mean, they are all taxpayers so they are crying for tax hikes, but they do not want to pay taxes, they do not want increased taxes. But then they want to increase the expenditure which is a tax-based system.

It was very interesting. Somebody said the NDP government was defeated on the Autopac for a 5 percent raise, we are having a 13 percent raise on health care, and nobody is talking about the issue. It is still our money.

It is hidden money, it is just under the carpet, say it is a sacred trust, do not touch it, people are going to say you are after the system. I think it is very essential to reach to the basics of the whole health care issue. I think the message is getting across in a very, very positive way. That I mean from all the three political parties, I do not think, as I said from the beginning, I think we are all learning in a very meaningful way.

If we do not reform the system in keeping in line with that reality of life today, then I think we will finish the system very quickly and it will die a painful death within no time. That is the issue.

Talk about the U.S.A., that is an example of this, they are spending so much money, and so much money is being spent on administration not on the real delivery services, and they want to look at our system.

I was going through one of the recent reports, and I gave a copy to the minister. Mr. Bush stood up and he said Canadians have a bad health care system. They come to U.S.A. for a cardiac by-pass. The statistics say that is nonsense, because our waiting list is less than half of what they have there, even within the paid system.

That means something is going wrong there. That does not mean that our health care providers are not cautious, they do not know what they are doing, they exactly know what they are doing, but they are not geared toward making money, they are geared toward serving people. That is the difference between us and the United States.

\* (2330)

The basic line is that. I will share with the member for St. Johns (Ms. Wasylycia-Leis) that study. It is a study from 48 cardiac care units in this country and tells till 1990 what was happening. Everything that we got was a sketchy report from here and there, and the true picture now came forward and everybody is questioning. Really, were we telling the truth or somebody was telling the truth to us?

The system in the U.S.A., I do not think we should be even comparing. That is pizza store style. You know, they have the advertisement, come here, we will take your arteries away. I will do this, I will do that. By the time you have a chest pain, they will book you for a cardiac test. That is the reality.

We had a patient come from California. She came to my office and then we sent her to see a cardiologist. She was carrying a letter from a cardiologist. She needs a by-pass. She ended up at St. Boniface Hospital; she does not need anything; she does not have angina even. So that kind of thing, anybody with chest pain being put in the hospital, because they want to skim money—not here, here we have a system. That is why I get so passionate about the whole thing. I say we can save and we can do effectively. We can do much better as long as there is a willingness to work

together; and I am not saying only from us, willingness from the community outside and public involvement.

They will love to participate, but it will take some time for them to learn things. \$1.8 billion they would know how they are spending? They will have a lot of questions for all of us. They are going to ask us, how are you going to deliver it? How come, when I go to a doctor, my doctor does not tell me how much he or she is charging? When I go to emergency, why are they not telling me?

Those things are going to come. It is not going to be a question of whether we are going to restrict services. I think eventually that is going to come. You will have to sign some paper and say, I was at the doctor's office. There is nothing wrong with that approach because people will like it. It is going to happen whether we like it or not. It will happen.

The same thing was happening, remember, last year: smart cards; and we were also part of that. We thought, you know, everything is going to go wrong and people are going to find this or that. Now every government is doing it in this country, starting from the Liberals and the Tories and NDP; they think that is the smart way. So things change because we are getting well-informed, all of us.

I would again emphasize that as long as we can continue to build on a Manitoba system and what is good for our people here, I think we can go a long way. As I said from the beginning, I think that if we fail, not only the Minister of Health (Mr. Orchard) will fail, I think we are all going to fail and eventually taxpayers are going to be so mad, in five years time, they are going to ask—we are all going to go by that time. The average politician's life is six years. By 1994, my six years are going to be over, it looks like. That is the reality of life. As long as we have put something good for the individuals in Manitoba, I think we will do it in a purposeful, in a meaningful way.

I want again to emphasize how the Manitoba mental health system is going to be changed. It is going to be really a model, because we have not seen even the figures yet, but the way things have been happening, it is very positive. At least now the public is ready for a change. At first, they did not even want to talk about that. That is why I think we have to make sure that health care reform follows the same lines. Then we will be successful.

At the end of the day, it is going to be in the next campaign. It is not going to be about which beds were closed, which hospital was closed, how many beds. It is going to be how you are going to spend; have we done within four years the same thing that we promised? The campaign issues, well, somebody said we will not close the beds, somebody said somebody is going to charge for toothpaste—you know, and those things—somebody is going to be thrown out of a personal care home. Those things we say in the House, I tell you, they look really bad, because that is not the reality of life and we all know it. Mr. Deputy Chairperson, I just wanted to re-emphasize that we strongly believe that we can change and we can do really good for our people in Manitoba.

**Mr. Orchard:** I thank my honourable friend for the contribution he has made. I just want to leave him with two examples that my deputy just passed to me because he gleaned these at a recent meeting.

When you start talking about the costs for health care provision in the U.S. system approaching 14 percent of GNP and what it does to the competitive nature of manufacturers in the United States, here are a couple of little, what do they call these, little tidbits of information, or whatever.

Johnson & Johnson has to sell one million Band-Aids to make enough profit so the company can afford to pay the cost of an appendectomy for one employee. Anheuser-Busch, the beer manufacturer, has to sell 300,000 six-packs of beer to raise enough profit to pay for the cost of one appendectomy for an employee under their health care plan. If you think that that is not going to drive the North America economy out of existence, I mean, yes it will.

There is another aspect that I have; I have to get in one of my favourite little nuances, or whatever you want to call it. The American system is plagued by expensive administration, very expensive fees that they provide to their physicians for service provision, partly because of the exorbitant, the almost unbelievable liability insurance rates they have to pay in the U.S. system driven by the lawyers, the legal system in the United States.

I read an article recently which used very, it might even have been unparliamentary language describing the lawyers who prey upon the American health care system looking—they are ambulance chasers. Doctors dare not do anything except to the

nth degree of tests and everything else looking over their shoulder at litigation.

Well, you know, we do not have the same degree of problem in Canada but, by golly, we better rein in our ambulance chasing lawyers in this province and put a hex on them and a pariah on them because they can take us down that Americanized path. That would not do one thing to provide an additional hour of nursing care or an additional office visit by a physician.

So you know, the Americans have a lot that they can learn from our system, and we have things that we can learn from their system, but the overall goal for our mutual economies cannot be explained better than those two examples from Anheuser Busch and Johnson & Johnson that I just gave.

**Ms. Wasylycia-Leis:** If I could in the next few minutes before we adjourn for the evening come back to the Manitoba system and pursue some questions around what is happening in Manitoba, which I have been trying to do for the last ten or so hours of our Estimates time—it certainly has been interesting listening to this discussion between my friend the Conservative Minister of Health (Mr. Orchard) and my friend the other Conservative Minister of Health. I sometimes wonder if there is an echo in the room or if there has been a deliberate strategy on their part to collude and to gang up. I am not sure. It has certainly been an interesting twist to Estimates this year in comparison to previous years.

I found it particularly interesting that both this Conservative Minister of Health and the other Conservative Minister of Health reacted in exactly the same way to my reference to other provinces. In fact, they both, I have noted this, they both, when I suggested that we, and I may not agree with everything that was happening in the NDP provinces of Ontario, Saskatchewan or B.C., they expressed shock and made the suggestion that I was being irresponsible because, after all, and these parties were making tough decisions in government and doing the responsible thing and I was just being very irresponsible for questioning everything that they were doing.

\* (2340)

Then they turn around and suggest that when I said that perhaps though, in one area, these provinces were ahead of Manitoba, I referenced the areas of openness and frankness about the

situation. That, Mr. Deputy Chairperson, was greeted by both members with derision and ridicule because they want it both ways. On the one hand, if one dares to criticize anything in those provinces, we are being irresponsible. If one dares to suggest that they are doing something better, my goodness, that is just absolutely appalling and just open to derision and mockery.

So, Mr. Deputy Chairperson, let me try to in the few minutes we have remaining go back to this whole point of what is happening in Manitoba and the need for openness and consultation, something I have asked for and called for since we began this set of Estimates and before that, something that my colleague to the right of me, the critic for the Liberal Party, supposedly suggests is also an issue worth pursuing, the question of public consultation, input, dialogue.

### Point of Order

**Mr. Cheema:** I think if the member for St. Johns (Ms. Wasylycia-Leis) would read my opening remarks and read our press release on March 30, she would find out very quickly that we asked for openness and frank discussion, and that means everything, not only today a discussion or tomorrow a discussion, but a very open and frank discussion, not among us only, but the people of Manitoba.

**Mr. Deputy Chairperson:** The honourable member did not have a point of order. It is a dispute over the facts.

\*\*\*

**Ms. Wasylycia-Leis:** Mr. Deputy Chairperson, I just want to set the record straight, because I think the member for The Maples (Mr. Cheema) misheard what I said. I clearly said that he was supposedly the Liberal critic. I did not say he supposedly was raising the issue of openness. In fact, I have appreciated his support on this whole theme of calling for a more open process, a more consultative system with the public and health care professionals and consumers. What I would ask though is that the member for The Maples join me in asking the Minister of Health (Mr. Orchard) for some specifics about openness and consultation, and that means starting with some clarification about the 440 beds, yes, the 440 beds which we know have been directed by this government.

The member for The Maples said to me after I first raised this issue back in February in the

House—although my numbers were slightly off I did reference the 250-bed cut at the Health Sciences Centre and St. Boniface—and the member for The Maples said to me the next day after he checked that I was correct, that this was a directive, that these numbers were correct in terms of bed-reduction targets. So I want to try once more to say that we are seeking simply information about what is happening in Manitoba, about the kind of reform plans this government has in place and some specifics around it.

I am asking the Minister of Health (Mr. Orchard) to come forward with some specifics and to stop this, and I hope these are not derogatory words, but what would appear to be a rather secretive, sneaky, closed-door approach. If that is unparliamentary, I would certainly withdraw that. I do not mean to suggest—I am just trying to find parliamentary words for it, describing a process whereby the government is issuing directives, has an agenda, is making decisions, is asking health care facilities and hospitals to execute those decisions, but refuses to say so publicly, refuses to acknowledge that it has made these decisions, one minute suggests that we are making them up, the next minute blames the decisions being made on the hospitals, the next minute on the Urban Hospital Council, the next minute on some other organization. Constantly we go around the merry-go-round about this very important matter.

So I trust that the member for The Maples (Mr. Cheema) would like to have some answers to those questions. He knows. He has heard those numbers in the community. He has said so, and I believe he would like the same answers that I have been searching for over the past 10 hours or so of Estimates.

Mr. Deputy Chairperson, as well, we are seeking, I am seeking at least some specific answers around this minister's intentions and this government's intentions with respect to including the advice of professionals and the input from the public on such fundamental decisions as changes in our health care system. The member for The Maples says, he has already made that statement or asked that question. He has in a very general way. I am not denying that, but I am saying it is our responsibility to get some firmer commitments out of this minister, and some indication that there will be that kind of open consultative process before hospitals are asked to cut beds.

So the other question that we have been pursuing over the last 10 hours is, will there be an open consultative process involving the hospital, the consumers, the professionals and the community surrounding that particular hospital before the targets that have been suggested by this government are enforced? I am simply asking for that kind of a commitment.

Finally, Mr. Deputy Chairperson, I am asking for some specific information with respect to the dozens and dozens of studies that the minister has indicated have been underway and are still underway. I realize the member for The Maples (Mr. Cheema) has raised this. I would like to know specifically when we can expect the final reports tabled with the minister, and I believe there are five, from the Health Advisory Network. There are five according to my records and by the newsletter put out by the government itself. Those reports were final and handed in to government last spring and summer, and according to the same newsletter would have been ready to be released after translation by November 29, 1991. We are some time past that deadline and still no precise indication, clear statement about why the delay and when we can expect those reports to be tabled and made public.

Along with that request, we are asking again for more specific information around the Urban Hospital Council, which, yes, we have been critical of for being a fairly closed, secretive, and no question, male-dominated council. I have called it, yes, an old boys' network. Mr. Deputy Chairperson, I do not know any other way to describe it when one looks at the make-up of the committee.

We are under no illusions that we can change the gender make-up of hospital administrators in this province overnight, but we certainly expect the minister to open up the process to include representatives from all groups in our society, men and women, health care professionals as well as administrators, patients as well as doctors. That is an open, consultative process. That is something we have not yet seen in Manitoba, yet decisions are being made.

So I would again ask specifically for the information pertaining to the bed reduction targets and budget reduction targets that this minister and his department have directed to urban hospitals. I would again ask for specific information and assurances about a consultation process for each hospital involving all elements of the community in



which that hospital is located before decisions about bed cuts are made, and I would ask again for the minister to give us some specific information about the progress of the 55 studies under his Health Advisory Network and the Urban Hospital Council.

\* (2350)

**Mr. Orchard:** I really have to tell my honourable friend the New Democratic Party critic that I rather regret her terminology, although I do not mind the association with the logic that is brought to this table by the second opposition party and the member for The Maples, but for my honourable friend to say the first Conservative Health minister and the second Conservative Health minister is a little juvenile.

I want to point out to her that should she ever have the opportunity to attend a Ministers of Health conference, provincial and territorial, at which there are Liberal, Conservative and New Democrat Ministers of Health, my honourable friend might be quite surprised that she would come away from that conference saying, h'm, they are all Conservative Ministers of Health, because you know what, they are all talking the same approach to changing the health care system.

My honourable friend, if I can be so bold to put words in his mouth, is understanding of the challenges faced by Liberal governments in eastern Canada and some of the difficult decisions they are having to come to grips with, and he is not prepared, if I can be so blunt, to try to make a narrow political issue out of health care as the New Democrats in Manitoba are prepared to be: on the one hand, disavowing themselves of what their government cohorts in Ontario, Saskatchewan, B.C. are doing; on the other hand, saying nothing about what they would they do if they were government in Manitoba.

That is hardly gaining credibility; that is juvenile. I want to give my honourable friend a little quotation. This quotation is from The Globe and Mail. Here is the quotation: We need sound cost management which asks whether what we are doing is effective.

Pretty conservative statement, h'm, Conservative health minister, I would conclude. I will read you another statement: We need better management of the system, and more effective use of our scarce resources.

H'm, must be a Conservative Health minister talking here. Do you know who both those quotes came from? The Minister of Health in Ontario.

**Ms. Wasylycia-Lels:** I have made those same statements myself.

**Mr. Orchard:** Now, my honourable friend from her seat says, I have made those statements. Well, gee whiz, she is a Conservative health critic.

**Ms. Wasylycia-Lels:** Right.

**Mr. Orchard:** And she says, right, she is.

Well, give me a break. Before I close, I want to also point out to my honourable friend another statement. Here is a direct quote: We do not need more funding for health care. We need reform.

Pretty conservative statement, is it not? Do you know who said that? The Health minister from Saskatchewan. That is exactly the process we are embarked on, what I have talked about for three years, what we are undertaking, and we have underpinned it with the kind of information that I have shared with my honourable friend today, that I shared with her two weeks ago when we introduced the Estimates, where I laid out in my statement where government is heading. It means closures of beds at the teaching hospitals, the budget following the patient to a more appropriate lesser cost service-delivery centre. That is health care reform.

That is what we are talking about, that is health care reform. [interjection] I missed what—

**An Honourable Member:** I cannot understand how you can pay people more and have lesser costs. The logic is not there; it escapes me.

**Mr. Orchard:** How you can pay people more, and have lesser costs—

**An Honourable Member:** BNs and RNs instead of LPNs.

**Mr. Orchard:** Ah, my honourable friend is into the nursing issue, and he figures that nurses are getting paid too much. Well, now that is an interesting statement for the New Democrats to make, h'm, interesting.

**An Honourable Member:** If I had made it, I would defend it. But I did not make the statement, and let that show on the record since the mike is turned on.

**Mr. Orchard:** Oh, well maybe you did not make that statement, but that is what you meant, that is what you meant. I mean, you are a real help to your critic here. But, at any rate, my honourable friend wants to know when the Health Advisory Network reports will be made available. In the very near future, and I would suspect that if the schedule is

maintained, we may well have all of them, with the exception of maybe one by mid-year this year.

I hope my honourable friend takes the time to read every one of them. In terms of the Urban Hospital Council, we expect to receive some reports, some recommendations very shortly, and those will be, as I discussed with my honourable friend the member for The Maples (Mr. Cheema), available.

In terms of the public consultation, I have already indicated on two different occasions, today and at least one occasion two weeks ago Monday, to my honourable friend, the member for The Maples. I know that this does not mean anything to the New Democratic Health critic, but I have said, yes. We intend to have an open opportunity for public discussion and input around the issue of health care reform.

That is not going to be satisfactory to my honourable friend, maybe. But again, I am in this bit of a quandary, because in the last 10 minutes of my honourable friend's statements to the Estimates, she has gone from criticizing too many consultation processes, too many studies, too many groups—71 of them reporting—and now she is saying, do not you do anything until you have discussed this with every other single Manitoban around.

That is the classic flip-flop we have got, again, from the New Democrats. You are studying too much, when we are studying, and then we cannot make a single decision until we consult with everybody. Then about an hour-and-a-half ago she complained about making decisions without having consultation in the same breath as saying, you are doing too much consultation.

I have told my honourable friend the member for The Maples (Mr. Cheema) and he has accepted it, and I would trust my honourable friend will accept it: yes, we are going to have a discussion; yes, it is going to have wide distribution; and yes, it will be a topic of public discussion. I hope my honourable friend will feel comfortable with that process, because that is the process we have used, for instance, in mental health reform. The last time I checked, I think officially the New Democratic Party were in favour of that process, unless they have changed on that policy, too, in the last few days, I do not know.

So we will have the opportunity for public discussion, for public feedback and for input, because the distribution of our discussion papers is

very, very comprehensive and wide. It goes to professional groups, professional associations, union groups, health care delivery associations, the general public is on our mailing lists—pretty extensive. We intend to do that again. That will be public consultation. Now, I think it may not be enough to satisfy my honourable friend, but it will be a lot better than the system that is going on that I quoted to my honourable friend from a province near and dear to her, just to the east of us. A lot more open.

**Ms. Wasylycia-Lels:** Will this public process that the minister is talking about satisfy the demands coming from his own side of the House, in particular, the recent request made by the member for Brandon West (Mr. McCrae)?

**Mr. Orchard:** I would need to have some specifics as to the request by the member for Brandon West. Which request of the member for Brandon West?

**Ms. Wasylycia-Lels:** As the minister knows, we have long been calling for a much more open process and clearer statements coming from this government. It is now clear that we are not alone in that call. That, in fact, such demands are being made by members from his own side of the House, and that the member for Brandon West was particularly clear about a process that would involve the hospital, professionals and community before the actual decision was made to execute X number of bed cuts, X number of layoffs, X number of changes to the service delivery of a particular hospital. That is sort of the process we have been asking for, and what we have asked for tonight.

I appreciate the minister's comments with respect to a process whereby all of these reports—

\* (0000)

**Mr. Deputy Chairperson:** Order, please. The hour being twelve o'clock, what is the will of the committee?

**An Honourable Member:** Another five minutes.

**Mr. Deputy Chairperson:** Another five minutes? Agreed. Carry on.

**Ms. Wasylycia-Lels:** I appreciate the minister's response with respect to willingness to, at some point, however late in the day this may happen, but to table, to release the results of studies by the Health Advisory Network and Urban Hospital Council. We certainly look forward to those studies with considerable interest; however, I did ask a more

specific question when it came to the question of bed closures and hospital budgets, and that was for a clear indication from this minister that such decisions would be put on hold, and such directives would be delayed pending thorough review and consultation process involving all interested parties to a particular hospital.

**Mr. Orchard:** The reason I asked my honourable friend for clarification around the statement of the member for Brandon West (Mr. McCrae) was I wanted to know what statement she wanted clarification.

My honourable friend was not at the meeting in Brandon, and already my honourable friend is now saying—and this is what she is trying to put on the record—that the member for Brandon East at the public meeting in Brandon made the statement that the government should provide more information on the decision-making process. That is not what the member for Brandon West said.

The criticism at that meeting was directed towards the process of decision making at the board level. The citizens' meeting suggested the board should investigate a more open public process of discussion of decision making. It was that open process of discussion by the board that my colleague the member for Brandon West (Mr. McCrae) agreed to.

My honourable friend is doing a disservice to her honesty and integrity when she tries to turn it around by saying that the member for Brandon West, my cabinet colleague, said this government should provide more open information and discussion, because my colleague never said any such thing. To try to allude to that in the dying hours of this committee tonight is juvenile.

**Mr. Deputy Chairperson:** Committee rise.

## FAMILY SERVICES

**Madam Chairperson (Louise Dacquay):** 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 Family Services. Would the minister's staff please enter the Chamber.

We are on page 57 in the Estimates book, 1.(c) Children's Advocate (1) Salaries.

**Mr. Reg Alcock (Osborne):** Rather than return to the hair pull we were in prior to private members'

hour, perhaps before we go any further with the questions, could I just get a clarification. Are we sitting until 10 p.m. or are we sitting beyond 10 p.m.?

**An Honourable Member:** Well, we are prepared to sit later.

**Mr. Alcock:** Has there been any agreement to sit beyond 10 p.m.?

**An Honourable Member:** I thought the House leaders were going to meet.

**Mr. Alcock:** Okay, so at this point we are going to 10 p.m.

**Madam Chairperson:** My understanding was that the arrangement was midnight.

**Mr. Alcock:** The Chair has no understanding of this? Is that what the minister is now saying?

**Madam Chairperson:** The Chair only complies with the will of the committee.

**Mr. Alcock:** The minister referenced just prior to the break for private members' hour that there would be a response forthcoming to the recommendations of the Suche report. Can he be a little more specific about that?

**Hon. Harold Gilleshammer (Minister of Family Services):** Madam Chairperson, it will certainly be before the end of the month.

**Ms. Becky Barrett (Wellington):** Madam Chairperson, I have two brief questions for the minister. Of course, whenever I say they are brief questions they do not end up that way, but I will try.

We are just dealing with Salaries, are we? Can I go to the Other Expenditures on the Children's Advocate? Okay. Can the minister explain the two items under Other Expenditures, the Transportation and the Other Operating? What goes into those two items and, in particular, the Transportation item? What is that based on?

**Mr. Gilleshammer:** Travel throughout the province on business related to the child advocate based on a centralized location. If we should follow your advice and decentralize it, we may have to take a second look at that one.

**Ms. Barrett:** Madam Chairperson, the \$25,000 based on travel, is that a reflection of the sort of transportation costs that, for example, the Ombudsman's office would have used? What was the rationale for choosing that particular amount of money? Was it based on a certain number of trips or distance or that sort of thing?

**Mr. Gilleshammer:** It was what we thought was a reasonable estimate given the work we feel will take place throughout the province. It is an estimate. As we gain experience with this office, we will have a better manner of projecting your costs. You are aware that not all of the children that come into care are located in the city of Winnipeg, and if the Children's Advocate would have to travel to Thompson and Churchill and Brandon and so forth, there would be some expenses.

**Ms. Barrett:** Is there going to be a toll-free line for children to access outside the city, or how will a child go about contacting the Children's Advocate?

**Mr. Gilleshammer:** I think it is important once we have the Children's Advocate office and staffed and up and running, that it is very important that we make the community aware of the fact that a Children's Advocate exists. We will use whatever means at our disposal to give wide distribution to information about the service. I would suggest that through our agencies and through personal contact when children come into care, I would suggest through the school system, through other community groups, we will make this known.

Certainly, the ability to contact the Children's Advocate by children is very important that they not only are knowledgeable about the existence of the office, but are also aware of how to contact the Children's Advocate. These will certainly develop as we gain experience.

**Ms. Barrett:** Madam Chairperson, can the minister tell me how long the Children's Advocate program has been in existence in both Alberta and Ontario?

**Mr. Gilleshammer:** We are not absolutely sure. Our best estimate at this time is four or five years in Alberta and I believe for a lesser amount of time in Ontario.

**Madam Chairperson:** Item 1.(c) Children's Advocate: (1) Salaries \$180,000—pass; (2) Other Expenditures \$70,000—pass.

Item 1.(d) Social Services Advisory Committee: (1) Salaries \$104,700.

**Ms. Barrett:** Madam Chairperson, I have just a couple of questions, at least to begin with, on this Social Services Advisory Committee.

Can the minister tell me again—and I believe we discussed this at the last Estimates—the number of appeals that the committee has heard and the

percentage of those appeals that were approved or the disposition that was made of those appeals?

**Mr. Gilleshammer:** There were 1,105 appeals heard in 1991-92, 72 were allowed, a number were dismissed and even a greater amount were withdrawn prior to hearing, and in some cases the appellants did not appear.

**Ms. Barrett:** Can the minister tell me how many of the 1,105 appeals, other than the 72 that were allowed, were actually heard by the Social Services Advisory Committee and disallowed for a variety of reasons—that actually went to the appeal process?

**Mr. Gilleshammer:** 410.

**Ms. Barrett:** So 410 of the 1,105 appeals were not allowed for a number of reasons, 72 of 1,105 appeals were allowed and the rest were withdrawn or had other dispositions attached to them.

Can the minister tell me how many of the just under 500 appeals that actually went through the process, how many of those appellants had lawyers attending with them?

\* (2010)

**Mr. Gilleshammer:** That is information that we do not have available here this evening but we will make every effort to get it for you.

**Ms. Barrett:** Madam Chairperson, could the minister tell me generally if the Advisory Committee had a normal disposition of the appeals, like appeals from the entire province in the percentages that they have been in the past? I guess what I am getting at is was there a concentration of appeals in a particular region or were they more or less as they had been in past years?

**Mr. Gilleshammer:** I am instructed that of the 1,105 that were received, there does not seem to be any change in the pattern. The majority of them are in the city of Winnipeg.

**Madam Chairperson:** 1.(d) Social Services Advisory Committee (1) Salaries \$104,700—pass; (2) Other Expenditures \$127,000—pass; (e) Policy and Planning.

**Ms. Barrett:** Madam Chairperson, under Expected Results the third Expected Result is the co-ordination of the preparation of legislation related to new policy initiatives. I am wondering if the minister can outline those new policy initiatives.

**Mr. Gilleshammer:** Yes, three of the major pieces of work that were very time consuming relate to the legislation that we have brought in or are working

on. I would reference the Children's Advocate, the social allowances bill that we have tabled and just a tremendous amount of work that has been done on the vulnerable persons legislation. Those are the three most current and have been the most time consuming of the research and planning that has been done by that branch over the last year.

**Ms. Barrett:** Madam Chairperson, the first two pieces of legislation that you talked about are in effect finished as far as the preliminary work done to get the legislation drafted. The Mental Health Act Part II is still very much in process but this part of the Estimates speaks to the activities of this division from April 1 of this year to March 31 of next year. Is there any additional work under this result that they will be undertaking once The Mental Health Act Part II comes before us, will that conclude more or less the activities under this particular result for this next year?

**Mr. Gilleshammer:** Certainly, the three bills that I have mentioned have consumed a lot of time. I might mention one other area. We have had a working group dealing in the area of rehab and community living which has done a tremendous amount of work, too, and some staff time has been devoted to that. We have other pieces of legislation that we are looking at, and I guess without being offensive, we just are not in a position to talk about the work we are doing there.

I might just add another area that is very time consuming. It has to do with our relationship with the federal government on cost sharing within this department. If you are going to get to that next, I will sit down and you can put your question.

**Ms. Barrett:** Madam Chairperson, well, I am going to get to it, maybe not right next.

Moving backwards up to the Expected Results, the second one is the undertaking of social policy research and analysis. Can the minister give me some examples of what kind of social policy research and analysis is being undertaken by this division at this time?

**Mr. Gilleshammer:** I suppose social policy analysis done by Policy and Planning encompasses all of the activities that are part and parcel of this department. Probably the best example that I could give you is really the whole area of social allowances where we have made some massive reforms in the last six months. I know that the member has heard them before, but I will maybe just quickly mention

them: the creation of a new program for the disabled, the bringing forward of increased rates on an annual basis, the changes we have done in the liquid assets, the work that we did with the great support from the member for Burrows (Mr. Martindale) on the tax allowances.

We are looking at other details in the area of social allowances. The member for Burrows has brought up a couple of cases in recent times that have to do with the administration and payment of social allowances. So again, virtually everything we do within the department has to do with issues to do with the Policy and Planning area of our department. Again, there is a tremendous amount of work done, even in the social allowances area, but the same holds true for the child welfare area. Certainly daycare is always an area that we are looking at, and the new programs for the mentally handicapped. So this area of the department is constantly doing research and planning and gathering information from a variety of sources, not only from within the department.

**Ms. Barrett:** Madam Chairperson, another Expected Result is the introduction and implementation of a systematic program evaluation function within the department. I am wondering if the minister can shed a little light on what specifically that program evaluation function will look like.

**Mr. Gilleshammer:** As with any government department, and I suppose the same would apply to private industry, there is an ongoing analysis of program and evaluation of what we do. This is, I suppose, best housed in our Policy and Planning.

Just as there is staff evaluation that takes place on a regular and ongoing basis, we also have to look at our programs and analyze them to see if we are meeting the objectives that have been set out and from time to time make the appropriate changes as the shortcomings in program and the delivery of that program are identified. This again is done on an ongoing basis and changes are made as a result of that.

**Ms. Barrett:** Madam Chairperson, I am looking at the Estimates for the last year. There is the same line in the Estimates for last year, and I have a note that says it was the same as the previous year. My understanding then is that this is an ongoing part of the policy and planning process that is not time limited.

Now, can the minister give me some sense of what will be happening as we wind up the end of the Decade of the Disabled and how the planning and policy element fits into those programs and activities?

\* (2020)

**Mr. Gilleshammer:** There is a continued and ongoing liaison with the Decade Conference Committee, disabled organizations and other provincial departments regarding access issues and initiatives. The department is again reviewing such things as access to government facilities.

I think the member is aware that there is also a major conference being held in British Columbia later this month. We have representation at that conference and will be hearing a report back from our staff who attend and others who are going to attend. I think that the question is a good one though. After a decade of dedicating time and resources to disabled persons is that the end of it, I guess the answer is no, that there are still more challenges out there in terms of access, access in many different ways.

I think at this point in time the department, given the experience of the last decade, in recent years has not only built a stronger liaison and relationship with the disabled community but are much more aware of the issues that are out there and built those bridges whereby the department and government can work with the disabled community to work on issues that they bring forward from time to time.

**Ms. Barrett:** Can the minister elaborate a bit on the strategies that the department is using to maximize the CAP and VRDP cost-sharing recoveries?

**Mr. Gilleshammer:** I do not know if there is any strategy that is being employed other than a lot of dedicated people and dedicated time to work on the cost recoveries with the federal government. I think we have four people who work on that on a virtually full-time basis to identify areas where we can enter into partnerships with the federal government and gain that cost sharing that is so vital and so important to all provinces, but particularly small jurisdictions like Manitoba, where we do access in this department virtually 50 percent of our funding on cost-shared programs with the federal government.

I know the member did not mean to, but earlier sort of made light of the fact that we do spend a lot of our increased funding on social allowances, but

virtually 50 percent or more of the expenditures in this department are on social allowances, so it should not surprise the member that is where our largest increase has gone. Even if there was not a volume increase that I know the member is aware of, it is still the largest single expenditure that we make within government.

We also get cost sharing in most of the other areas that our department is involved in. I know the member has questioned daycare, for instance, whether we are getting a cost sharing there. We most certainly are. We have four staff who are dedicated to this cost sharing, and it is part of our Policy and Planning division.

**Ms. Barrett:** Madam Chairperson, I was glad to see that the minister brought up the issue of daycare, because that was going to be my next question. While there are four staff who are working on maximizing the cost-sharing recoveries, clearly it is not 100 percent of its maximization, because the department has made a conscious decision to put money into daycare operations that are not cost-recoverable from the federal government.

I am wondering if this is a decision that is made at the level of the four staff who are involved in the cost recovery, or is that decision made at a different level?

**Mr. Gilleshammer:** Well, I want to assure the member that policy decisions are made at the most senior level of government.

**Ms. Barrett:** Yes, I was expecting that answer and would just like to say that I wish that the staff who are involved in this particular exercise had the directive from the highest possible level to truly maximize all of the CAP and VRDP opportunities that are available to this province.

In the case of child daycare, they are not being allowed to access that maximum because there is provincial money going to child care programs and centres that are not eligible for cost recovery under CAP.

I realize that it is not specifically this part of the Estimates to bring that issue up, but the minister did raise that with me. So I wanted to make that point that the decision has been made by this department, by this minister, by the most senior people in this government not to maximize the even ever narrowing opportunities to have cost recovery from the federal government. We on this side would strongly urge that they make a change in that.

**Mr. Gilleshammer:** I want to assure the member that the staff and the department and government do maximize the amount that we can recover from the federal government and that we work very hard on that, because a major part of what we do is the cost recovery under the Canada Assistance Plan.

Now if I was going to follow the logic of the member, certainly if we spend more on social allowances, we would recover more, but government does not work that way. Policy decisions are made and government decisions are made on other bases, but I can assure you that the people working on cost recovery do an excellent job and we do maximize the number of dollars we recover under the Canada Assistance Plan.

It is an ever-changing area as well as other provinces and other jurisdictions possibly uncover ways to get cost sharing. We determine our programs first and then get our cost sharing later. We do not start backwards and say, where can we get cost sharing and we will spend more money, because that simply is going to cost the taxpayer more dollars, and it is the same taxpayer who creates that pool of money for the provincial government and the federal government.

\* (2030)

You know, we have concerns for instance that there has been a capping with three of the provinces on some of the cost sharing and some concerns in other areas as well.

I think the department, long before I became part of it, is well known for its diligence in cost recovery, and that the people in this area of the department do an excellent job. It is very important that we cost recover whatever we can for the money we spend.

**Ms. Barrett:** Madam Chairperson, I would like to correct any erroneous assumption that the minister may have taken from my earlier comments on the cost recovery. I would not for one moment suggest that the staff are not doing everything in their power to maximize the cost recovery from both CAP and VRDP. However, the decision has been made from higher areas, the ministerial level I assume, that there will be program money spent that is not cost recoverable.

I am referring specifically in this case, and I do not want to belabour the point here because there will be ample opportunity to do it later on in the area of child care, where the former government put a high priority on the funding of nonprofit child care centres

for a variety of reasons, not the least of which was that funding for nonprofit child care spaces was cost recoverable.

This government has not gone backwards at it, as the minister is suggesting may have been the case; this current government made a conscious decision to put some of those child care dollars into programs that were not available or eligible for cost sharing. That is my only point, and I will make it again in the child care area.

I would like to ask the minister a couple of other questions on the specific figures in the Estimates, the first being a reduction in the Professional/Technical staff years from 14 to 12. I am wondering if the minister can explain a little more fully the footnote which says the decrease reflects work force adjustments. What exactly are those adjustments that are being reflected?

**Mr. Gilleshammer:** Certainly I am aware of the member's philosophy on child care of not giving parents the choices that they should have to access family daycare, or independent daycare, or nonprofit centres. We do believe that there should be a choice, and that parents should make those choices. We do have some differences on the funding model that I am sure we will discuss at a later point.

The question on the adjustment—yes, from time to time government of course makes adjustments in staffing. We are adding four staff for the Children's Advocate this year and adding some staff in other areas and I suppose doing with fewer staff in some areas, too. So there is a staff reduction of two in this area, and that is just the normal business of government making those small changes from year to year.

**Ms. Barrett:** Can the minister tell me what exactly the work that was being—the two staff years that are being lost, are they being transferred to another department, are they being not filled through attrition, layoffs? What specific staff positions are those?

**Mr. Gilleshammer:** The two positions were program analyst positions, and they in fact were vacant positions.

**Ms. Barrett:** So the Adjusted Vote figures which show 14 SYs at the end of '91-92, there actually were not 14 SYs filling those positions throughout the entire year.

**Mr. Gilleshammer:** Yes, they were vacant positions for the past budget year.

**Ms. Barrett:** For the entire past fiscal year?

**Mr. Gilleshammer:** For a good portion of the past budget year.

**Ms. Barrett:** I guess this is then a Technical question, which I had not thought up before. If for a portion of the previous year there were 14 staff years actually being filled and for a portion there were 12, would it appear, as it does here, that there were 14 staff years, or is there a formula that goes into prorating so that perhaps this could show as 13.5 staff years?

**Mr. Gilleshammer:** The Estimates for 1991-92 I suppose were brought forward in the fall of 1990, and the staff positions were shown as 14 at that time and as I have indicated were not filled for a good portion of the year.

**Ms. Barrett:** Sorry to belabour this particular point, but this is the Adjusted Vote '91-92 we are talking about that shows 14 SYs under Professional/Technical for a cost of \$643,400. So I guess I have two parts to the question. This 14 staff years is then a snapshot of only a portion of the year. Is the \$643,400 the actual that was expended or to the date of this adjusted figure being printed would have been the latest estimate as to what would actually have been spent at year-end?

**Mr. Gilleshammer:** I am told that dollar figure reflects 14 positions as if they were fully occupied.

**Ms. Barrett:** So when we get the final year-end '91-92 figures, that will then reflect what actually occurred as far as the expenditure and that this is in effect, the 14 and \$643,000, is a continuation of what were the estimates from the previous year and do not actually reflect the actual to-date activity in that line.

**Mr. Gilleshammer:** Correct.

**Ms. Barrett:** Madam Chairperson, under Other Expenditures the discretionary grants of \$55,000 for this last fiscal year are not there. Could the minister explain what those grants were and why they are not in for this next fiscal year?

**Mr. Gilleshammer:** The previous year showed a grant to the Social Planning Council that does not appear in this year's budget and that we are committed to a project-by-project form of using outside groups to bring forward information for government.

**Ms. Barrett:** I apologize to the minister. Could the minister repeat the answer to that last question?

**Mr. Gilleshammer:** Yes, I will try and repeat it verbatim. The figure in last year's budget showed a grant to the Social Planning Council that does not exist in this year's budget. I have indicated that we will do some of the research on a project-by-project basis instead of a flat fee.

**Ms. Barrett:** I appreciate the minister's answering the question the second time.

\* (2040)

My understanding then from what the minister says is the grant that was given to the Social Planning Council was for research. Is that an accurate assessment extrapolating from his previous answer?

**Mr. Gilleshammer:** I guess it is most properly characterized as a general purpose grant.

**Ms. Barrett:** A general purpose grant, meaning it was in effect an operating grant to the Social Planning Council to do its general work? It was not tied to a specific topic of research such as the child poverty research or anything of that nature?

**Mr. Gilleshammer:** That is correct. It was not attached to a specific project, but what I have indicated is that as we have specific needs we will contract for them as is required for the purposes of research.

**Ms. Barrett:** Madam Chairperson, did the Social Planning Council request continuation of grant monies from the Department of Family Services?

**Mr. Gilleshammer:** Prior to doing the budget we did not have a formal request, but since the budget was brought forward and the information was disseminated we have had a letter from a member of the council asking us to reconsider.

**Ms. Barrett:** Madam Chairperson, the minister has said that his department will then do the research necessary, will do it on a need-by-need, project-by-project manner instead of a general grant to an agency such as the Social Planning Council. Can the minister point to a particular line in this budget or tell us what other line in the budget will reflect any other research that will be asked to be done by an external agency of some sort?

**Mr. Gilleshammer:** As we do some research and planning within certain branches of the department, funding is sometimes found from within the operating budget of the department to provide



funding for that type of research, and we are committed to making people aware and giving them an opportunity to bid on some of this work, but rather than being found in a separate line, it is found within some of the operating budget in some of the areas of the department.

**Ms. Barrett:** Just a brief question on clarification, back to the grant that was given to the Social Planning Council last year. It was not a tied grant, but was more a general grant, and I am not clear as to why that grant appeared in this particular line rather than as a grant to an external agency if it was not tied in some way to research or to policy or planning, which is this area.

**Mr. Gilleshammer:** We do have a grants list of grants to agencies and groups that do not fall within any particular line in the budget but, because of the work that they did, it was placed here because it was perceived to be research work that was being done. As a result, I suppose it could just as easily have been part of the grants list. Historically, it has been part of this area of the budget.

**Ms. Barrett:** Just a brief request that I should have made earlier. Will we be receiving as a matter of course as we go through the Estimates the grants to external agencies that this department funds on a yearly basis?

**Mr. Gilleshammer:** I anticipate there will be a number of requests for information that we do not have with us and, as those requests come in and as we are able to, we will supply the member with that information. We will keep track of it and bring it back in a timely fashion.

**Ms. Barrett:** Just one final comment—as a general umbrella request then, I would like to request, as we go through the Estimates lines, the grants to external agencies that are found as part of the budget for this department. I have no further questions under this heading.

**Madam Chairperson:** Item 1.(e) Policy and Planning (1) Salaries \$878,800.

**Mr. Alcock:** Madam Deputy Speaker, I might have a few questions on this. Perhaps I could just start by asking the minister something I have asked him at this point in the Estimates each year that I have been involved in Estimates, and that is, is he able to or prepared to make the grants list available to us?

**Mr. Gilleshammer:** That is generally similar to the question just asked by the member for Wellington,

and I indicated that we would bring forward information that is required as we are able to do so.

**Mr. Alcock:** Perhaps the minister could expand on that answer a little bit. Are the lists available? Have the grant amounts been decided in the various appropriations?

**Mr. Gilleshammer:** The budget has been finalized and passed in the Legislature, and we are in the process of indicating to various groups that access funding from this department in what fashion we are able to contribute to their organization in the coming year. That information will not be available at this moment pending some other decisions, and some of them are part of other announcements that we will be making as early as this week. As we are able to provide that information, we will do so.

**Mr. Alcock:** Madam Chairperson, it is my understanding that this particular branch, Research and Planning Branch, has a role to play in the development and the finalization of the Estimates. Is that true?

\* (2050)

**Mr. Gilleshammer:** That is correct.

**Mr. Alcock:** Well, then if I understood the minister correctly, some of the grants, despite the fact that the budget has been determined, some particular grants may not be finalized because of some changes that may yet be forthcoming, but other grants are indeed finalized—a decision has been made?

**Mr. Gilleshammer:** Some of the funding is tied into other initiatives that are going to be announced in the near future, and as a result, that information has not been communicated to those organizations at this time. We will certainly make them aware of these grants as soon as we are able to do so, and in many cases, that has been already done at this time. But there are some initiatives that we are working on that relate to the grants listing, and I guess in most instances, if not all instances that I am referring to, it is some new initiatives that we are embarking upon.

**Mr. Alcock:** Do I understand the minister correctly that in the Estimates process of the Legislature, he is not prepared to share grants information with the House?

**Mr. Gilleshammer:** We are prepared to go through the budget and Estimates process on a line-by-line basis. Some of the grants that I refer to are part and

parcel of initiatives that are in this budget at a later point. I think that the member would want us to communicate that information to the organizations prior to us making it public here, but when we get to that line, we will share the information with the member.

**Mr. Alcock:** Madam Chairperson, it does rather beg the question though what this process is for then if the information is all going to be decided and announced before it is subject to Legislative review, why do we go through the Estimates process?

**Mr. Gilleshammer:** Well, I mean, the member is asking a question I am sure we have all asked ourselves many times—why we go through this 240 hours? In fact, the first time we went through this a couple of years ago with the member for Wellington (Ms. Barrett) and the member for Osborne (Mr. Alcock) and myself, we spent some 50 or 55 hours, 40 hours, 45 hours, whatever in Estimates, and probably most of my colleagues on this side and most of my colleagues on the other side asked what we were doing for that length of time and what we were accomplishing.

I know that there is an all-party committee meeting to plan some reform in restructuring of the Estimates process. I expect the member is part of that discussion within his own caucus to come up with perhaps a better way of doing things. If there is a specific question on Policy and Planning on the line we are on, I will answer it and try to give the member any information he wants on this.

**Mr. Alcock:** I think if the minister were to go back to the Estimate session he has referenced, he will find that the grants list was forthcoming very early on in that session, in fact, on Policy and Planning, because it was the position of the minister at that time that since Policy and Planning was one of the groups that was involved in the final preparation of the Estimates and providing some of the background research information upon which those grants were decided, that that was an appropriate time to release the grants list. I am sorry to see that there has been a change in that policy.

I think it is interesting because the Finance minister (Mr. Manness) makes much about how important the budget and the Estimates process is, as sort of the major oversight function of government. It is the one time at which the representatives of the public get an opportunity to

examine, question and comment positively or critically on the actions of the government.

I hear this minister say that he is not willing to make that information available in advance, yet he made it available to the public, which is a rather extraordinary statement, I believe.

**Mr. Gilleshammer:** I am afraid the honourable member is jumping to some erroneous conclusions. I did not say that we would not make the information available. What I said was we did not have the listing with us tonight. The honourable member for Wellington (Ms. Barrett) had just asked the same question, I am not sure whether the member was listening or not a few minutes ago, and I indicated we would make that information available in the near future.

There may be other questions and other information the honourable member is looking for this evening that we have not available, but we will do so on a timely basis. I think, if you want to reference back the last two budget years, at our very next meeting we brought a lot of information back for the critics, and the grants to various organizations fall within a number of areas of the department.

I am sure when we get to the Day Care line that there will be questions on the grants that we give in daycare. In the Rehab and Community Living especially, there are specific grants to organizations that advocate for some of the vulnerable people in the province, and we will, I am sure, enter into discussions at that time.

All I said was that we do not have a grants listing with us at this time, but we will endeavour to provide that on a timely basis.

**Mr. Alcock:** It is interesting, we have 14 new members of the department in here, we have a bevy of other senior members of the department up in the gallery, and yet none of those people have a copy of the grants list. Is that what the minister is asking us to believe?

**Mr. Gilleshammer:** The manner of asking questions of the honourable member is always a mystery to me and to senior members of the department. We are not sure, in fact, quite surprised that the member for Osborne (Mr. Alcock) is even here today asking these questions. As I said earlier, we certainly want his Leader to regain her health in the near future and would welcome her return. In the interim we are prepared to work with

the member for Osborne, and had we only known, we could have brought all kinds of documentation.

It is always difficult to know what line of questioning the honourable member is going to follow given his background and knowledge in social services and long history in social services in Manitoba. I am sure that with many of the questions he asks he already knows the answer, but we will spend many hours going through this process until his House leader and others arrive at some compromise in changes in the system.

The members of the department I am sure have a goodly amount of information here, and had we known that the grants list was going to be something that we were asked for on the first day we could have put aside much of the important work of the department and spent some time working on that to have it ready for him. Perhaps if he could submit a list of questions that he has for tomorrow and Thursday we will endeavour to get the department working on that earlier and be able to have that information at our fingertips for him.

**Mr. Alcock:** Madam Chairperson, I can assure the minister that no one wishes our critic a speedier recovery of her health than I, but let me try to understand what the minister just said to me. Is the minister saying that there is no grants list, that the only way that he could create a grants list would be to send staff off to work for a couple of days to pull one together, that he has in fact got this far in the process of creating a budget, presenting the Estimates, going through all of the internal negotiations without every having produced a grants list?

**Mr. Gilleshammer:** I suppose it shows the differences of opinion even within the six members of the Liberal caucus, that there are different lines of thought and some refreshing ideas coming from the member for Inkster (Mr. Lamoureux), and of course—well, we will just leave that for now. We have a grants listing, and we will put that information together and bring it forward for the critics as soon as we can. It will not be this evening.

\* (2100)

**Mr. Alcock:** Well, we have a definitive answer then. It will not be this evening. Do I have a commitment that it will be here at the close of Question Period tomorrow?

**Mr. Gilleshammer:** We would give a commitment to bring information forward on a timely basis.

**Mr. Alcock:** This minister was indeed discussing differences of interpretation and opinion on certain things. Actually I would offer, if the minister would just pass some of those books over here I will make my own grants list. We can do that rather quickly and save staff valuable time and energy.

I wanted to make the point that it strikes me that if we are to take this process seriously, the kind of information that is requested should be provided. I mean, you are asking the House for authorization to spend a considerable amount of money and I do not think it is an enormous imposition on the government to present the information upon which we are asked to decide. You want to flow that money to people and you want to eventually have these Estimates pass this Legislature. We are not even passing judgment on them yet, because we do not seem to have anything before us.

I do not think it is too much to ask for. I think that the minister has got the process backward, at least if one listens carefully to the Minister of Finance (Mr. Manness) and the way he sees the process flowing, this minister seems to have it the wrong way around.

But let me move on, because I have got the answer that the minister is prepared to give, and I certainly would not want to spend an excessive amount of time simply heckling the minister on any particular point. This is the policy development research arm of this department, and I have talked at length at times about the activities of this department.

This is a department that has the major responsibility for federal-provincial negotiations relative to cost sharing and program development and acts as a liaison with the federal government. Is that a fair assessment of what this branch does?

**Mr. Gilleshammer:** Madam Deputy Chairperson, and for someone who does not want to waste time, he is asking the identical question that was asked 10 minutes ago by the critic for the NDP, and the answer is the same—yes.

**Mr. Alcock:** I just wanted to make sure that the minister was being consistent. One of the functions we have here as two critics is to ensure some sort of consistency of response. I would like to ask the minister this. We talked in the last session in some detail about interprovincial comparisons. The minister made much about how in certain lines more money was spent in this province than was spent on a comparable basis in other provinces.

Can the minister tell us—there has been a rather dramatic increase in the number of income security cases in this province as a result of the recession—can he tell us how we are faring relative to other provinces?

**Mr. Gilleshammer:** Yes, I can do that. It is often difficult to compare one province to another. I will give you an example of why that is so. In Manitoba, of course, we have two tiers of social allowance recipients. On the provincial side of things, our caseload has gone up somewhere around 3 percent—a little bit less than 3 percent. If we indicated that by comparison our statistics, or that social allowance recipients have gone up 3 percent, that looks pretty good, but you have to also factor in the municipal side where there has been a more dramatic increase in the number of social allowance recipients on that side, because the municipalities are responsible for the employables. In the media you do not always see one province compared to another on a fair basis, because there are differences within the province.

So while we have some comfort at the provincial level with the long-term recipients that the case load growth has been rather moderate, if you look simply at the municipal side, it looks like there has been a much greater increase relative to other provinces. So it is important that some adjustments be made when you look at interprovincial comparisons.

At the same time, you have to look at the real numbers involved as well, at the provincial level we have 26,000 to 27,000 cases and, as a result, additional cases perhaps show a rather low percentage number in growth. The reverse is true at the municipal level, where the caseload has grown from somewhere around 11,000 cases on the municipal rolls to a growth of about 35 percent. So if you are going to compare one province to another, then you have to compare both the long-term and the employable cases. I guess the most fair way of interprovincial comparisons would be to combine the two in all provinces and show that sort of caseload growth.

I believe it was just today I was looking at some interprovincial figures which show that the lowest number of recipients is in the province of Saskatchewan, followed by the province of Alberta, and then in turn followed by the province of Manitoba, where the lowest numbers of social allowance recipients are located. I believe the combined figure for Manitoba was in the area of 6.5

percent; Alberta, 6.4 percent; and Saskatchewan, 5.5 percent. So the Prairies historically and at this time have the lowest number of its citizens, compared to total population, the lowest percentage of their citizens on social allowance.

Then you look at other provinces like Ontario with about 10 percent of their citizens, and New Brunswick, I believe, 11 percent of their citizens on social allowances. So, again, one could in reading those figures draw the conclusion that Manitoba is faring relatively well but, again, it is still an unacceptably high level of number of citizens on social allowances. One would be wrong in taking any glee in comparing to New Brunswick or Ontario and saying, well, they have nearly twice as many of their citizens on social allowances.

There are many factors, of course, that come into play with that, not the least of which is the agricultural communities in the three prairie provinces, where our figures do not reflect the low commodity prices that prairie farmers have received over the last number of years. I do not think that those people are reflected in our statistics to show people on social allowances.

Just on Friday, as a personal example, I was in a coffee shop in a beautiful little village in my riding and met with a farmer there. He was indicating that he and his wife lived on the old age pension that they each got and a small Canada pension allowance that he got as well as a little rental from a half section. His income and his family income would not compare favourably with a family on social assistance. Yet, because of the fact that they owned their own home, and because of the nature of the farming they did, while their income was very, very low, this couple in no way felt that they lived below any poverty line. They did not feel that they should apply for social assistance, but they were not accessing a lot of income.

You know, perhaps the reason that the prairie provinces show a very low number of their total citizens on social allowance is that we have people living in the country on farms and in our villages who are fiercely independent and who live on some savings and some pension that they have and are not accessing the system.

\* (2110)

At any rate, I get away from the question momentarily. The interprovincial comparisons are risky unless you put everybody on the same playing

field and are able to make those comparisons. I think I will just leave it there.

**Mr. Alcock:** As I am not the critic for this area perhaps I am asking a question that displays rather more about my lack of understanding of a recent policy change, but was there not a change where the length of time that a person on municipal assistance was increased prior to moving to provincial assistance? Am I misunderstanding the facts here? I mean, I understand that change took place. Could the minister explain it to me?

**Mr. Gilleshammer:** The change that has taken place is that single mothers used to be on the municipal assistance and then moved over to the provincial assistance. Now they can enroll in that immediately. Without being on the municipal assistance, they can go directly on provincial assistance.

**Mr. Alcock:** So then there was no increasing of the period from three to six months?

**Mr. Gilleshammer:** It was a little over a year ago that single mothers with—January 1—that they would proceed to the provincial side as opposed to being on the municipal side, so there used to be more of a waiting period, I believe. They now are automatically enrolled on the provincial side.

**Mr. Alcock:** For single individuals and, I believe, students, was there any change in policy there recently?

**Mr. Gilleshammer:** The single parents are the ones that we are talking about, that are enrolled automatically on the provincial side, and that was about a year ago.

**Mr. Alcock:** I am speaking now of within the last quarter, within the last three months. Has there been a change in the movement of people from the municipal caseload to the provincial caseload, a lengthening of the period for which they receive municipal support?

**Mr. Gilleshammer:** No.

**Mr. Alcock:** Back to interprovincial comparisons then—we have talked about Income Security. Can the minister talk a little bit about family violence and the shelter program? He has indicated that there are some policy changes forthcoming. How does Manitoba compare to other regions of this country in its provisions of shelter spaces to the population?

**Mr. Gilleshammer:** I do not think we have an interprovincial comparison of shelter spaces. I do

believe from discussion with other provinces there are not many that have a well-developed shelter system as Manitoba does. We now have 11 shelters that are up and running in Manitoba. In the four years that we have been in government, there has been a rather dramatic increase in the total funding for the shelter system. We will come to that budget line somewhere a little later, but I believe it is in excess of \$3 million at this time.

What I indicated earlier that we were in the process of doing, and I believe it was in my speaking notes, is to announce a new funding formula. The funding formula that was in place before was good in many respects in that there was a base grant and per diems that were volume sensitive. The large shelters in particular benefitted from that formula. They were able to, in many cases, accumulate quite a surplus.

On the other hand, some of the small shelters that perhaps were not occupied or were completely vacant for two weeks or three weeks were not accessing any per diems yet, because of staffing patterns, their costs were relatively constant, and the staffing costs could also increase if they did access some clients, so the new funding formula is based on the premise that there is enough money in the system where we do not have to have shelters that are having difficulty staying open and others accumulating large surpluses.

We have done a fair amount of work and probably it would have been brought forward quicker, but we have a new director of family dispute within the department, Ms. Marlene Bertrand, who is not only nationally known but internationally known for her work in the shelter system and other issues to do with family violence and, I think, has proceeded to develop a good working relationship with shelter directors and work with them on a new funding formula that we will be bringing forward in the near future. Along with that, some grants that the member was asking about before we will be announcing as part of that package that will also be part of the Estimates when we get to that line.

I think Manitoba, going back to the original question, is regarded as one of the leaders across the country in the development of shelters and programs for spousal abuse, victims and children, and we have again announced that we have increased funding in that area by some \$500,000. I think when we are able to sort of dot all the i's and cross all the t's on that particular initiative and

announce it, I think it is going to be well-received by the community and I am sure by the critics.

**Mr. Alcock:** Madam Chairperson, the minister a little earlier just suggested that I provide a list of some of the things I would be interested in and that he would endeavour to make them available tomorrow. I already mentioned the grants list. I would also be interested in the interprovincial comparisons across the various programs that we provide that where such tables are kept in child welfare, family violence, daycare, income security and the like.

\* (2120)

If I understand correctly, this branch the policy branch, is the branch that provided support to the Suche report, is that correct?

**Mr. Gilleshammer:** That is correct.

**Mr. Alcock:** Madam Chairperson, can the minister tell us what form that support took?

**Mr. Gilleshammer:** We seconded to staff to facilitate the research and work that went into the compiling of the Suche report.

**Mr. Alcock:** The opinions that are expressed in that report, are they the result of work that was done within the department and would reflect a departmental opinion, or are they the opinions of Ms. Suche alone?

**Mr. Gilleshammer:** The Suche report was authored by Colleen Suche and she has compiled it, written it and developed it. They are her thoughts and her recommendations on the residential treatment centres and other collateral agencies within the province.

**Mr. Alcock:** Can the minister tell us what research was requested by Ms. Suche that was performed by this branch?

**Mr. Gilleshammer:** The staff that were seconded worked under the direction of Colleen Suche and, I believe, gathered some information for her.

**Mr. Alcock:** Was that information a result of independent research that was done by this branch, or just gathered by that working group?

**Mr. Gilleshammer:** The work performed by the staff that were seconded was work directed by Ms. Suche and, I dare say, I have not asked her specifically what directions she gave to her staff, but they worked under her direction and at her direction completely.

**Mr. Alcock:** Just a final question then—the minister has referenced some policy work that was done by this branch and some research that was done by this branch over the course of this past year between the last time these Estimates were before the House and now. Could he make copies of that research available as he has done in past years?

**Mr. Gilleshammer:** The results of a large part of the research that has been done by this branch are two of the bills that have been tabled, and we will be happy to provide the member with copies of those. We have already briefed his Leader on the Vulnerable Persons Act and, once we have a final bill completed there, we will provide that for the member.

**Madam Chairperson:** 1.(e) Policy and Planning: (1) Salaries \$878,800—pass; 1.(e)(2) Other Expenditures \$186,600—pass.

Item 1.(f) Internal Audit: (1) Salaries \$314,800.

**Ms. Barrett:** The activity identification under Internal Audit talks about conducting special management directed reviews encompassing a wide range of issues directly affecting the department or its external agencies.

I am wondering if the minister could give us a sampling of those kinds of reviews, particularly as they affect the external agencies?

**Mr. Gilleshammer:** This is the branch within the department that does the internal audit, so it does not deal with external agencies but does both program audit and financial audits within the department. For instance, in the area of social allowances, they may go out to a social allowance office and audit the office as far as the implementation and the carrying out of program and also the financial workings of that particular office. So it is an internal audit both of program and financial management.

**Ms. Barrett:** But it does say that it conducts reviews of issues directly affecting the department or its external agencies. So if it is an internal audit, as its name states, what is the connection then with the external agencies?

**Mr. Gilleshammer:** Madam Chairperson, for the most part it is an internal audit and I can read you a list of some of the income security offices or the daycare and youth employment services offices or other areas that they have reviewed as a result of ongoing business of the department or because there has been a complaint lodged against a

particular office. Occasionally, this may spill over into some form of external agency and maybe an example would be one of the HROCs, which has an independent board but is providing a service and gets funding from government. By and large, it is an internal audit, but it may have some external component from time to time.

**Ms. Barrett:** So that the external agencies then would be indirectly affected because it would be a problem that an external agency had in its dealing with an internal government service that got the Internal Audit people involved?

**Mr. Gilleshammer:** Probably this branch of Internal Audit did more external work in past years. In recent times, the Agencies Relations branch has done more of the external agencies. I guess in those cases it is a matter of working with the agency concerned and trying to work through some problems in most cases. So, by and large, the internal audit deals with program and finance issues within the department, but there may be a spillover into an external agency. The other agency that I referenced would do most of the work with external agencies.

\* (2130)

**Ms. Barrett:** If I recall earlier Estimates, the internal audit staffing is more the financial; the expertise of the internal audit people is financial in nature generally, where the agency relations bureau is more nonfinancial staffing, programming, not social service programming people, but people who have backgrounds of social work and policy and that kind of thing, whereas the people who are in the Internal Audit are more financially focused. Am I remembering that distinction correctly?

**Mr. Gilleshammer:** The internal audit has probably focused more on internal financial matters within the department than the agency relations has worked with external agencies both on program but also on some finance issues.

I would like to introduce Kim Sharman who has joined us at the table, one of our senior staff. Pass.

**Madam Chairperson:** 1.(f) Internal Audit: (1) Salaries \$314,800—pass. 1.(f) (2) Other Expenditures \$16,900—pass.

Page 58, 1.(g) Agency Relations Bureau: (1) Salaries \$310,000.

**Ms. Barrett:** Two Estimates ago we spent a fair bit of time on the Agency Relations Bureau as I recall,

and I do not anticipate spending anything like that amount of time on it today.

I am interested particularly in the area of the purchase of service contracts. The Agency Relations Bureau, when we spent a great deal of time with it two Estimates ago, was closely involved as I recall in working with the then six independent community-based Child and Family Services agencies in the city of Winnipeg in establishing and putting together their funding agreements or their service contracts. The minister spoke very glowingly of the service agreement that had been reached between his department and the Children's Home of Winnipeg as an example of one of those service contracts.

In light of the unfortunate occurrences of last June 24 and 25, and the fact that much of what the Agency Relations Bureau had done prior to that, which was working with those independent community-based Child and Family Services agencies, can the minister explain what service contracts are currently being worked on and implemented by the Agency Relations Bureau?

**Mr. Gilleshammer:** Madam Chairperson, we have issued a boiler-plate service contract as a result of negotiations with Child and Family Services of Central Manitoba, Child and Family Services of Western Manitoba and Jewish Child and Family Services.

We are in preliminary negotiations with Winnipeg Child and Family Services, Family Services of Winnipeg Inc., the Child Protection Centre, the Sir Hugh John McDonald Memorial Youth Hostel, and we are working on others with the Manitoba Foster Family Association, Children's Home of Winnipeg, the Manitoba Metis Federation Inc., Marymount Inc. and family dispute shelters.

As well, in other areas of the department in Rehab and Community Living we have preliminary negotiations with the Canadian Deaf-Blind & Rubella Association, Concept Special Business Advisors Inc., the Independent Living Resource Centre, St. Amant Centre. Some other ones that we are working on there are ARM Industries in Brandon, Skills Unlimited, and we have completed one with South Winnipeg Technical Centre.

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

I know there are some others that are ongoing because I have had some recent contact from the

one in Neepawa which is Touchwood home in Neepawa, and I know there has been some discussion at a provincial level with some of the workshops.

So there is a lot of work that is going on in terms of developing service agreements and funding agreements. This work is ongoing and I think in the long run is going to be a very effective way of developing a relationship between the department and the organizations that receive funding from this department.

**Ms. Barrett:** Mr. Acting Chairperson, pardon my ignorance, but can the minister define boiler plate service contract.

**Mr. Gilleshammer:** It is a sample contract that has been developed with certain organizations that we can adapt in our relationship with other organizations. As we contact, I suppose, and get involved with new organizations, some of the same questions come up about why certain clauses are in the contract. Again, it is a time consuming but important task to go through those contracts with them to explain the legal language. In most cases, these contracts reflect the reality of what was there before and now it is being put down in contract form.

I think sometimes when the legal terminology and the format of the contract is presented, there is an initial backing away from it. By and large, the agreements reflect the unwritten relationship that existed between government and the agency in the past, but it does take some time to go through those contracts and give agencies some comfort in understanding the legal terminology and the intent of the agreement.

So these things do take some time and our very dedicated staff in agency relations is working with these organizations to bring forward these contracts as expeditiously as possible.

\* (2140)

**Ms. Barrett:** Have the boiler plate service contracts been actually signed with the Child and Family Services agencies that you spoke of earlier or are they still in the process of being developed?

**Mr. Gilleshammer:** Not at this time.

**Ms. Barrett:** Would I be correct in stating that to date the only service contract or service agreement that has been signed remains the one with Children's Home and perhaps the Eastman shelter?

**Mr. Gilleshammer:** Yes, the member is correct.

**Ms. Barrett:** I understand the number of agencies that this Agencies Relations Bureau has had to deal with, I know that much of their time, as I mentioned earlier, at the beginning of the bureau's existence was devoted to attempting to establish service contracts with the independent Child and Family Services agencies. I understand that there are only six staff in this whole bureau, but it does appear that two service contracts in the maybe three or even longer years that this bureau has been in existence is not a large number of contracts and the Children's Home is being listed by the minister as one that is having preliminary contract talks being undertaken again.

Can the minister explain why there are not more contracts that have been finalized? Is it possibly in addition to the very understandable concerns about language and actually putting down in black and white in legal forms past practices and things that happen? Are there as well some serious concerns being raised by these agencies as to the elements of these contracts that are being negotiated?

**Mr. Gilleshammer:** I think the reason for the progress not being more accelerated than it is is that we are breaking some new ground here in putting in place contracts that quantify the services that are being delivered by agencies. I think it is fair to say that there is some apprehension in measuring the quantities of service vis-a-vis the funding and, rather than rush into contracts that may lead agencies to be apprehensive, I think the strategy is to work slowly and work through some of the legal terminology and documentation and have a finished product which is going to leave both government and the agency satisfied with the end product.

I think we would be criticized, and I recall maybe even the honourable member, although she is not wont to do so, criticized us once because of some language—maybe more than once—that was in the contract that perhaps was not well received by the other party. These are items that we have to work around to produce a finished product that again will be signed with some confidence and not have a government ramrod it through or an agency feeling they have a gun at their head that they have to sign this.

There has to be a level of understanding of those units of service and being able to relate that to grants that were flat grants given in the past. We feel that when the process is completed that the agencies will take some comfort in understanding the funding that



they are receiving and government will know what service they are purchasing.

(Madam Chairperson in the Chair)

Rather than participate more conflict, I think the strategy has been to work slowly on these to get a good understanding. Of course, this sometimes is complicated as personnel changes within agencies and sometimes boards change. It is not something that they can devote 100 percent of their time to either.

If the member is criticizing us for not having a lot of these contracts signed at this time, I guess it is a valid criticism, and the reason is that we want to take the care and concern to have a contract that both parties can agree to.

**Ms. Barrett:** Madam Chairperson, no, I was not meaning to criticize directly any of the actions on the part of the staff of the Agency Relations Bureau. It just did seem to be fairly slowly progressing.

I have a couple of questions about the preliminary contracts of a couple of these organizations that you mentioned. Would the Foster Family Association preliminary contract talks be part of the structured care continuum issue, or is that something completely different?

**Mr. Gilleshammer:** Yes, we would view that as a separate issue that is before the agencies and the Foster Family Association.

**Ms. Barrett:** The family dispute shelters service contracts, this as well would not be part of the funding formula changes that are taking place? As the foster family part was not the structured care continuum, that is not the area that this Agency Relations Bureau and those service contracts relate to?

**Mr. Gilleshammer:** The new funding formula for the agencies is not part of the service and funding agreement type of contract that we talk about here, but I would foresee eventually that they would become the subject of an agreement with government. The new funding formula for the shelter system is something that is being worked out apart from the service and funding agreements, but down the road I would anticipate that it would very well be part of those discussions.

**Ms. Barrett:** Madam Chairperson, I am operating here under a lack of information, so if my questions are not particularly relevant, I ask your forgiveness on this.

I am trying to, particularly in the foster family and the shelters, put together then what exactly the Agency Relations Bureau is working out, what kind of a service contract they are working out. It seems to me on the surface of it that you cannot have a service contract with, for example, the foster families without an agreement unless an agreement has been reached on the kind of funding that will be given for each unit of service, which I take to be part of what the structured care continuum process is. The same thing with the family dispute, the shelters, you cannot have a service contract that talks about units of service and type of service if you do not talk at the same time about the kind of funding that will be attached to those units of service.

**Mr. Gilleshammer:** Madam Chairperson, the amount of money that we give to MCCA, for example, and to the Foster Family Association is in some ways similar. It is a grant, and in both cases they provide some of the training that is desired by members of that union called the MCCA, or parents who belong to the Foster Family Association.

\* (2150)

I think the grant to the Foster Family Association is in excess of \$350,000. Rather than simply give them a grant to say, here is \$350,000, I am sure you are going to do good work with it, and we are all going to be proud of you, I think what we want to do is, sort of, identify the type of service that they are providing. Some of it will be used for staff, I am sure, but there is a training component there that the Foster Family Association is responsible for. I believe we want to work with them to identify the detail of that training. Rather than just a blanket grant for \$350,000, we can identify that this component is for some staffing infrastructure and this is for the training component, and then breakdown the training component and give this department and government some comfort in knowing what it is we are purchasing.

So it is, maybe, a good example of the work that is being done on developing a contract there, to enable us to say, this is in fact the service we are purchasing.

**Ms. Barrett:** So in taking the example of the training component of the Foster Family Association funding that your department provides. When the Agency Relations Bureau people are working with Foster Family Association, and they get to the training component, is the process that the Foster

Family Association says, these are the issues that we want to bring out, these are the issues that we want to cover, these are the areas that we want to put into place for our training of the foster families, and then the agency relations bureau says yes or no to that, and makes changes or do they say, well, yes, you are the ones who have specific knowledge and expertise and we will generally go along with what you are saying in this regard?

**Mr. Gilleshammer:** Yes, in conjunction with the operating component of the department who would receive information from agencies who take kids into care and recruit and request foster homes.

I suppose priorities can be developed within the branch, but I think we also have to hear what the Foster Family Association is saying, because they hear from their membership from time to time, who I am sure are in a good position to identify what the issues and problems are and what training would be called for by people in the field. So, between the department and the Foster Family Association identifying areas, then the Agency Relations can work together with the Foster Family Association in bringing forward a contract that would reflect those needs.

**Ms. Barrett:** The Agency Relations Bureau develops and communicates a management practices model to be used not only by the bureau, but by the operating division staff to provide training and development to agency boards and management. Could the minister tell me what the status is of that management practices model? Is it actually implemented? Is it actually out there being used to train and develop agency boards and management?

**Mr. Gilleshammer:** A booklet called The Board Development Guide has just recently been completed and we would be pleased to give the member a copy of it to show some of the work that has been done by that branch of the department. We are distributing that to the organizations that it is applicable to. I am sure the member for Osborne (Mr. Alcock) was going to ask for it in his list of requests, but we will take the initiative to provide it for you, and the real critic from the Liberal Party probably tomorrow.

**Ms. Barrett:** I appreciate the expeditiousness with which the minister has acceded to my request and have no further questions in this area.

**Madam Chairperson:** 1.(g) Agency Relations Bureau: (1) Salaries.

**Mr. Alcock:** I would like to ask the minister a question about the Agency Relations branch.

If I understand him correctly, some two years ago when he proposed this change, and then when we discussed it at great length at that time, he suggested that he had discovered a new way of providing some clarity in the funding relationship and they needed this branch because he was going to put in place funding relationships, contractual service contracts with all of the major organizations that this department contracted with. In fact, if one goes back into the Hansards from that time, you will find rather lengthy glowing descriptions from this minister about the wonderful work that this branch was going to do, and that was why we needed to create it, and we were going to see quickly a change in the nature of the relationship between agencies and the department.

If I understood him correctly in his response to the member for Wellington (Ms. Barrett), they have not put in place a single contract over and above those that were in place at the time this branch was announced.

**Mr. Gilleshammer:** Madam Chairperson, I certainly do not accept the preamble that the member puts to his question. While I vaguely remember the 50 hours we spent in Estimates two years ago, and I am sure we did a lot of important work at that time, I do recall that—well, the member for Wellington (Ms. Barrett) is not so sure. I sometimes share that opinion with her.

The Agency Relations Bureau has done a massive amount of work with many, many agencies that rely on this department for funding, and there has been a changing and a positive relationship that has developed between many of these agencies and the department. I would certainly point out to the member that we are in many ways breaking new ground here, and I do not believe the member was listening when the critic from the NDP and I were discussing the Agency Relations Bureau and some of the nuances of the contracts that are being worked on by the Agency Relations Bureau and the various funding agencies.

\* (2200)

There is a good deal of legal terminology that goes into a contract and, as a result, rather than pushing forward and unilaterally demanding that

agencies accept contracts that could be presented, it is important that we take the time to go through the legal jargon that is part and parcel of these contracts so that we can get agreements from the agencies on the meaning and have a common understanding of the contract that is going to be signed.

I would refer, for instance, to some of the agencies I talked to last week who work with the mentally handicapped and who are largely dependent upon government for the funding that they receive. It is rather a big surprise to them that if, for instance, those agencies have a major breach of the contract that the contract can be terminated in a number of days. While that has been there in practice for a long, long time, it has never been written down in contract form, and a number of these organizations do have a little bit of difficulty in seeing that in print.

Again, rather than sort of pushing through with these contracts and leaving agencies with the feeling that they have not had sufficient input and understanding of the contract and the contract language, it is important that the department, through the Agency Relations Bureau, take the time to work with these agencies so that they have a comfort level with the contract and a service and funding agreement that they are completely satisfied with, and that they do not go away from this partnership feeling that the department or government has had a gun to their head and that they have had to sign something against their will. As a result, some of them are seeking legal opinions as well, to have that comfort that they are being fairly represented at the table and have a common understanding of the language and terms.

I would use as an example the two examples that the member for Wellington (Ms. Barrett) brought up. The MCCA, for example, receives a grant from this department. Again, rather than say, here is a grant of money, go out and do good work for the members of your union, I think it is fair on the part of government to request of them a breakdown of how that money is being spent and what services they in turn are going to provide for their membership. As government, I think that is not an unreasonable request.

At the same time, there may be areas of concern that come to the attention of the daycare directorate that there may be some area of in-servicing, perhaps, that certain segments of the daycare community would want to see come into place. Government would be able to work in this

partnership with the daycare community to identify those services and put in place some programming which would, in effect, provide the in-service training that the daycare centres and others within the daycare community would want.

The other example that I would just spend a moment on is, of course, the Foster Family Association where our grant to them is in excess of \$350,000 and the expectation is that they will use part of that grant to do some training with foster parents. Again, it is not, I think, unfair for government, which is forwarding that fairly substantial sum of money to the Foster Family Association, to have some expectations of what that money is being spent for.

I think, again, rather than taking a one-sided approach to this, that government knows best what training is required and what training should be mandatory. The operating division within the department and the Agency Relations Bureau can work with groups such as that to identify the specific training, and in fact, identify within a contract some of the specifics that are required, and work together on an in-service training program which is going to enable those people who work in the front line of service. Whether it be in the daycare community or whether it be with the foster children of the province, they will have an opportunity to get the appropriate training.

Again, if the member is being somewhat critical that we have not more signed documents to show at this time, I think in some ways that is a reasonable criticism. Again, it depends on what approach one would take. I know that the member is often impatient and impulsive and might, if it was within his jurisdiction, take a tougher approach with some of these agencies and demand that contracts be signed, but I think in the long run we are far better to work co-operatively and have a firm understanding by both parties of what that contract and contract language means.

Many, many years ago when I was involved in my previous occupation and had a periphery involvement in some contract work between a school division and a bargaining unit, I can remember someone saying that if there was any language within the contract that could be misunderstood, it would be misunderstood. Because we are breaking new ground here, it seems to me it is worth the time and the effort to go slow and be sure that both parties to the agreement

have a full understanding of what that contract language means, and that we are able to develop a partnership as we go forward and have these various groups provide some of the in-service training that is required in the examples that I used for foster families and for people who work within the daycare community.

**Mr. Alcock:** Well, Madam Chairperson, I would not want to leave the minister with the impression that I was critical in any way of the actions of the minister or this department.

I would like, however, to sort of cast his memory back a couple of years when he very proudly tabled the agreement that he had made with Children's Home of Winnipeg and he said, this marked the beginning of a new relationship between agencies and the departments and they were on the verge of signing a whole bunch of these agreements with all of the child protection agencies, with all of the organizations ultimately that government worked with. I would remind the minister that, rather than being critical of that, I suggested to him that this was a legitimate way to go and that in fact it did clarify the relationship between government and the agencies, but that there was a problem.

The problem was in the long run less on the side of the agencies and more on the side of the government, because a contract has two sides to it. It holds the agency accountable for the delivery of certain products, and it defines those products so the agency can indeed be held accountable. It also holds the government accountable for supporting that service in line with the delivery of the services that have been defined.

I am astounded, given this minister's enthusiasm for these contracts, and some considerable application of staff time and energy and the passage of two years, that he has not been able to bring to the conclusion a single contract, not one. I think that may in part be reflected in the folly that this minister entered upon when he created this branch.

\* (2210)

The concept of contracting is a good one, but I maintained then and I maintain now that the contracting should be done through the agencies or through the arms of the departments that have the responsibility for the delivery of services rather than setting up some bogus extension of the ministerial office as he seems to enjoy doing, off the administrative section rather than allowing those

people who have ultimate responsibility for the quality of the services that deliver to develop these contracts.

However, I shall not belabour this one at all. We can pass this line and move on.

**Madam Chairperson:** Item 1.(g) Agency Relations Bureau: (1) Salaries \$310,000—pass; (2) Other Expenditures \$16,900—pass.

Item 1.(h) Management Services: (1) Financial and Administrative Services \$2,151,500—pass; 1.(h)(2) Program Budgeting and Reporting \$389,000—pass; 1.(h)(3) Human Resource Services \$889,900—pass.

1.(h)(4) Information Systems.

**Ms. Barrett:** The staffing pattern in this Information Systems division has gone up and down a bit, at least in the Professional/Technical area. In last year's Estimates it was at 17 and this year actual it was 21 and now it 20. I am wondering if the minister can explain the staffing changes and then the Financial salary increase which is, I imagine, commensurate with the actual staffing in that division being 21 Professional/Technical rather than the 17 that was anticipated would be in that department.

**Mr. Gilleshammer:** There has been an increase of three staff because of the workload associated with the Child and Family Services information system, which I had indicated is coming along nicely, and that we should have some ability to use it in the preliminary stages later this spring or early summer.

**Ms. Barrett:** Madam Chairperson, can the minister explain what the information system for the newly created Municipal Monitoring and Support Office is under Expected Results on page 42?

**Mr. Gilleshammer:** The member is aware that we have legislation before the House on regulating the municipal tier of social allowances and that is there in anticipation of an information system for the new caseload that will come on stream.

I do not know whether the member has had the wonderful opportunity of going to one of the provincial social assistance offices and having staff demonstrate the SAMIN system which staff take great pride in. It works very effectively and really is sort of a state-of-the-art system in monitoring the social allowance clients who are on the provincial roll at this time. This will give us the additional capacity that we feel we will need.

**Madam Chairperson:** Item 1.(h)(4) \$1,064,800—pass.

Item 2. Registration and Licensing Services (a) Vital Statistics: (1) Salaries \$915,000.

**Ms. Barrett:** A couple of questions on the Vital Statistics section. I am wondering if the minister can update us on the actual physical location of the Vital Statistics division.

**Mr. Gilleshammer:** Madam Chairperson, 250 Portage Avenue.

**Ms. Barrett:** Is there any plan in the near future to relocate the department of Vital Statistics from its current location on Portage Avenue in the city of Winnipeg?

**Mr. Gilleshammer:** Well, the member has heard me speak in the past about the need in Child and Family Services to develop a computerized system, and we talked just recently about the tremendous amount of work and resources that are going into the system which will be to some degree up and running in the late spring or early summer.

By the same token, probably the second biggest surprise in terms of the lack of technology in this department is for me to find out that Vital Statistics did not have the automated capacity that would make so much sense with a branch of government that stores vital statistics.

I recall last year listening to so many inspiring speeches from not only the member for Wellington, but some of her colleagues, on vital statistics. Often, when I have an opportunity, I take the Hansard out to reread those, because they were truly gifted speeches.

\* (2220)

I think it is fair to say that the department is mainly consumed at this time with trying to find a more efficient way of storing and handling those important statistics that the member spoke of last year. Even this week we are going to turn our attention to some of the detail that is required to bring on line a system that will sort of catapult us into the 1990s in terms of the storage and handling of all that important information.

As I say, the department, in terms of vital statistics, is consumed at this moment with trying to find a better way of handling those very important numbers.

**Ms. Barrett:** Madam Chairperson, I take it from the minister's response that there are no plans currently

underway to move the Vital Statistics function outside of its present location on Portage Avenue in Winnipeg.

**Mr. Gilleshammer:** I say to the member that our most important focus right now with Vital Statistics is to find a better way of handling that tremendous amount of information that is stored there. I do not know whether the member has ever had occasion to access information from Vital Statistics. I suppose, not being born and raised in Canada, perhaps she does not have those very vital statistics registered there.

It is amazing with the technology we have today that this department has not been brought into using more modern equipment. As I say, we at the present time have first and foremost in our minds to have that department become more automated.

**Ms. Barrett:** Madam Chairperson, I was just looking at the Estimates for the last fiscal year, and under the Expected Results all of the numbers under Vital Statistics are either the same or show a slight decrease this year over last year. The staffing remains virtually unchanged, as one would expect, because they are handling virtually the same types and numbers of data and requests. While I am certainly not suggesting for a moment that the division does not look towards more efficient, effective and automated ways of dealing with these vital statistics, I do think that there does not appear to be a huge increase in the volume that the division is doing.

I guess what I am hearing the minister say in his two earlier answers is that the energies of the department are being used to automate rather than relocate. But I would ask yet again of the minister, was it not anticipated earlier that this division would be part of the decentralization process undertaken in the last couple of years by this government? If it was, is it still planning to relocate at some future date?

**Mr. Gilleshammer:** Madam Chairperson, it is some time since I looked at the original list, but I do believe the member is correct that it was felt at one time that this possibly could be a unit within the department that could be relocated.

**Ms. Barrett:** Madam Chairperson, am I to take it from the minister's response that is no longer currently the situation?

**Mr. Gilleshammer:** Well, I think, as I have indicated, our current focus within Vital Statistics is

to modernize the manner in which we store that information, and we have not concluded any program that would make that a reality at this time.

**Ms. Barrett:** So that in effect it is deemed impossible to do the two things at the same time, to relocate and to upgrade the automation capacity of the division?

**Mr. Gilleshammer:** Well, certainly some things are more compatible to do in tandem, but the feeling of those who are working on this project is that we try and do one thing at a time.

**Ms. Barrett:** Madam Chairperson, I have a couple of Orders-in-Council that have as their schedule the fee structure for the services provided by the Department of Vital Statistics. I am wondering if the minister can generally say when the last time was that these fees were changed and what generally the percentage increase has been in the change of these fees—Council 303 and 302.

**Mr. Gilleshammer:** I am informed that it was probably changed last about three years ago. In looking at, as I recall, interprovincial comparisons, the changes that have been brought about recently are not out of line with the charges that other provinces levy for the same services.

It is an interesting area though, and maybe we could spend a few more minutes on it. I know the member would be interested. This department, of course, is one that does budget and expend a lot of money.

As the member referenced in her earlier remarks, I believe she said there was an 8.7 percent increase in our budget. There is a very small capacity within the department to generate any revenue, but certainly fees is one area where there is some revenue coming in to government. I think this is reviewed periodically to keep in mind the cost of the service provided. As the member knows, those costs will change from year to year and every once in a while the department and government will review the fees that are levied for the services provided.

While I do not think it happens on a regular three-year basis, it is reviewed periodically and it does give the department just a small opportunity to generate some revenue.

**Ms. Barrett:** Yes, there are a couple of comparative pages on these attached to the Orders-in-Council. One deals with the current fees

for certificates and that shows that it is currently \$15 in Manitoba and it will be going up to \$20.

The second one compares the current fee for effecting the change of name which will go from \$75 to \$100. Those appear to be fairly substantive percentage increases. Secondly, the question: Does the minister have an estimate of the additional revenue that will be generated by these changes in fees, based on, I assume, the Expected Results from the various areas of the department?

**Mr. Gilleshammer:** Yes, there is an anticipated amount of additional revenue that I suppose would be based on the volume projections which, of course, are based on past usage. The changes in the fees for certified copies and for the legal change of names would be in the area of \$400,000.

\* (2230)

**Madam Chairperson:** Item 2.(a)(1) Salaries \$915,000—pass; (2) Other Expenditures \$240,000—pass;

Item 2.(b) Residential Care Licensing: (1) Salaries \$278,400

**Ms. Barrett:** Madam Chairperson, when I was comparing this subappropriation to its counterpart from last year, I noticed that there were some changes in the Expected Results from last year. I am wondering if the minister could comment on those. In particular, the second Expected Result this year states: "Assessing and reviewing of approximately 230 licensed facilities." Last year it carried on with that on a biannual basis. So this year's Expected Result does not say anything about the assessing and reviewing of the licensed facilities biannually.

The third Expected Result this year "taking the appropriate course of action" is a phrase that has been put in this year replacing "issuing recommendations regarding appropriate course of action"—if the minister could comment on that difference.

Finally, last year there was an additional result of preparation of monthly reports to programs and agencies which is missing from this year's Expected Results. I was wondering if the minister could comment on those changes, please.

**Mr. Gilleshammer:** Madam Chairperson, the terminology in some cases has changed, but the purpose and the activities and the Expected Results are basically the same, and I do not think the

member would need to read anything different into the terminology that is used.

For instance, the "assessing and reviewing of approximately 230 licensed facilities," that is still occurring on a biannual basis even though those words were left out of it. So again, there are small changes in wording under the Expected Results, but by and large, the results, as a result of the residential care licensing work, are basically the same.

**Ms. Barrett:** I appreciate the minister's comments on that. I do have a question though on the last two of my concerns. One is on the complaints, where currently it says that the residential care licensing will take the "appropriate course of action," whereas previously it was "issuing recommendations regarding appropriate course of action."

That, to me, is open to interpretation, when I first read it, that perhaps there has been a change: Whereas previously residential care licensing would only have the authority to issue recommendations and currently it could be seen as saying that they can take the appropriate course of action. Is the minister saying that, in effect, "taking the appropriate course of action" remains "issuing recommendations," or has there been a change?

**Mr. Gilleshammer:** There has not been any change in the intent there and I suppose the "taking the appropriate course of action" is maybe a more direct way of saying that. The direct or the appropriate course of action may well be to issue some recommendations, but this also encompasses the function of being sure that those recommendations are being followed as well.

There are some interesting cases that come up with the residential care licensing because of individual differences with people. One that I recall from not too many months back was a complaint from a resident of a nursing home that claimed that there was not the appropriate amount of heat in this particular suite. I guess the argument came down to what is appropriate.

For most people a comfortable 72 degrees or maybe a little less is what you desire. Sometimes, with elderly people, 85 and 87 degrees is what they deem appropriate. So the residential care licensing will go in and review that, and in the particular case I am thinking of, the work had to be done with the individual to make some assurances that there was appropriate heat.

If it had been the other way and recommendations were made because the level of heating had been at 60 degrees, which obviously was uncomfortable and unwarranted, simply to make recommendations may not have sufficed. It would be important to do some follow-up to see that, in fact, those recommendations had been adopted.

**Ms. Barrett:** I thank the minister for that clarification. Finally, does the Residential Care Licensing division still prepare monthly reports to programs and agencies?

**Mr. Gilleshammer:** Yes, they do.

**Madam Chairperson:** Item 2.(b)(1) Salaries, \$278,400—pass; (2) Other Expenditures, \$28,700—pass.

Resolution 43: RESOLVED that there be granted to Her Majesty a sum not exceeding \$1,462,100 for Family Services, Registration and Licensing Services, for the fiscal year ending the 31st day of March 1993—pass.

Item 3. Income Security and Regional Operations; (a) Central Directorate: (1) Salaries.

**Ms. Barrett:** First a question on the salary level, the staffing—in the last year's Estimates, the Estimates for the Professional/Technical staff years were 14, which had remained unchanged from the previous year.

This year there were actually 18 Professional/Technical SYs, and for next year it has been reduced to 16 and again the note at the bottom that the decrease reflects work force adjustments. That is the question I have. It appears that there is a fairly substantial percentage increase in staffing this last year and that has been slightly reduced for this next year. I find that a bit interesting in light of the fairly substantial increase in the people that are serviced by this department. I am wondering if the minister can explain that.

**Mr. Gilleshammer:** These are not the field delivery people who are in the agencies, but part of the central directorate, and by making some efficiencies and changes within the directorate, we will be handling that with fewer staff years.

**Ms. Barrett:** Are these reductions through attrition or vacancies or layoffs?

\* (2240)

**Mr. Gilleshammer:** Madam Chairperson, I am told that two of the positions were vacancies, positions

that were vacant part way through the last year, and the third position was a term position that expired.

**Ms. Barrett:** I do not have any further questions on this page.

**Madam Chairperson:** Item 3.(a) Central Directorate: (1) Salaries \$1,152,800—pass; (2) Other Expenditures \$631,900—pass.

Item 3.(b) Income Maintenance Programs: (1) Social Allowances \$238,489,100.

**Ms. Barrett:** I think this will not pass quite as quickly as the other section did.

This is the area where my understanding is that Bill 70 has implications for service delivery in this area, the bill that harmonizes, if you will, the rates. Is this the area where we should be discussing that?

**An Honourable Member:** Sure.

**Ms. Barrett:** Okay. I have several questions in this area. First, I would like to ask for an update from the Estimates of last year where the minister stated that the counsellors in Income Security have a caseload of about 250 and the financial workers a caseload of about 400.

Could the minister update those figures as of today, if those are approximately the same or if they have increased?

**Mr. Gilleshammer:** The caseload growth in the provincial social allowance recipients is about 2.5 percent, so there would be a slight increase in the number of people that are being served within the provincial social allowance picture.

**Ms. Barrett:** Two and a half percent increase in the total caseload. Is that what the minister is saying?

**Mr. Gilleshammer:** Yes, that is correct.

**Ms. Barrett:** Madam Chairperson, can the minister break that down as to what the caseload is for counsellors versus financial workers?

**Mr. Gilleshammer:** The caseload is 400 for the financial workers and 250 for the counsellors.

**Ms. Barrett:** Madam Chairperson, can the minister state how many additional staff there are in this division or point me to the proper page so I can look at that myself?

**Mr. Gilleshammer:** Yes, the area that the member is asking about is under Regional Operations, which is the (d) portion under Income Security and Regional Operations. The staffing component is within that area of the budget. If we can just leave

it until we get there we can give you some clarification.

**Ms. Barrett:** From my reading of the staffing allocations in Regional Operations and the caseload increase numbers and the percentage increase and the caseload numbers I feel that I will need some clarification, but I will ask those questions under the Regional Operations.

I would like to ask a few questions about the standardization of the municipal rates throughout the province, if I may. The minister stated in his press release of the 17th of January that he was following the Social Assistance Review Committee's recommendations and providing standardized minimum rates for all Manitobans on social assistance, and standardize and regulate municipal social assistance rates and eligibility requirements and that the legislation would deal with the regulation of social assistance rates and policies—fairly clear.

I have some questions about the bill, but I will deal with those when we get into the specific discussion of the bill in the House debate.

I do want to ask the minister what standards his department used in determining the standardization of rates and the impact that will have on the municipal assistance rates for residents in the city of Winnipeg.

**Mr. Gilleshammer:** The specific information that the member is looking for is not available at this time. There are discussions going on between the department and the SARC committee about rates.

The member may know that there is quite a variety of rates that exist across the province that vary from what the provincial rate is at the present time. It almost has to be looked at on a municipal-by-municipal basis. We have got quite a number of rural municipalities and village and town councils and cities across the province who have set their own rates. Some of these change on an annual basis, not only upward but downward.

\* (2250)

The intent of this legislation is to standardize the eligibility for social assistance and also the rates. If the member is looking for a definitive rate at this time, that has not been set as yet.

**Ms. Barrett:** Madam Chairperson, so the concerns which have been raised by many groups, particularly in the city of Winnipeg, that the rates



when they are finally established will be lower than the current City of Winnipeg municipal rates is not an accurate concern?

**Mr. Gilleshammer:** I am sure there are a lot of concerns out there about rates. As we meet with the UMM delegations and the MAUM organization, and also some of the other municipalities, there are concerns about what the rate will be, because when you set a consistent rate across the province for many of those jurisdictions, it is going to change.

That rate has not been set yet, and I do not want to have the member feel that the rate is going to satisfy everybody because when you have people all over the map with those rates and you have to set a standard, not only for the province, but also for the municipalities, there are going to be changes.

The changes may vary from one municipality to another. We are in consultation with the SARC committee and its membership. We have met for instance with representatives of the City of Winnipeg. There are so many regulations and so many different criteria that are applied to these social allowance rates, depending on the size of family and the circumstances of the family, that there are going to be changes.

There will be people who will be accessing, my guess would be, additional funding because of Bill 70, and there may be some areas of social allowances where they will access less funding. That has not been determined yet. There are discussions going on and some consultation taking place.

I would hasten to mention to the member that it will be the minimum rates that we set and certainly municipalities will have to adhere to those basic minimums, but at the same time there may be municipal corporations who, for whatever reason, will want to exceed those rates for certain groups of people and they will be free to do so with the caveat, of course, that any amount above that minimum amount will not be cost shared by the provincial government.

There are ongoing discussions and again, when the Bill 70 is passed into law, there will also be, I think, a time period before the finalized version comes into play to affect all of the people who are currently on the rolls. So that, if we need some sort of adjustment period, that is something we will be looking at.

**Ms. Barrett:** Yes, I had to smile when the minister said that of course these rates would only be minimums and municipalities would have the authority again to make choices, to exceed those rates, just as the daycares in the province have the choice now to fund without government assistance above the minimum of qualified IIs and IIIs in child care workers, a choice that virtually none of the child care agencies can undertake now, however a parallel that I am sure we will discuss later.

Can the minister tell me how many municipalities in the province currently have basic rates that are higher than the City of Winnipeg's municipal assistance?

**Mr. Gilleshammer:** Yes, the answer to that question would be none.

**Ms. Barrett:** So that if, as the minister stated earlier, there may be municipalities that have higher rates than they currently do, but there may be municipalities that have lower rates than they currently do, in effect, the only municipality likely that would have any major change in that regard would be the City of Winnipeg which would most likely be pegged lower than they currently are.

**Mr. Gilleshammer:** The member is speculating and I really do not know whether it would be helpful for me to join in that speculation when these discussions are ongoing.

**Ms. Barrett:** I should know the answer to this, but I do not have the information with me. Can the minister tell me if there are any representatives on SARC who are from the City of Winnipeg?

**Mr. Gilleshammer:** Yes, there is a representative on the SARC committee. It was, I think, a blue-ribbon committee put together by the previous minister in 1989 with representatives from rural municipalities and from the organizations that represent the umbrella organizations that represent the rural municipalities and the urban municipalities and the councillor, and these were elected officials, and I believe one business official on that group.

One city councillor was Mr. Ernie Gilroy, who is a member of the SARC committee.

**Ms. Barrett:** Yes, I am well acquainted with Mr. Gilroy.

How much money is there in the current budget for this fiscal year to implement the regulations that will follow from Bill 70?

**Mr. Gilleshammer:** We have a global amount for the delivery of social benefits within the province which is based on the rates and the various rates that we have for the various categories. Then, of course, you also have to factor in there the anticipated volume increase, which I was pleased last year that we had in our estimate exceeded the uptake or increase in volume.

I know the member would not accuse us of underspending there, because the rates are fixed and the regulations are adhered to. We have shown an increased global amount based on an expectation of increased rates and new programs and, I suppose, our best estimate of volume. Within there, we anticipate that we can accommodate any changes that have to be made either because of increased volume or decreased volume or costs of implementation.

\* (2300)

So, it is a very elusive figure to factor into social allowances but, again, because of our mandate to provide services for those in need, if in fact the budget that we have brought forward here is inadequate we would have to go back to government for supplementary funding. From time to time that happens. I believe just before the spring recess as we talked about supplementary funding, one of the major costs, and I think it was \$21 million on that bill we passed, was designated for social allowances. Again, mainly because of increased costs in the municipal tier that had not been accommodated within the last budget.

**Ms. Barrett:** Madam Chairperson, yes, I understand. I believe the basic theory behind the fact that the government is required to provide the services that are mandated, and if there is a bigger uptake, then those funds will have to be found.

But you are in your planning and budgeting for this next year under the line, I assume, Municipal Assistance on page 55. You have a fairly substantial—over a \$20 million increase there. The note says, it is provided for estimate volume case load increases, which is the normal thing that we have undergone in the past, and price increases.

I am assuming that price increase component is not the potential fallout from the implementation of Bill 70. If the minister can explain in a very preliminary way, because we know that Estimates are simply that, how much of that \$21 million increase in Municipal Assistance is estimated to be

due to volume uptake, and how much of it is estimated to be due to the implementation of Bill 70?

**Mr. Gilleshammer:** Well, again, it is very difficult to be precise because of the manner in which Municipal Assistance ultimately is paid for. A small portion of it is paid for by the municipality. The provincial government picks up a much larger share, and of course the federal government picks up a share. That tends to change depending on the circumstances of the clients, and there is not a hard and fast formula which would identify the figure the member is looking for. But I think it is safe to say the majority of it is for volume.

**Ms. Barrett:** So if the majority of it is for volume, then a minority of that amount of money, that \$21 million, is earmarked for the implementation costs of Bill 70. Is that accurate, is there any proportion of this Municipal Assistance line that is earmarked for the implementation of Bill 70, the standardization of municipal rates throughout the province?

**Mr. Gilleshammer:** Again, the majority of that is for volume. It is anticipated, given the rates that we are aware of in some municipalities. It is an estimate of some increased cost, but again, it is difficult to break that down when the rates have not been set yet. So this is far from a precise exercise in establishing this number, just as it is from year to year where you have to predict the volume increase.

The one thing we had some assurance of was what the price increase was going to be. I believe it was 3.6 percent from 1991 to 1992. That gives us some ability to project the provincial caseload, but again the numbers of people on municipal allowances are very hard to determine. I have already indicated we have not set what those rates are going to be as yet, so I would not read too much into those numbers other than take the comfort that we have to pay whatever costs come forward as a result of people accessing social allowance.

**Ms. Barrett:** I am not sure if comfort is what I take from the understanding that the government is mandated and required by law to pay whatever rates have been established by law to anyone who is eligible to access those rates. The point is, of 56,000 Manitobans who live in poverty, over 40,000 of those live in the city of Winnipeg. The vast percentage of people who are on short-term municipal assistance live in the city of Winnipeg. Currently there are no municipal rates that are any higher than the City of Winnipeg, none that even

meet the City of Winnipeg's current standards—virtually none that meet the City of Winnipeg's current standards.

By volume and by current standardized rates for the City of Winnipeg, it only stands to reason that if the Minister of Family Services and his cabinet colleagues are planning to standardize the rates at the level of the City of Winnipeg's rates, there will be a substantial increase in that percentage of money that the province will then take over.

If there is a plan to standardize those municipal rates at a rate lower than the City of Winnipeg's current rates, there will be less of a cost to the province and to the department.

Surely in your estimates you have some idea of where you are going to come in on those rates. If you do not yet, are you saying to me that this \$21-million increase in this line is solely—or the vast majority of it is scheduled for volume increase? If it is not, if there is money in there earmarked for Bill 70, then on what basis is that amount of money earmarked?

Is it on the basis of bringing municipal rates up to the City of Winnipeg, or is it, as many in this province are concerned, bringing the rates of the City of Winnipeg lower than they are?

**Mr. Gilleshammer:** We are in the middle of a process with the discussions with the SARC committee, and I know that what the member is anxious to do is to race through those consultation meetings and come out with a finished product, and we are unable to do that at this time because that process is currently underway and those rates have not been set.

Again, I would tell you that the increase in the provincial uptake of allowances has only increased about 2.5 percent. When we look at the number of people on municipal allowances, then we are aware that these rates will impact on municipal governments wherever they are. Some of the municipalities, of course, have a very low enrollment rate, but the impact on the single rate may be fairly dramatic and a source of concern to them.

\* (2310)

At the municipal level, I think close to 90 percent of those accessing municipal assistance are with the city of Winnipeg. So there is an impact and an impact on all municipalities, but if that rate had been set and that number was available, I would be pleased to share it with the member, but we are in

the middle of a process. I have indicated that she should not read too much into the numbers there because I think the situation is fluid enough that we hope we can cover expenditures with that information there. But if there is increased enrollment and increased rates, then we would have to go back for supplementary funding.

So I cannot give the member answers that have not been determined yet as that process with the department and the SARC committee is still underway.

**Ms. Barrett:** When do you expect that consultation process to be completed?

**Mr. Gilleshammer:** There are a number of meetings which will have to be held. We are in early April now, I guess it may be towards the end of May or sometime in June before that process is completed.

**Ms. Barrett:** Once that consultation process is completed, do you anticipate it being a long time after that before the rate determination is made public?

**Mr. Gilleshammer:** I would anticipate that the rate would be made public soon after that consultation has been completed, mindful of the fact that we are starting a budget year and that all levels of government have budgets that they want to adhere to. We would have to be mindful of the fact that, if there is an impact, we would have to allow for some sort of adjustment period.

I would think that after the consultative period has been completed that we would try and announce those rates as soon as possible.

**Ms. Barrett:** Who will determine the rates and the eligibility requirements?

**Mr. Gilleshammer:** Ultimately the province will make that decision.

**Ms. Barrett:** One final question then. If your timetable is more or less accurate on the time that the consultation process will be concluded, then we should have those new rates published and in our hands before the end of this estimated session is completed then, by the end of June?

**Mr. Gilleshammer:** Just like the estimate on the end of the session sometimes is a rather nebulous date to sort of wrestle to the ground, it may be that the consultation takes a little longer, but I would think towards the end of June or July we may be able to announce those rates.

**Ms. Barrett:** So there is a possibility that we would be asked to debate and have public hearings on and vote on Bill 70 prior to having knowledge of the rate structure and the entitlement structure that Bill 70 is going to operate and regulate.

**Mr. Gilleshammer:** I do not know whether the member has spent the spring vacation studying Bill 70 or not, but the purpose of the bill is to do two things.

It is to give a common access to social allowances across the province and to also standardize the rates at which people are part and parcel of the social allowance system. The rates are set on an annual basis and are not really part of the legislation.

There is some separation in what Bill 70 will do and the actual rate setting.

**Ms. Barrett:** Yes, I understand that. I may, perhaps, not have made myself clear. However, this is a major change in policy direction.

It will have major financial impacts not only on the recipients of municipal social assistance wherever they live in the province, but also on the municipalities throughout the province and, particularly, if for no other reason than because of volume, the city of Winnipeg.

While technically the two items are separate, there should be, to inform the debate and to allow for as positive and helpful public hearings on this bill, it would seem to me that the—if not the specific rates, at least where the rate structures appear to be going, would be very helpful to have prior to the bill being actually finished in the House.

**Mr. Gilleshammer:** I think I understand what the member is saying, but I do not think you should confuse the actual rates with the concept. The concept is to have a single rate and a single criteria. I anticipate the member would support that because I believe one of her colleagues, when he was minister of social services, attempted to do this, announced that this was part of the policy of the NDP party. Really, the rates are quite apart from the concept of having a single criteria for entry into the social allowances system and also having rates that are the same whether it be in Brandon or Winnipeg or Dauphin.

As I say, I anticipate that the member and her party will support that and we will have to let the rate setting process and meetings with department staff and the SARC committee take place apart from that.

**Ms. Barrett:** Madam Chairperson, the income assistance for the disabled is a new initiative that this government has instituted this year, and it has with an estimated cost of \$8 million for, I understand, 11,100 individuals being eligible or anticipated being eligible for that program.

I am wondering if the minister can tell me how eligibility is determined for this new program.

\* (2320)

**Mr. Gilleshammer:** We have a system of a panel that assesses eligibility that consists of some medical people and some people from regional operations. The people who were identified immediately were people who were in the system at that time.

Certainly, some people will leave the social assistance, one way or another. Others will come onto it, but the determination of eligibility is done by a medical panel.

**Ms. Barrett:** Madam Chairperson, is this the same process that has been in place for a period of time, the eligibility panel?

**Mr. Gilleshammer:** That is correct.

**Ms. Barrett:** So if an individual wishes to access this program, how do they go about doing that? Do they make application through their case worker?

**Mr. Gilleshammer:** Yes, that is correct. They would access the services available at an income assistance office, and if they wanted to be evaluated by the medical panel, they could make their desire known to the staff there.

**Ms. Barrett:** Are there any guidelines for the definition of disability under this program?

**Mr. Gilleshammer:** The guidelines for identifying disabled recipients are the same today as they were a year ago or a year before that. So the advent of a new program has not necessitated the creation of new rules for this.

**Ms. Barrett:** Well, are there specific guidelines that the panel takes a look at? I would assume that if a person is confined to a wheelchair for 24 hours a day that that is a fairly clear-cut case of disability. But there might very well be, I mean there are, a full range of symptoms or behaviors or problems that people might have that could, under one classification or another, be termed disabled or be termed disability and allow that person access to this program or other programs that have been underway prior to this. I am wondering if you can

give me a general sense of what those guidelines might be and the amount of discussion that the panel has in making that determination?

**Mr. Gilleshammer:** The primary guideline is such that the individual is disabled so that they are unable to support themselves through employment.

**Ms. Barrett:** That determination of inability to support themselves through employment is made by the panel? Is it ever made by the case worker or some other individual before it gets to a panel?

**Mr. Gilleshammer:** The decision is not made by a case worker, it is made by a medical panel, and the basic criteria again is that the individual is unable to support themselves through employment. The medical panel will hear input from the individual, from the caseworker, from a medical doctor to reach their decision.

**Ms. Barrett:** Is there an element in the determination that they have attempted to find employment and have been unable to do so, or how is the unable-to-support-themselves criteria—I guess what I am saying is, in an economic climate such as ours it could or should be very broadly defined, because many people who are under better economic conditions able to find work are not able to in these economic times. People who are disabled to a certain extent under better economic situations might be able to find work. So, is that taken into account?

**Mr. Gilleshammer:** Well, I guess the fact of the matter is that if the client was able to work they would be part of the municipal assistance roll. This has not been an issue with the medical panel or with recipients in the past that the panel has received information on the individual and a decision has been made. Now, if the member is suggesting that decisions now are more difficult, they should not be. The criteria has not changed and that panel is charged with the task of determining whether the individual is able to support themselves through employment.

Now, I suppose if you were to say, might there be some gray areas there, I suppose the panel ultimately makes the decision, and it is a system that has worked in the past. There is an appeal process as well through the Social Services Advisory Committee. So I am not aware of any case where someone has disputed the ruling of the medical panel or the—but then again they do have an appeal

process. The system has worked in the past. I would anticipate it will continue to work.

**Ms. Barrett:** The minister has anticipated my next question and perhaps partially at least answered it. So, to date, I know that the program has not been in place that long, but is there information on how many people have made application under this program and how many people have been turned down out of that number?

**Mr. Gilleshammer:** We do not have information with us tonight regarding that, but I would say to the member that everyone who was regarded as being a disabled recipient prior to the advent of the new program was moved over into the new program. I am not sure how many applicants we have had in the last few months, but we will determine to see if we have any information that would satisfy the member.

\* (2330)

**Ms. Barrett:** Yes, my information is anecdotal, but I have had a couple of individuals speak with me about the fact that under the old program the one member of the household was declared to be disabled, and now under this new program the partner has asked to be classified as disabled and has potentially—feels that they have had some problem in getting that additional disability. My understanding is that, yes, the people who were classified as disabled before automatically got moved over, but if you were not classified before, you have to go through the medical panel process. As I said, it is early; it has not been in effect for very long; but, if there are any preliminary indications that there are people who have applied and have not been accepted, if the minister has any information on that either now or later, I would be appreciative of having that.

**Mr. Gilleshammer:** I would say again that the procedure has not changed, and if the person wants to be evaluated before the panel, the same rules and regulations are in place today as a year ago. I guess I recognize what the member is saying. There may be a financial advantage to have that designation, but the process is the same. The evaluation will be consistent, and I guess all parties have to live with the judgment that is made by a professional medical panel.

**Ms. Barrett:** One other element on the whole issue of the disabled, there are, I believe, approximately 2,100 Manitobans who are eligible for a Canada

Pension as having disabilities and having children as well, under the ages of, I believe, 24. The federal government in January of this year increased that pension by \$35 in a recognition of the—similar to the \$60 a month recognition put on by the Manitoba government of the additional costs incurred in having disabilities and having family members as well.

The problem with that \$35 is it is now being taken off the \$60 additional revenue, or in effect it is being classified as additional income rather than as a benefit that should accrue to individuals who have the family responsibilities and a disability. I am wondering if the minister can explain the rationale for these 2,100 Manitobans?

**Mr. Gilleshammer:** The member is referring to the Canada Pension Plan. The Canada Pension Plan is regarded as income to social allowance recipients. Now, there are some lump sum payments that are exempted, and I would use the GST payment that low-income Manitobans receive. A decision was made by government a year ago, or whatever, that that would be exempted and not regarded as additional income, but the Canada Pension Plan has always been regarded as additional income for social allowance recipients.

In the late 1980s and the mid-1980s and probably in the early 1980s, CPP payments were regarded as additional income. When there are increases in CPP payments, for whatever reason, to social allowance recipients that is regarded as income and, as a result, social allowances are adjusted accordingly. There are some other—and I will get staff to help me here in a minute—payments that are exempted as well besides the GST. The Family Allowance for instance is exempted and the Child Tax Credit is exempted.

The regulations have not changed, but where there is an increase in income, whether it be an inheritance, whether it be a windfall amount through lotteries or whether it be increases in CPP, those are additional income. As the member knows, the social allowances program is a program of last resort.

People who no longer require it, maybe because of a massive amount of additional income—you know, I am sure the member would have no concern that they should not be receiving it then, but there are always these instances where a family on social allowances may receive additional income, and I

say to the member, if it is CPP it is regarded as income.

**Ms. Barrett:** Yes, I have no major quarrel with the concept that a windfall or a major influx of money is and legitimately should be classified as income. However, the minister does speak about two specific exemptions to those income-considered items, that being the Family Allowance and the Child Tax Credit, both of which I would assume are classified as exempt from the earned income criteria because they reflect the realities that having children, having a family play on individuals and their children, that it is in a sense the provincial government's way of saying, here is the federal government giving individuals this money in recognition of the costs of being a parent, that it is part of the social contract that the federal government at this point at least is still accepting as its responsibility.

My suggestion to the Minister of Family Services (Mr. Gilleshammer) is that this \$35 that the federal government through the CPP plan is giving to these families could very easily be classed not as windfall income or lots of additional revenue but another in a very parallel fashion to Family Allowance and Child Tax Credit, a recognition on the part of one level of government of the additional costs incurred in being a parent when you also have a disability in the family, and that the province is not going to lose any money in this regard.

What it is doing is in a sense offloading back onto the federal government by saying, well, sure we will let you give \$35 to this person, but we are going to take in effect that \$35 off the \$60 we just said to you you could have.

These are cases where there are children involved in this, there is a pension and there is a disability. It seems to me that the parallel is far closer to Family Allowances and Child Tax Credit than it is to a windfall.

**Mr. Gilleshammer:** Well, I understand what the member is saying. There is a cost to the province and to the federal government when that is done. I would say to the member that every province in Canada regards the CPP as additional income for social allowance purposes. I guess what I hear the member saying is that she would like government to put more money into the hands of social allowance recipients. It is a laudable stance to take in opposition to raise social allowances. I know the

member will be monitoring what other provinces are doing and what this province is doing.

We have made some substantial reforms this year in social allowances that are a cost to the Manitoba taxpayer and the Canadian taxpayer. How much more would the member ask us to raise the social allowances in one year? How high should that level go? I am cognizant of the fact that her colleague is about to leap to his feet and talk to me about the poverty line, and how we have to raise the minimum wage and the social allowances to put more funds into the hands of some very poor people, but we have to balance that with the capacity of the government to add more funds to social allowances.

\* (2340)

I just say in respect to the poverty line, and I have had rather extensive discussions with the Social Planning Council of Winnipeg about where this line is established and how it is established and what it means. I used a little anecdote a while ago about some farm folks whom I met last week in Brandon when my honourable friends were out there and people who live in a nearby community whom I talked to the same day, and it is difficult to draw those lines and say that what is good in downtown Toronto should also be a valid benchmark in The Pas or Steinbach or Morden or Winnipeg.

The objective, of course, is to increase the spending power of social allowance recipients, and we can have some targets and we can attempt to raise those limits year to year. The government is faced with the reality from year to year of how much you can increase that budget. This past year we increased that budget on the basic by 3.6 percent. I know I have said it at least twice before, that compares rather favourably with what some other provinces can do, but I readily admit it is not a fair comparison because their levels may have been higher or lower and percentages are misleading.

I know that people who put together the Choices budget—I am sure members opposite had some dialogue and some input there—were looking for a total increase in Family Services of about 5 percent. We have other areas of the department we also have to give additional funding to as well, so it is very difficult. I am sure that most of us would like to see everyone living out of poverty and in comfort, but government is restricted by the amount of income that is available and also the demands on the public purse by other departments, and I think in this past

year we have done reasonably well. There are many pressures that come to bear, I am sure the member is aware of, as far as setting these rates and the total number of dollars that we can spend.

**Ms. Barrett:** Madam Chairperson, could the minister explain or give an approximate figure of what the cost to the province would be, and where the cost would come from by allowing this \$35 additional CPP benefit to flow through without being clawed back by the province? What would that cost?

**Mr. Gilleshammer:** The member is looking for some exact numbers, and perhaps the department can find that, but any money that we exempt is an additional cost in the amount of social allowances that the province and the federal government through the cost sharing have to fund. So if you are asking us not to consider CPP as additional income, that does have a cost to government because it would increase the amount of social allowances we give to that recipient if in fact we exempted that amount. Again, I point out that all provinces in Canada consider CPP as additional income.

**Ms. Barrett:** Yes, I have done some rough calculations, very rough, at \$35 a month times 12 months, it is \$420 a year per individual and for 2,100 families it would be a total of \$282,000 that 2,100 families would have access to. Twenty-one hundred families with disabilities would have an additional \$420 a year each to spend.

My understanding is that is no more of a cost to the province directly than the Family Allowance is a cost to the province directly. Am I correct? Is there an additional cost that the government has to pay to the federal government or money that the province does not get back from the federal government if they would choose to make this \$35 income exempt?

**Mr. Gilleshammer:** The cost to the provincial government is much higher than the numbers that the member has come forward with. It is because that \$35 is only a portion of the total Canada Pension Plan that that recipient will receive. The entire CPP pension is regarded as additional income. If—again the department has come forward with the figure here—if we exempted CPP to current recipients—[interjection] Well, let me finish then. If we exempted the total CPP to current recipients, there would be a cost to Manitoba prior to cost sharing of \$2.4 million. If the member is saying that

she only wants to exempt a portion of the CPP, then that is a different matter. But, again, I would say to you at the current time we do not, and no province in Canada does.

**Ms. Barrett:** Just one question of clarification on that, no province exempts CPP. Do you know if there is any other province that is looking at exempting the additional \$35 for these specific cases, or have all provinces continued the total process that CPP is all income?

**Mr. Gilleshammer:** Without having researched that on a province-by-province basis, I would simply say we are not aware of any province that exempts that \$35 or any portion of CPP, but I am sure if there is in the coming months as officials meet as they are wont to do from time to time to discuss these issues, that would become apparent. Certainly the federal government would know about it, because it would impact on them as well.

\* (2350)

**Ms. Barrett:** A final technical question—it would technically be possible for the province to say in this particular instance, this particular amount of money coming from this particular program will not be classified as earned income. So we are not having this discussion without a basis in fact. You do have the technical ability to do that, do you?

**Mr. Gilleshammer:** There are other considerations. One is that the cost-sharing plan, the Canada Assistance Plan, has some rules and regulations as well that we have to play by. We are not sure what their attitude towards exempting that would be, because it would be an increased cost to them as well.

I know that from time to time the member and sometimes even the press wonder why it takes so much time to change some regulations. It is because there is another level of government involved as well, and in order to do a thorough study of it, sometimes changes have to be vetted through federal officials to see if there is cost-sharing abilities so that a provincial jurisdiction would know whether they are responsible for 50 percent of the costs or 100 percent of the costs. That is another consideration in terms of making a decision on that, but I am saying to the member that we are being consistent with what other provinces do with the CPP and what we have done in the past and what we know the Canada Assistance Plan has cost-shared with us in the past.

**Madam Chairperson:** Item (b)(1) Social Allowances \$238,489,100. Shall the item pass?

**Mr. Alcock:** We would not want to allow it to pass without some consideration of the impact of this particular line on the people of this province, would you, Mr. Minister?

I note that it is within seven minutes, and that strikes me as just about enough time to get the question on the floor, and it does not really give the minister enough time to adequately answer. I know he would like to do that. I wonder if it would be the will of the House to call it twelve o'clock?

Well, I appreciate the minister's interest in hearing the question and I will attempt to lay it out in a way that provides him with sufficient background so that he can spend the intervening time preparing the answer. I would hope that in doing so we will get an answer that provides us with some factual background rather than simply dealing with the wish lists or the wannabe's of this particular minister in this department.

The question when you approach the Income Security Program, I mean there are the issues that arise and the concerns that arise all the time about the—I guess the way to describe it is on the fringes of the support program, the little adjustments that you are going to make that might change the basic entitlements. But the question that is central to providing income support is: Are you going to allow people on means to get off it? Are you going to do two things: Are you going to allow people who have no other means of securing adequate support and will be on income security in some fashion for the rest of their lives the ability to live in dignity; or are you going to allow people who have an opportunity to transition of some adequate means of getting off of it?

I looked at a series of pieces of research that were done in the U.S. looking at the patterns that have developed there, particularly in their core communities in their downtown ghettos. People have developed a lifestyle based on the provision by the government of some sort of income maintenance. The problem was always: How do you accommodate the working poor? How do you deal with those boundary issues between those people who are on full income support and those people who are managing? The minister used an example of people in his constituency earlier who manage in some way to get by on what may be even



less money than the government is prepared to provide.

The question is: How do you allow people who are currently being supported by the province to acquire sufficient income or to acquire some income as an incentive to getting themselves off into independence without providing, perhaps, more support than the average individual would be normally entitled to under the normal operation of the program?

So what I would be interested in is—and I would like to approach that perhaps from the perspective of the guaranteed annual income proposal that has been discussed at some length by this government and by the national government. I saw a series of articles just recently where there was something of a review of it from a Manitoba perspective.

What research has this government done to follow up on the Mincome experiment that was conducted here in the early 1970s? That is one thing I would like to know.

The second thing I would like to know is: Does the government have any structured approach to examining minimum income or guaranteed annual income today in today's context?

The third thing I would like to know is: What research do they have that suggests that providing income support acts as a significant disincentive to work?

The fourth thing I would like to know is the number of people who are on that boundary between full-income support and in that transitional position where they are moving off full support and into independence. I would like to get some idea of the numbers and what that transitional path is.

How much income are people allowed to acquire? At what rate? How much do they give up? And other questions that I think are of equal importance to the minister as he attempts to unravel this particular question.

The real question is: What can we do to allow the people who live in this province to maximize the

opportunities that they have? This department has a responsibility, not just to the provision of support, but to provide people with the path that allows them to move into personal independence.

I am interested in the discussion that the minister had with the member for Wellington (Ms. Barrett) about the changes to the program. I want some more information on the program for the disabled, and I want a little more detail on the Health Services Program and why there is such a minor adjustment to that program in the face of such a large increase in the number of people on the services.

I think that cuts across a few of the areas that the minister might want to prepare for. I think, in summary, though, what I would like the minister to consider is laying out his plan, the direction that he wants to take this program in, to provide some sort of support for people that does not lock them into having to develop a life style that only allows them to access support from the public purse.

I would like to try to understand how a reduction or a lowering of the support for work incentives, for training, for people to access other kinds of support in order to develop the skills necessary to get off income security, equates to the kind of goals that the minister sets for this program, which talks about allowing people to build strengths.

I would like to hear from the minister on a range of issues. I think I will leave it tonight on this whole question of how we help people get off income support, how we allow them to achieve a life of true dignity.

**Madam Chairperson:** Is it the will of the committee to call it 12 midnight? As previously agreed, the hour being 12 midnight, committee rise.

\* (0000)

## IN SESSION

**Madam Deputy Speaker:** Order, please. The hour being 12 midnight, this House is adjourned and stands adjourned until 1:30 p.m. tomorrow (Tuesday).

**Legislative Assembly of Manitoba**

Monday, April 6, 1992

**CONTENTS**

**Committee of Supply**

Health	1838
Family Services	1878