



HANSARD

Second Session - Thirty-Sixth Legislature

of the

Legislative Assembly of Manitoba

**DEBATES
and
PROCEEDINGS
(Hansard)**

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Speaker*



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MANITOBA LEGISLATIVE ASSEMBLY
Thirty-Sixth Legislature

Members, Constituencies and Political Affiliation

Name	Constituency	Party
ASHTON, Steve	Thompson	N.D.P.
BARRETT, Becky	Wellington	N.D.P.
CERILLI, Marianne	Radisson	N.D.P.
CHOMIAK, Dave	Kildonan	N.D.P.
CUMMINGS, Glen, Hon.	Ste. Rose	P.C.
DACQUAY, Louise, Hon.	Seine River	P.C.
DERKACH, Leonard, Hon.	Roblin-Russell	P.C.
DEWAR, Gregory	Selkirk	N.D.P.
DOER, Gary	Concordia	N.D.P.
DOWNEY, James, Hon.	Arthur-Virden	P.C.
DRIEDGER, Albert, Hon.	Steinbach	P.C.
DYCK, Peter	Pembina	P.C.
ENNS, Harry, Hon.	Lakeside	P.C.
ERNST, Jim, Hon.	Charleswood	P.C.
EVANS, Clif	Interlake	N.D.P.
EVANS, Leonard S.	Brandon East	N.D.P.
FILMON, Gary, Hon.	Tuxedo	P.C.
FINDLAY, Glen, Hon.	Springfield	P.C.
FRIESEN, Jean	Wolseley	N.D.P.
GAUDRY, Neil	St. Boniface	Lib.
GILLESHAMMER, Harold, Hon.	Minnedosa	P.C.
HELWER, Edward	Gimli	P.C.
HICKES, George	Point Douglas	N.D.P.
JENNISSEN, Gerard	Flin Flon	N.D.P.
KOWALSKI, Gary	The Maples	Lib.
LAMOUREUX, Kevin	Inkster	Lib.
LATHLIN, Oscar	The Pas	N.D.P.
LAURENDEAU, Marcel	St. Norbert	P.C.
MACKINTOSH, Gord	St. Johns	N.D.P.
MALOWAY, Jim	Elmwood	N.D.P.
MARTINDALE, Doug	Burrows	N.D.P.
McALPINE, Gerry	Sturgeon Creek	P.C.
McCRAE, James, Hon.	Brandon West	P.C.
McGIFFORD, Diane	Osborne	N.D.P.
McINTOSH, Linda, Hon.	Assiniboia	P.C.
MIHYCHUK, MaryAnn	St. James	N.D.P.
MITCHELSON, Bonnie, Hon.	River East	P.C.
NEWMAN, David	Riel	P.C.
PALLISTER, Brian, Hon.	Portage la Prairie	P.C.
PENNER, Jack	Emerson	P.C.
PITURA, Frank	Morris	P.C.
PRAZNIK, Darren, Hon.	Lac du Bonnet	P.C.
RADCLIFFE, Mike	River Heights	P.C.
REID, Daryl	Transcona	N.D.P.
REIMER, Jack, Hon.	Niakwa	P.C.
RENDER, Shirley	St. Vital	P.C.
ROBINSON, Eric	Rupertsland	N.D.P.
ROCAN, Denis	Gladstone	P.C.
SALE, Tim	Crescentwood	N.D.P.
SANTOS, Conrad	Broadway	N.D.P.
STEFANSON, Eric, Hon.	Kirkfield Park	P.C.
STRUTHERS, Stan	Dauphin	N.D.P.
SVEINSON, Ben	La Verendrye	P.C.
TOEWS, Vic, Hon.	Rossmere	P.C.
TWEED, Mervin	Turtle Mountain	P.C.
VODREY, Rosemary, Hon.	Fort Garry	P.C.
WOWCHUK, Rosann	Swan River	N.D.P.

LEGISLATIVE ASSEMBLY OF MANITOBA

Tuesday, April 16, 1996

The House met at 1:30 p.m.

PRAYERS

ROUTINE PROCEEDINGS

PRESENTING PETITIONS

Home Care Services

Mr. Jim Maloway (Elmwood): Madam Speaker, I beg to present the petition of Diane Favell, George Koutroubis, D. Downey and others requesting the Premier (Mr. Filmon) and the Minister of Health (Mr. McCrae) to consider reversing their plan to privatize home care services.

Ms. MaryAnn Mihychuk (St. James): Madam Speaker, I beg to present the petition of J. Havelock, V. Lemon, G. Stargardter and others requesting the Premier and the Minister of Health to consider reversing their plan to privatize home care services.

Ms. Marianne Cerilli (Radisson): I beg to present the petition of Michelle Pinsonneault, Rachel Preston, Colin Hiebert and others requesting the Premier and the Minister of Health to consider reversing their plan to privatize home care services.

Mr. Doug Martindale (Burrows): Madam Speaker, I beg to present the petition of Karen Mazowta, Susan Gigliotti, Elizabeth Morsette and others requesting the Premier and the Minister of Health to consider reversing their plan to privatize home care services.

Mr. Kevin Lamoureux (Inkster): Madam Speaker, I beg to present the petition of Theresa Scott, Marvyn Cohen, Cecilia Breyese and others requesting the Premier and the Minister of Health to consider reversing their plan to privatize home care services.

Mr. Tim Sale (Crescentwood): Madam Speaker, I beg to present the petition of Mary Matewish, Helen T. Abbott, Nelson Bourdon and others requesting the Premier and the Minister of Health to consider reversing their plan to privatize home care services.

READING AND RECEIVING PETITIONS

Home Care Services

Madam Speaker: I have reviewed the petition of the honourable member for Inkster (Mr. Lamoureux). It complies with the rules and practices of the House. Is it the will of the House to have the petition read?

An Honourable Member: Yes.

Madam Speaker: The Clerk will read.

Mr. Clerk (William Remnant): The petition of the undersigned citizens of the province of Manitoba humbly sheweth:

THAT on at least six occasions during the 1995 provincial election, the Premier promised not to cut health services; and

THAT on December 16, 1995, a plan to privatize home care services was presented to Treasury Board; and

THAT this plan calls for the complete divestiture of all service delivery to nongovernment organizations, mainly private for-profit companies as well as the implementation of a user-pay system of home care; and

THAT previous cuts to the Home Care program have resulted in services being cut and people's health being compromised; and

THAT thousands of caring front-line service providers will lose their jobs as a result of this change; and

THAT profit has no place in the provision of vital health services.

WHEREFORE your petitioners humbly pray that the Legislative Assembly of Manitoba may be pleased to request the Premier (Mr. Filmon) and the Minister of Health (Mr. McCrae) to consider reversing their plan to privatize home care services.

* (1335)

Licensed Practical Nurses

Madam Speaker: I have reviewed the petition of the honourable member for Kildonan (Mr. Chomiak). It complies with the rules and practices of the House. Is it the will of the House to have the petition read?

Some Honourable Members: Dispense.

Madam Speaker: Dispense.

THAT many LPNs have been eliminated from most acute care facilities in Manitoba, including St. Boniface, Seven Oaks, and most recently HSC; and,

THAT the LPNs of this province are valuable members of the health care system, providing professional, competent, skilled and cost-effective services; and

THAT staffing cuts will only result in declining quality of health care and potentially tragic outcomes; and

THAT it will not be long before the negative results of this shortcut effort are realized, including higher costs and poorer services.

WHEREFORE your petitioners humbly pray that the Legislative Assembly of Manitoba urge the Minister of Health to recognize the value of LPNs and to consider reversing the decision to cut LPNs in Manitoba.

TABLING OF REPORTS

Hon. Linda McIntosh (Minister of Education and Training): Madam Speaker, I am pleased to table the 1996-97 Departmental Expenditure Estimates, Supplementary Information for Legislative Review for the Department of Education and Training.

Hon. Jim Ernst (Minister of Consumer and Corporate Affairs): Madam Speaker, I am pleased to table the 1995 Annual Report of the Public Utilities Board.

Introduction of Guests

Madam Speaker: Prior to Oral Questions, I would like to draw the attention of all honourable members to the public gallery where we have seated this afternoon, huit

militaires canadiens du ministère de la Défense nationale, sous la direction de Pauline Kennedy.

[Translation]

. . . eight members of the Armed Forces from the Department of National Defence under the direction of Pauline Kennedy.

[English]

This institution is located in the constituency of the honourable member for Sturgeon Creek (Mr. McAlpine).

On behalf of all honourable members, I welcome you this afternoon.

* (1340)

ORAL QUESTION PERIOD

Home Care Program Privatization—Study Release

Mr. Gary Doer (Leader of the Opposition): Madam Speaker, my question is to the First Minister (Mr. Filmon).

Madam Speaker, day after day we have been asking this Premier, who has approved the plans to privatize home care, to give us any studies, any evidence, of why the best home care program in North America would be privatized under the ideology of his government. The Premier has repeatedly refused to answer any questions or table any reports in this Legislature dealing with this very, very important health care service.

I asked yesterday and my colleague asked the week before to table the Connie Curran study on home care, a report paid for by the people of this province, as a courtesy to the people of this province.

I would like to ask the Premier whether he could table Connie Curran's report today. He approved it as head of the cabinet of government. I would like to ask the Premier whether he has any study to validate his position to privatize home care, and would he agree today to stop the privatization and keep home care services in Manitoba as built by Manitobans in this province?

Hon. Vic Toews (Minister of Labour): Madam Speaker, that gives me the opportunity to advise the House of the status of the matter relating to the strike regarding the home care services.

I would indicate that the government's position in this matter has been that we had offered a 12-month status quo agreement and we were prepared in an initiative to deal with contracting out of services for 25 percent of Winnipeg. There would be in fact no contracting out of services outside of the city of Winnipeg. The issue is not an issue of privatization, Madam Speaker. This is an issue of contracting out for the services. We in fact have indicated to the union that we are prepared to hear any bids from them in respect of the provision of these services. If the services are provided by the union, we have no objection to that.

Privatization

Mr. Gary Doer (Leader of the Opposition): Madam Speaker, I suppose the minister is continuing on under the leadership of the Premier not to table the Connie Curran report, a report paid for by the taxpayers of this province, because they have no study to validate their position.

Now, given that the buck presumably stops at the Premier's desk—and he is the one who has initiated this privatization, he is the one who is in charge of policy of the government—yesterday I asked the Premier whether in fact the government had listened to Mr. David Martin, who is president of the Manitoba League of Persons with Disabilities. The Minister of Health (Mr. McCrae) in Hansard yesterday went on to say that Mr. Martin did not know the details of their decision; he commented without knowing any of the details of what was being put forward. "They did not know,"

Madam Speaker, I want to table a letter from the Manitoba League of Persons with Disabilities that clearly contradicts the minister that they do know, that they are blaming the government of Manitoba, the Filmon government, for creating the turmoil and trauma on behalf of home care privatization, and they are calling on the government to stop privatization.

I would ask the Premier today, in light of the answer we received from the Minister of Health yesterday, would

he please stand up and stop the privatization of home care services as requested by the Manitoba League of Persons with Disabilities?

Hon. Gary Filmon (Premier): Madam Speaker, I want to point out to the Leader of the Opposition that in seven other provinces home care delivery is done in a variety of different manners that offers choice and competition within the system to people who require the service, seven other provinces. In addition to that, our province instituted a pilot project with the Seven Oaks Hospital that was reported on extensively publicly in which the satisfaction rate for those who receive the services was extremely high, and in the process of discussion of that it was stated publicly that the government would look at further utilization of choice and competition within the system to ensure that we had the flexibility to offer the services that the people of Manitoba depend upon and require through home care.

Madam Speaker, with respect to different proposals that this government has been prepared to consider and the flexibility that this government has been prepared to consider in discussion with the Manitoba Government Employees' Union, just yesterday in response to a request by the union negotiators for consideration of a moratorium to be placed on this decision, we responded to their unconditional request just for a moratorium that we would consider and indeed agree to a moratorium of 60 days so that further discussions could take place, so that the conciliator could work and so that the Government Employees' Union themselves could consider whether or not they wish to put in their own proposal with respect to the delivery of home care on a competitive basis. That was rejected by the union.

* (1345)

Mr. Doer: Madam Speaker, I remember the government putting a moratorium on all the cuts in health care and the privatization of health care after the by-elections in '93 right until after the election, and look what happened after that. Look at the seniors dealing with their Pharmacare, another moratorium placed by this government before the election versus after the election, so I would recommend that the moratorium be basically, we have a policy in this province that is a made-in-Manitoba policy to keep privatization away from home care.

Madam Speaker, Manitoba was the first province to establish home care in North America, and we were one out of 10 when we started home care in the early '70s. We started it as a nonprofit service. It has been evaluated as the best home care service in North America. The Manitoba way is not to have profit in home care. I would ask the Premier to stop the privatization and go back to the made-in-Manitoba way of stopping privatization of home care.

Mr. Filmon: Madam Speaker, I hesitate to correct the Leader of the Opposition, but home care began in this province as it was delivered by the VON and developed by the VON in the '60s, almost a decade before government adopted the elements of home care and institutionalized it with a bureaucracy. The concept of home care and the development of home care happened in the private sector by the VON, and I would wish him to correct the record.

Home Care Program Privatization

Mr. Dave Chomiak (Kildonan): Madam Speaker, the Premier ought to realize that the reason the government introduced home care as a government nonprofit public plan in the 1970s was because it was not working in the private sector and that is why it was brought in as a public plan in the first place.

Madam Speaker, the most important relationship in health care is that between the caregiver and the patient. Many caregivers in this province have spent years with the patient. Why is this government jeopardizing those relationships, those caregiving patterns that have grown up over the years by their hell-bent desire to privatize a system that is already working in this province?

Hon. James McCrae (Minister of Health): Madam Speaker, the honourable member would do well to choose his words carefully when he wants to make disparaging comments about organizations like the Victorian Order of Nurses, which has served our province so well for so long.

The honourable member has been told and others have been told many times of the commitment of this government not only to the health system in general, for which funding has increased under our government very significantly over the funding of the previous government

in Manitoba, but he has also been reminded that spending in home care in the city of Winnipeg and throughout Manitoba has increased very significantly, in Winnipeg to the tune of 113 percent over the last eight years. In those eight years, growth in the program and demand on the program has grown significantly and the government has kept pace with that with annual funding increases. Indeed, with changes in the future to our hospital system and the fact that our population continues to age, there will be very, very significant pressure in the future and we need to have a variety of service deliveries available to us so we can have the flexibility we need.

Mr. Chomiak: Madam Speaker, our home care workers are amongst the lowest paid in the country, yet we have the best system.

My question for the Minister of Health is, will the government not listen to the people who provide the care, the people who receive the care, the people, associations that have said, this is the government's fault for putting us in the situation we are in? Not play games about 60-day moratoriums and then let out tenders. Stop this privatization plan today and go back to the system we had in the first place.

Madam Speaker: The question has been put.

Mr. McCrae: Madam Speaker, the honourable member says he wants us to go back to the system we had in the first place. I have just been handed a report, which I am advised was commissioned by the previous New Democratic Party government, and these honourable members, they put great stock in reports. Well, this one recommends user fees. This is something that the New Democrats commissioned.

Some Honourable Members: Oh, oh.

Madam Speaker: Order, please. The honourable Minister of Health, to complete his response.

* (1350)

Mr. McCrae: Madam Speaker, this NDP-commissioned report also would put limits on the hours of service to people. This is the kind of report that honourable members commissioned, and then they are critical if you go along with reports. You are critical if you disagree with reports or people who make them; they are critical if you agree.

For example, let us look at the design teams, which is composed of all kinds of—

An Honourable Member: Barb Biggar.

Mr. McCrae: The honourable members do not want to hear this part of the answer.

Mr. Chomiak: Madam Speaker, why is this government which was so convinced that their private sector friends can deliver home care when in fact we are advised that the home care companies, some of them, are refusing to send workers today into the inner core of Winnipeg because they are afraid of what conditions exist there, why are they so hell-bent on working with their private sector friends when they will not even send workers into the core of Winnipeg?

Madam Speaker: The question has been put.

Mr. McCrae: I would like the honourable member to tell us about the kinds of conditions he is talking about so that we can understand that and address the issue.

Madam Speaker, the same report to which I referred a few minutes ago was very critical of the Home Care program, the program that the honourable member for Kildonan simply says, let us just go back to the way we were. If we simply just go back in everything we do in health care—it is simply, go back to the way it was—every Health minister across this country will tell you that if that advice were followed, in very short order our health system would come crumbling down around us. That is not a legacy I or my colleagues would like to leave to future generations.

If honourable members want that, so be it, but they are not going to have that opportunity. More responsible people will prevail, and there will be a health system in the future.

Home Care Program Privatization

Mr. Steve Ashton (Thompson): Madam Speaker, on a daily basis we are seeing the government's true agenda on home care. It was never something promised in the election. They have no objective studies to support privatization. Most importantly, they have no support

from the users—disabled, those with Alzheimer's, multiple sclerosis—for the moves that they are making right now.

What I would like to ask the Minister of Health is what his real agenda is. I would particularly like to ask the Minister of Health, when he first raised the issue of private home care with some of the private care operators, including, in particular, that of We Care, which is operated by a very close personal friend of his from Brandon, when did he first raise the issue of privatization of our home care system with those private operators?

Hon. James McCrae (Minister of Health): Madam Speaker, the honourable member—I will not dignify some of the comments he made in his preamble by responding to them. They are simply scurrilous and inappropriate.

I recall when Seven Oaks Hospital contracted with a private company by the name of We Care back in 1994. Honourable members have suggested that there is no mandate for any change in our health system, which I certainly disagree with.

I say to the honourable member that he should ask his seatmate, the honourable member for Kildonan, who attended at Seven Oaks Hospital the day the report of that project was made public, the honourable member for Kildonan very grudgingly, but nonetheless did so, supported the results. He supported the very, very positive outcome that was reported at that time. This was February 3, 1995, that it was reported, and may I suggest to honourable members that they—

Madam Speaker: Order.

Mr. McCrae: I am sorry, Madam Speaker.

Mr. Ashton: Madam Speaker, I would appreciate it if the minister could dignify this House by answering the question.

* (1355)

Madam Speaker: Order, please. The honourable member for Thompson was recognized for a supplementary question, which requires no preamble or no postamble to the minister's response.

Mr. Ashton: Thank you, Madam Speaker. I will ask the minister then, whether he in fact, as early as 1989, was making public statements with Bev McMaster, the head of We Care based in Brandon, indicating support for the privatization of home care. Will he come clean and put his own personal agenda on the record? When did he first raise the issue of privatization?

Mr. McCrae: Madam Speaker, I remind the honourable member that a good portion of our Home Care program in the city of Winnipeg is already privatized through the auspices of the Victorian Order of Nurses, a private nonprofit organization. [interjection]

Well, if the honourable member wants to talk about profit and nonprofit, let him do that. That is fine with me, but do not imply that the Victorian Order of Nurses is not a private organization because that is exactly what it is.

The honourable members, on the one hand, suggest, oh, this is all new, and on the other hand now today through the honourable member for Thompson, want to draw some long history of this. Well, I can certainly go back to before the election back in 1995 when the report from the Seven Oaks project came out, and there was plenty of notice. I believe it was on page A1—I think that is the front page of the Winnipeg Free Press—which talks about, watch for more of this sort of thing to come, and in increments. That is what we are seeing now.

Mr. Ashton: Madam Speaker, will the Minister of Health—he will not answer the first two questions—confirm, and this is based on a statement which I will table in the House made by a former senior employee with We Care who is here at the Legislature today, that at a gala for We Care staff and management held at the Victoria Inn in Brandon in June 1989, Bev McMaster, with Jim McCrae at her side, said that we—that is We Care—were in the best position because home care would be privatized in the future?

Will the minister admit to the fact that he has a personal agenda for the privatization of home care?

Mr. McCrae: Madam Speaker, the honourable member can quote what someone else says. I cannot be responsible for what somebody else had to say. I do not mind what people say. I sit here every day and hear a

variety of statements made by honourable members from all sides of the House, and, ultimately, they will be responsible for their own statements.

Madam Speaker, what I do understand is that there is a dynamic and growing requirement for home care services, there are people who are willing and able to provide home care services and that they will be offered an opportunity, along with the Manitoba Government Employees Union, along with the Victorian Order of Nurses.

I remind honourable members that it was not so long ago there was a tender call for home intravenous therapy services, for example, at St. Boniface General Hospital and everybody lined up and put their tenders in. Honourable members will recall, the Victorian Order of Nurses was the successful bidder.

Point of Order

Mr. Ashton: On a point of order, Madam Speaker, Beuchesne Citation 417 is very clear that answers to questions should be as brief as possible, deal with the matter raised and should not provoke debate.

I asked whether the minister was there in 1989. He made no reference whatsoever to his connection with We Care in his answer to the question. I would like to ask you to call him to order and ask him to finally answer some of the serious questions we are raising about home care in this House.

Madam Speaker: Order, please. The honourable member for Thompson indeed does have a point of order. Beuchesne Citation 417 states that answers to questions should indeed reply to the question asked; however, I must add that I believe the minister was within the time limit allowed.

* (1400)

Home Care Program Privatization—Impact on Women

Ms. Diane McGifford (Osborne): Madam Speaker, last week, when I pointed out to the Minister of Health that 98 percent of home care workers scheduled to be laid off in June are women and therefore privatization targets a vulnerable and recognizable group, he said that he had

high regard for the contribution home care workers made to their fellow citizens. Yet yesterday in this Legislature, the minister showed no respect as he railed against home care workers.

I want to ask the minister today to stand by his claims of regard, to support the women of Manitoba who are providing the best home care in North America, and to immediately cancel his implicitly sexist plan to privatize home care.

Hon. James McCrae (Minister of Health): Madam Speaker, I hope the honourable member will allow me to make this very clear. At no point have I railed against home care workers and at no point will I ever do it. If occasionally I become agitated, it is more likely to be at honourable members opposite and some of their sidekicks at the head of the unions in this province, but I have—[interjection] If the honourable member wants to go back and review the records, he will see that when I was Labour critic sitting over on that side of the House, every time I spoke it was on behalf of workers and it was not on behalf of union bosses and, of course, not on behalf of honourable members opposite with whom they have regular councils.

Some Honourable Members: Oh, oh.

Madam Speaker: Order, please. I would remind all honourable members that every single member in this Chamber deserves the same equal amount of respect, and I would ask that when people are answering questions the members respect that that individual member has the floor. I would ask for the same return courtesy when a member is responding to a question.

Ms. McGifford: Madam Speaker, it comes as no surprise to me that the minister does not know what he was doing—

Madam Speaker: Order, please. The honourable member for Osborne was recognized for a supplementary question which requires no preamble.

Ms. McGifford: Will the minister listen to clients, many of whom are elderly women who have opened their homes, hearts and bodies to their workers and who support their workers, who put their faith in home care

and not We Care, and in the wisdom of Evelyn Shapiro and not Connie Curran?

Mr. McCrae: Madam Speaker, when the New Democrats commissioned this Price Waterhouse study back—

An Honourable Member: Is there an answer to this question, ever?

Madam Speaker: Order, please.

Mr. McCrae: Madam Speaker, in studies commissioned by the previous government or any work done by the present government that has been done, it has been done because there is a need expressed very often by our clients and made very clear to us that there are indeed issues to be resolved in the Home Care program. The New Democrats recognized it back in '86, '87; we recognize it now.

The complaints that come forward, and they come up all the time, have to do with the efficiency of the program, the responsiveness of the program. It has to do with focusing on the patient for our efforts instead of focusing only on the government or on the care provider, but let us put some focus on the client. Is there anything in the system that brings about innovation? Is there anything there to trigger or give incentive for innovation? Those are issues that our clients are very concerned about and so are we, and that is the focus of what we are trying to do, and we are very mindful of the workforce involved here.

The honourable members forget, too, that in addition to the workforce, we have clients as well.

Regional Health Boards Appointment of Women

Ms. Diane McGifford (Osborne): I want to ask the minister again, as I asked him yesterday, to appoint some women to his regional boards and so protect the health needs of Manitoba women and so ensure that implicit sexism does not continue tainting Manitoba's health care policies and practices.

Hon. James McCrae (Minister of Health): Madam Speaker, I can reply again for the honourable member that in partnership with the Manitoba Cancer Treatment

& Research Foundation, we have established two of the three breast screening centres in Manitoba. I am told that we have already made moves that have saved the lives of our fellow citizens in Manitoba who are women. That is something we should all support and be proud of, and I am mindful also of the points raised by the honourable member yesterday and again today.

Home Care Program Labour Dispute

Mr. Kevin Lamoureux (Inkster): Madam Speaker, my question is for the Premier.

The Liberal Party believes that the client is far too often left out in this whole debate. The Minister of Health (Mr. McCrae) constantly talks about the need and the importance of the client. We have seen the client during the emergency services at our hospitals being left out there. We once again are seeing our clients being left and pushed to the side by this government. The Minister of Health has gone out of his way to blame the health care professionals once again for the clients—passing it on to the clients.

My question to the Premier: Is the Premier today prepared to accept the responsibility of this strike, and what is the Premier prepared to do to put an end to this strike?

Hon. Gary Filmon (Premier): Madam Speaker, I point out to the member for Inkster that in any dispute there are two sides involved and engaged in an attempt to settle a dispute, and the leadership of the union has determined that it is in its best interest to ask its members to withdraw services from those in need.

An Honourable Member: Whom do you think decided?

Mr. Filmon: The union leadership decided—

An Honourable Member: The workers voted. It is called democracy, something you would not know very much about.

An Honourable Member: Before there was anything on the table.

Mr. Filmon: —before there was anything on the table, before any negotiations took place.

In anticipation of the strike, we have in the last couple of days at the request of the union, firstly, appointed a conciliator. We are happy to do that in an effort to try and resolve it without having strike action. Secondly, in response to the union's request to create a moratorium or a delay on the decision, we offered a 60-day delay. The union rejected that.

I think at every opportunity this government has shown that it wants to do what is reasonable in order to avoid that work stoppage, but ultimately the decisions that will affect the lives of, regrettably, those who need the services, whom we feel very badly about, those decisions are being made by union leadership, I guess, against the best interests of those who are receiving and depend upon the services.

Privatization

Mr. Kevin Lamoureux (Inkster): Madam Speaker, I am wondering if the Premier can indicate and at least acknowledge what the clients know, and that is that the privatization of home care services will mean a decrease in the quality of services being delivered to home care services. This is what the Minister of Health is taking—

Madam Speaker: Order, please. The question has been put.

* (1410)

Hon. James McCrae (Minister of Health): Absolutely not, Madam Speaker. The honourable member could not be more wrong. If he looks across this country he will see that in most jurisdictions there is a mix of service delivery in the various places. You know, only Manitoba and Quebec do not have user fees.

The honourable member says he supports home care, which we on this side certainly do. Does he not have a view of the health care system that is in a context of the world we are living in, or is it in some other place where reality is but a figment of his imagination?

Only recently—and I quote from the Halifax Mail-Star where it says home health care could be privatized.

Health Minister Ron Stewart is about to privatize home care. By year's end, those who make all those meals, change bandages and administer morphine in homes across the province will have to bid for the job. We are designing a whole new system, the minister said.

Madam Speaker, we are talking about 25 percent of competition in the city of Winnipeg, and the honourable member is in some other world somewhere.

Privatization—Study Release

Mr. Kevin Lamoureux (Inkster): Madam Speaker, the world I am in is the province of Manitoba.

My question to the Minister of Health: Can the Minister of Health table any document that would clearly demonstrate the privatization of home care services is not going to degrade or bring down the quality of home care services that is currently being delivered today by a system that is working?

Hon. James McCrae (Minister of Health): The honourable member wants something—here is a Price Waterhouse report that was commissioned by New Democrats in 1986-87 dealing with the—[interjection]

Some Honourable Members: Oh, oh.

Madam Speaker: Order, please.

Point of Order

Mr. Lamoureux: Madam Speaker, on a point of order. In Beauchesne's, it makes reference to the fact that we put forward the questions. We appreciate a straightforward answer.

The question was would he table the information that the minister might have. If he feels that the information that he continuously quotes from is the only information he has, then table that information.

What we want and the workers want is information.

Madam Speaker: Order, please. I would remind the honourable member for Inkster, this is not a time for debate, and it is clearly not a time to dispute what other members are putting on the record.

The honourable minister had barely started his comments, so unfortunately I am not able to rule that there is a point of order due to the fact that I did not even hear a portion of his response before the honourable member for Inkster was on his feet to raise a point of order. The Speaker stood to maintain order and decorum in the Chamber because there was definitely noise erupting from both sides of the Chamber.

The honourable Minister of Health, to complete his response.

* * *

Mr. McCrae: Madam Speaker, my memory is not clear on whether the honourable member for Inkster was also at Seven Oaks Hospital the day the report that was the result of that project was released to the public. The report speaks in very positive terms of the patient outcomes and speaks in very positive terms of the patients' point of view with respect to the services that were delivered.

As I was trying to say—the honourable member puts his question in the context of a privatized system—the report that the NDP commissioned, the Price Waterhouse report, was all about a privatized system. That is the system where, without tender, the Victorian Order of Nurses, a private nonprofit agency, had control of a lot of the Home Care program here in the city of Winnipeg.

So, you know, there has been plenty of study over the years. It is time to do something for the clients of home care.

Home Care Program Labour Dispute

Mr. Gord Mackintosh (St. Johns): My question is for the Minister of Health.

With the public argument between the First Minister (Mr. Filmon) who says that profit care will save \$10 million over three years and the Minister of Health, on the other hand, who says, no savings, while home care clients are now displaced or without service, would the minister tell us whether the likely financial costs of the minister's strike will be factored into a proper costing of the profit care plan when he gets around to it?

Hon. James McCrae (Minister of Health): Madam Speaker, this is not the minister's strike, believe me. My colleague the Minister of Labour (Mr. Toews) and myself and others have been very, very active in trying to forestall this sort of activity on the part of the union leadership. We had a strike vote taken and a decision made on a deadline even before discussions began. The honourable member knows all that, and yet he has the gall and the nerve to stand on his feet to put a question like that. Shame on the honourable member.

Mr. Mackintosh: A supplementary: Would the minister admit that this strike, and I perhaps correct myself, that this government brought on could cost about one-half million dollars a day, more than twice as much as home care costs yesterday? Is that the cost of this minister's stubbornness?

Mr. McCrae: Madam Speaker, I know a couple of things: We are not going to be paying people not to work, No. 1, and No. 2, we are going to continue to press the union, if they insist on having a strike, to recognize that there are certain people in these circumstances whose needs are absolutely needing to be met on an essential basis.

I mentioned those groups yesterday in the House and elsewhere, and I cannot understand an opposition party that would not urge a union with which it has this organic fusion, I do not understand why they would not urge them to recognize people with Alzheimer's disease, people with Parkinson's disease, multiple sclerosis, severe cases of arthritis and others who need home care services. Why will honourable members not stand up for those people? Why, Madam Speaker?

Revenues Government Estimate

Mr. Tim Sale (Crescentwood): Madam Speaker, in the Third Quarter Report for 1995-96, the Finance minister suggests that revenues for 1995-96 net of the \$145 million one-time lottery transfer will exceed \$5.480 billion.

I would like to ask the minister if he believes that these revenue predictions remain reasonable for the year just past.

Hon. Eric Stefanson (Minister of Finance): Madam Speaker, the short answer is yes.

* (1420)

Mr. Sale: I thank the minister for that answer. Could the minister then explain why the revenue estimate for 1995-96, after deducting the \$145-million lottery transfer, after deducting the net cut in federal transfers, is still \$50 million greater than he now projects for this year, 1996-97? Last year's revenues are bigger. How come?

Mr. Stefanson: Madam Speaker, whenever it has come to numbers in the past, I have had difficulty with the accuracy of information that this member brings to the House. He obviously may be misreading the two reports, but I can tell him today that if he looks at our 1996-97 budget, our own source revenues are up by approximately 3.6 percent in terms of our taxation revenues and our direct revenues, Madam Speaker. As he mentioned, our transfers from Ottawa are down by in excess of a hundred million dollars, and our overall lottery transfers are down.

Mr. Sale: Madam Speaker, will the minister acknowledge that in my first question I took those matters into account, and does he still wish to defend his ridiculously low 1996-97 revenue Estimates, which are now seen to be \$50 million less than he expected for the past year, and that he has deliberately underestimated revenue for this year as part of the camouflage for the cuts to those who receive home care, Pharmacare, eye care, hospital care? This is just camouflage. Will he finally acknowledge his revenue Estimates are nonsense?

Mr. Stefanson: Once again, the member for Crescentwood is absolutely wrong, and I will provide him with all of the detailed information in terms of the 1996-97 revenue Estimates. In terms of our own source taxation revenues, they are up by 3.6 percent. Obviously, as has happened with him on many occasions, the comparison he is doing is inaccurate. He is probably comparing apples to oranges.

Madam Speaker, in terms of our own source revenues, taxation is up 3.6 percent. In terms of retail sales tax revenue, it is up 6.3 percent. Where our revenues are down are in the areas of transfers from Ottawa—they are down by in excess of \$100 million—and in terms of

combined transfers from lotteries, they are also down, but our own source revenues are up and they are up reasonably.

Mental Health Care Housing

Ms. Marianne Cerilli (Radisson): Madam Speaker, I have written the government recently about the move to place mental health patients in Manitoba Housing Authority vacant bachelor suites and elderly persons housing blocks, and I am concerned that these clients are not going to have the necessary home care support and that the Manitoba Housing Authority staff are not properly trained to deal with the increasing demands.

I want to ask the Minister of Health, how many outpatients have been placed at 185 Smith Street or other elderly persons apartment blocks, and what numbers of trained support staff have been also placed there to make sure that these people are integrated safely into the community?

Hon. James McCrae (Minister of Health): Madam Speaker, I certainly share the honourable member's concerns. The details of her question we can address as we get into the process of review of my department's Estimates, which comes up pretty shortly.

Madam Speaker: The honourable member for Radisson, for one very short question.

Ms. Cerilli: I want to ask the Minister of Health how his department has responded to a letter from the Winnipeg regional director for Housing that says, my staff have neither required time nor appropriate training to adequately address the needs of this segment of the tenant-client base. Not only does it exhaust our human resources, it can also cause a wave of distress to the general building population. Has the Department of Health—

Madam Speaker: Order, please. The question has been put.

Mr. McCrae: Madam Speaker, I will obtain the response and provide it to the honourable member.

Madam Speaker: Time for Oral Questions has expired.

MEMBERS' STATEMENTS

Home Care Services

Mr. Mervin Tweed (Turtle Mountain): Madam Speaker, as the MLA for Turtle Mountain, I have expressed pleasure in standing and addressing the House in the past. Unfortunately, today, I do not feel as much pleasure. Growing up, it was always engrained in me that the truth—that there are two sides to every story; however, when I look around myself and my colleagues today I see a different scenario.

Madam Speaker, the Manitoba Government Employees' Union voted to strike without any consultation with the employer and that is not fair. Quite frankly, without negotiations, how can the union even call a strike? This is most unfair now because those whom the unions apparently care so much about are being held hostage to the actions of their irresponsible union.

Some Honourable Members: Oh, oh.

Madam Speaker: Order, please. We are now at Members' Statements in Routine Proceedings and all members deserve respect and courtesy.

Mr. Tweed: Madam Speaker, I am receiving many phone calls from the rural home care workers who are upset. They tell me that they are being told by their unions and the NDP that they have to go on strike, that they have no choice, that they are being threatened by unions and other—

Some Honourable Members: Oh, oh.

Madam Speaker: Order, please.

Mr. Tweed: So much for democracy, but I want to impress upon this House that home care workers in my constituency have as their primary concern the people that they work for—

Some Honourable Members: Oh, oh.

Madam Speaker: Order, please.

Mr. Tweed: Madam Speaker, would it be fair if I started again?

I do want to impress upon the House that home care workers in my constituency have as their primary concern the people that they work for and with, and that, Madam Speaker, I assure you, is the correct perspective. It is high time that the unions realize that it is being extremely irresponsible by voting to strike without first consulting the employer.

Some Honourable Members: Oh, oh.

Madam Speaker: Order, please.

The honourable member for Turtle Mountain, with 10 seconds to quickly complete his remarks.

Mr. Tweed: If the union cares so much about the people they serve, then how can they leave them in the lurch with this undemocratic strike. Meet with the employer and then discuss a strike vote.

This is hypocrisy at its worst, Madam Speaker. Manitobans are not being told this side of the story and for that reason I state these concerns so that they are recorded in the minutes of this House.

Mr. Conrad Santos (Broadway): Madam Speaker, I would like to make a statement on home care.

Today we witnessed government's attempt to plan and privatize home care services against the interests of the patients. Home care patients do not support the privatization move. Home care workers do not support privatization of home care. This government is forcing the home care workers to display their opposition by going on a strike.

This Filmon government disregards the rights and needs of the patients. They disregard the rights and needs of the disabled people. They pay no attention to the interests of the public. This arrogance of this government is leading to a systematic destruction of the home care system and generally of our health care system.

This Filmon government refuses to hold province-wide hearings regarding the future of home care, more likely than not because they are afraid of what they would hear. While making money is the engine that drives our economy, there are certain circumstances where it becomes morally objectionable. When it is done on the backs of the sick and the poor, then it is no longer

acceptable. Those who run this government avoid consultation systematically because they know what they would like to hear. They just cut government services, including home care, on the verge of destroying health care in this province. Thank you.

Winnipeg AAA Bantam Monarchs Hockey Team

Mr. Mike Radcliffe (River Heights): Madam Speaker, today I would like to draw the attention of the House—

An Honourable Member: Speak up a little bit.

Mr. Radcliffe: Having had trouble hearing there, the honourable members on the other side, I would like to draw the attention of this House to a significant achievement of the Winnipeg AAA Bantam Monarchs hockey team.

Last week, in Lethbridge, Madam Speaker, this team represented Manitoba in an exemplary fashion, winning the bronze medal in the Western Canadian Bantam Championship. The players on the team come from throughout southwest Winnipeg, including my own constituency of River Heights.

The Bantam Monarchs finished second in the regular-league play in the city and won the right to represent Winnipeg in the provincial bantam championship by winning the city's championship playoff series.

The Bantam Monarchs, Madam Speaker, won the provincial championships in Brandon, setting the stage for the team's strong effort in Lethbridge, where they represented Manitoba so proudly. The goaltender for the Bantam Monarchs, Ryan Olenick was named the all-star goalie for the Western Canadian Bantam Championship tournament.

I would ask all members of the Legislature to join me today in extending our congratulations to Ryan and the Winnipeg AAA Bantam Monarchs hockey club on a very successful season. Thank you very much, Madam Speaker.

* (1430)

Home Care Services

Mr. Kevin Lamoureux (Inkster): Madam Speaker, I want to respond to the member for Turtle Mountain's (Mr. Tweed) political statement.

The member for Turtle Mountain should be fully aware of history before he starts to talk in terms of making a statement that he put on the record. Absolutely amazing, Madam Speaker, he has taken the same line of the Minister of Health (Mr. McCrae), and to a certain degree that the Premier (Mr. Filmon) has somewhat evaded, and that is to pass the blame, to blame someone else. This government has to take the responsibility for the actions that it is putting on the clients in the province of Manitoba.

I spoke to a client by the name of Ollie Maksymowicz earlier today. This is a client who said, look, We Care came buzzing at her door earlier today, and she refused to have We Care ultimately because she believed that the government services of home care services is a far better, superior, quality of home care services. So, on principle, Madam Speaker, she realizes that it is in her long-term best interest that this not be privatized for profit.

The member for Turtle Mountain and other Conservative members have to open their eyes, start consulting with some of these clients. This should have been taking place prior to a decision being made. This government did not consult, Madam Speaker, with anyone regarding home care services and the changes that they were moving into. This government should have been doing the consulting. We suggest that this government should in fact put a one-year moratorium, go out and do their homework, do the consulting, then come back. This government did not consult.

Someone in the government members says, we did. Well, Madam Speaker, they did not do any of the consulting because I have not found one individual that told me that this government has consulted them.

Madam Speaker, I trust I will get another opportunity to speak during an emergency debate. Thank you.

Ms. Becky Barrett (Wellington): Madam Speaker, I, too, would like to respond to the member for Turtle Mountain's (Mr. Tweed) comments in his member's statement earlier. It is unconscionable, absolutely unconscionable that the member for Turtle Mountain and, by extension, the entire government caucus, says that home care workers do not care about their clients. That is unconscionable. The Minister of Health (Mr. McCrae), the Premier (Mr. Filmon) when he has deigned

to stand in this House and now the back-bench members of this caucus, the government caucus, are attributing the worst possible kinds of ideas to home care workers, 3,000 of them in this province who care desperately for their clients, who have worked for years for the same clients.

Madam Speaker: Order, please.

Point of Order

Mr. Steve Ashton (Opposition House Leader): On a point of order, the Premier (Mr. Filmon), Madam Speaker, once again is making comments across the way, talking to our member about being honest. Apart from the irony of that coming from the Premier, I would like to ask that you ask him to withdraw those unparliamentary comments.

Madam Speaker: The honourable government House leader, on the same point of order?

Hon. Jim Ernst (Government House Leader): Yes, Madam Speaker. Just a few moments ago the member for Thompson (Mr. Ashton) and a number of his colleagues were sitting in their seats yelling and screaming almost at the top of their lungs at the member for Turtle Mountain (Mr. Tweed). When some comments are returned during the statement by the member for Wellington, he pops up on his feet because he is concerned. When was he concerned when the member for Turtle Mountain was up there and when he was yelling and screaming from his seat?

Madam Speaker: Order, please. On the point of order, I did not hear the comments uttered by the honourable First Minister. I will take the matter under advisement and, if necessary, report back to the House.

* * *

Madam Speaker: The honourable member for Wellington has one minute, five seconds remaining.

Ms. Barrett: Thank you, Madam Speaker. I would like to also take exception to the comments made by the member for Turtle Mountain and also wish that he would share with the Minister of Labour (Mr. Toews) the reality about the democratic process of membership in a union and the process that is undertaken. It was not the union

bosses who voted to strike. It was the home care workers who were pushed to the wall by this government's lack of consultation. Those home care workers voted overwhelmingly that in order for them to protect their client's well-being, their client's best interests and the best home care system in the entire North American continent, they had no other option but than to go on strike. For the member for Turtle Mountain and the Premier and the Minister of Health and the Minister of Labour to say that it was the union bosses is a total disregard for the whole free collective bargaining process and no wonder this government is in such trouble with its own workers.

MATTER OF URGENT PUBLIC IMPORTANCE

Home Care Workers' Dispute

Mr. Dave Chomiak (Kildonan): Madam Speaker, I move, seconded by the member for Concordia (Mr. Doer), that the ordinary business of the House be set aside under Rule 27.(1) to discuss the home care workers' dispute.

Madam Speaker: Order, please. Prior to acknowledging the motion moved by the honourable member for Kildonan, I regrettably neglected to identify Grievances on the Order Paper.

Before recognizing the honourable member for Kildonan (Mr. Chomiak), I believe I should remind all members that under our subrule 31.(2), the mover of a motion on a matter of urgent public importance and one member from the other party in the House is allowed not more than five minutes to explain the urgency of debating the matter immediately.

As stated in Beauchesne's Citation 390, urgency in this context means the urgency of immediate debate, not the subject matter of the motion.

In their remarks, members should focus exclusively on whether or not there is urgency of debate and whether or not the ordinary opportunities for debate will enable the House to consider the matter early enough to ensure that the public interest will not suffer.

Mr. Chomiak: Madam Speaker, I rise today to urge this Assembly do something that has not been done

during the whole course of this debate, ever since the government secretly tried to put through a plan to privatize home care, and allow the public, allow the elected representatives of the province of Manitoba to discuss the issues and the ramifications of the government's plan to privatize.

As we speak in this Chamber, this government is sending out clerks and other clerical people from the Department of Health to go out and visit home care patients—as we speak, Madam Speaker. They are doing that because their friends in the private sector, the ones that they are going to rely on to privatize home care do not have the capacity or the ability to deal with home care in the city of Winnipeg.

As we speak, the government plays games in the negotiation process. They say a 60-day moratorium on the strike. What is a 60-day moratorium? They are going to hold off tenders for 60 days, and then 60 days later they are going to give tenders out. What satisfaction is that? That amounts to nothing. That amounts to absolutely nothing.

The major issue at stake here is the privatization of a service that is recognized as the best in North America. What is at stake here are clients who unanimously deplore the government's plans to privatize and workers who deplore the government's plans to privatize and every single study and every single expert in the province of Manitoba.

Madam Speaker, we require an opportunity to debate in this Chamber the ramifications of what the government is doing, because as we speak the government is putting in place a so-called contingency plan in order to deal with this issue. Perhaps if members could hear arguments rather than simply the dictates I presume of the Premier (Mr. Filmon) or the Minister of Health (Mr. McCrae) who have said what they are going to do in home care, if they could hear arguments from members on this side of the House as to why privatization is not in the best interests of Manitoba, if they for once could open their ears and not just their mouths to spew forth the rhetoric that they do in this Chamber, if they had an opportunity to listen to what the arguments are against their move to privatize, perhaps the government could stop this entire process in its tracks, and we would be able to stop the

potential difficulties that could occur as a result of this dispute.

Madam Speaker, I am to speak to the urgency of this debate. As we speak, the home care clients are having sent to them clerical people from the Department of Health trying to do home care, and why do we have that? We have that because the government is refusing to budge on the fundamental issue of privatization

* (1440)

Even though the Estimates are starting shortly in this Chamber, that affords us an opportunity to review questions on a line-by-line. The Home Care line is not until much further down in the process. We require an opportunity to debate the issue of privatization right now, because as we speak the government is playing games with offers, playing a public relations game, trying to blame the unions, trying to blame the workers, trying to blame everybody, but where in fact the blame lies is with themselves and their inability to listen to reason, to listen to logic, to listen to policy.

If there is not an issue that requires debate in this Chamber, I dare say there is no single issue in the province of Manitoba requiring a debate more urgently and more at question than the whole issue and the whole plan of this government to privatize home care. With their lack of study, with their lack of information, there is no issue in this province that requires a more urgent discussion, an urgent debate, as we face a labour dispute that has been brought on by this government and this government's inability to listen.

If we had a debate, perhaps the members could stand up and for once perhaps we might hear even a reason as to why they are privatizing, perhaps one reason, and maybe if we had a debate they could even come up with two reasons but, I dare say, the reason members opposed the debate and the reason that they have not been able to give us any reasons for the privatization of home care is that they do not have any. They do not have any reasons for privatization other than their own ideological bend and their own recommendations and reports of their friends in the private sector who have said, privatize, give us the profit, we will take the money, Madam Speaker, and their friend Connie Curran, who recommended privatization.

So I suggest and I urge, given the seriousness of the labour situation facing us, given the fact that the government has chosen to play games in the negotiation process by putting up token gestures, we in this Chamber, in fact, it is our duty to debate this issue. It is our duty to discuss the policy ramifications. It is our duty to look at this issue so that we can resolve this issue as soon as possible. Thank you, Madam Speaker.

Madam Speaker: I would like to draw to the attention of all honourable members that the motion just currently moved is not identical in wording to the MUPI that was submitted to my office earlier this morning. On February 17, 1992, the Speaker ruled that the MUPI was out of order because the original text was not identically the same as the motion that was served as notice earlier in the day.

Is there leave to permit the honourable member for Kildonan to revert or rescind the motion he proposed and resubmit the motion the same as notice was served on this morning? [interjection] Order, please. I have asked the House if there is leave.

Some Honourable Members: No.

Madam Speaker: No? Leave has been denied.

Mr. Kevin Lamoureux (Inkster): Madam Speaker, I would then move, seconded by the member for St. Boniface (Mr. Gaudry), that under Rule 31.(1) the ordinary business of the House be set aside to discuss a matter of urgent public importance, namely, the strike by home care service workers.

Madam Speaker: The motion indeed is in order and, before recognizing the honourable member for Inkster, I would remind all members that under subrule 31.(2) the mover of a motion on a matter of urgent public importance and one member from the other party in the House is allowed not more than five minutes to explain the urgency of debating the matter immediately. As stated in Beauchesne's Citation 390, urgency in this context means the urgency of immediate debate, not of the subject matter of their motion.

Mr. Lamoureux: Madam Speaker, I would like to demonstrate to the House that in fact this is an urgent

matter that does warrant the debate of this Chamber. In fact, we would like and encourage all members to be able to participate in an active debate to talk about the whole issue of privatization of health care. Why? Primarily because what we have to start looking at is the health and well-being of the clients of the province of Manitoba.

This is something that we believe that the government is not doing, and we want to hear from the government in terms of what they believe is in the best interests of the clients. We heard earlier from the member for Turtle Mountain (Mr. Tweed). What I want to hear from is more of the cabinet ministers. I want to hear from the Premier (Mr. Filmon) in terms of what he believes is important in terms of home care services. We have to be able to understand the fear that is out there, that is in the minds of the many home care clients that are scattered throughout the province of Manitoba. I make reference to this Ollie Maksymowicz, an individual elderly lady that I talked to earlier today and I made reference to it in a nonpolitical statement. The fear that she has is that if the government moves towards the privatization for profit of home care services, then at the end of the day she is going to see the quality of care being downgraded, and that is a legitimate concern.

There are many other arguments, Madam Speaker. I could talk, for example, about how the privatization of home care services is going to lead to the establishment of a two-tier system, one that will be more enhanced and in a better position for those that have more of the economic means as opposed to those who do not have the same sort of economic resources. We have clients scattered throughout the province that rely on home care services. We have an individual like I just finished citing who wants to be able to have those home care services delivered to her but is not prepared to cross the picket line because what she believes is fundamentally that this is the government that is causing the problem.

We have a responsibility in opposition to clearly demonstrate that it is this government that is causing the problem and the only way that we can do that and, hopefully, be successful is if we allow all members of this Chamber to let Manitobans know, through this Chamber and the constituents that we represent, what our thoughts and our opinions are. [interjection] Well, the Minister of Highways (Mr. Findlay) will have to excuse me if I am somewhat emotional on this issue. It is an important

issue to all Manitobans, and I will speak as loud as I so choose.

Madam Speaker, I believe ultimately that if there is any reason to believe whatsoever by allowing this debate to occur that we can prevent the strike from continuing, that alone is worth allowing this debate to proceed. The costs that are being incurred by allowing the strike, if you like, to continue on—you have individuals going into institutions, whether hospitals, personal care homes; you are having a growing reliance on members of the family and other nonprofit organizations; you are putting into jeopardy the care that is being provided—ultimately this is something that does warrant the attention of an emergency debate. I would ask that you give consideration or possibly even canvass the House to see if there is the support to allow this debate to go on. Ultimately, yes, Health Estimates does follow this, but it does not allow the opportunity for all members to be able to participate in that debate and we want to talk about the home care services. Home care services is not the first thing up on the agenda. The Minister of Health (Mr. McCrae), the Premier (Mr. Filmon) know about that, so let us stand up for the clients in the province of Manitoba. Let us do what is right. Let us allow this emergency debate to occur. Thank you very much.

Mr. Steve Ashton (Opposition House Leader): It is ironic that earlier today we had admonitions from members of the government about democratic process, which, I think, shows their fundamental disdain for just the common sense and intelligence of many home care workers who have made a very difficult decision, a decision that has been forced upon them by the actions of this government. But I say that it is ironic that the government talks about democratic process, because when it comes to home care, never once have they ever campaigned on privatizing home care. Never once in this House have they debated privatizing home care. Never once have they submitted it to a vote of this Legislature.

That is not democracy. They have no right to lecture home care workers or anybody in this province about democracy. Madam Speaker, that is why we want to see an emergency debate today in this Legislature on home care. As we speak, I believe that there are people at risk. This government, driven by the agenda, the private agendas of private home care companies and the private agenda of this minister, is bringing us to the brink—

Madam Speaker: Order, please.

* (1450)

Points of Order

Hon. Jim Ernst (Government House Leader): Firstly, Madam Speaker, your admonition at the start of the member for Kildonan's (Mr. Chomiak) address to the matter of urgency, your admonition to the member for Inkster (Mr. Lamoureux) with respect to urgency—and somewhere in there, I suppose, there might have been something about urgency—but in the address for the member for Thompson (Mr. Ashton) not yet has he mentioned any urgency at all, and he has been speaking for two or three minutes.

So, Madam Speaker, I ask you to call him to order. I have been very patient. I listened to the member for Kildonan not talk about urgency; I listened to the member for Inkster not talk about urgency—save one or two comments—when your admonition clearly said that it is urgency that is the matter of debate.

Secondly, Madam Speaker, the member for Thompson just imputed motives, serious motives to the Minister of Health. I think that is highly inappropriate, and the member ought to withdraw that immediately, for clearly that is beyond the rules.

Mr. Ashton: I will just ask for some advice, Madam Speaker, as I believe, the minister raised two separate points of order, and I would like to comment on both. I would just like to ask for your advice on how we should proceed in dealing with those two separate points of order.

Madam Speaker: Indeed, the government House leader did raise two distinctly separate points of order. I will deal with the first point of order, the matter of urgency, first.

The honourable member for Thompson, on the first point of order.

Mr. Ashton: Madam Speaker, I believe that, if the government House leader would have listened to my comments, I made reference to the fact that people are at risk currently, and I was just addressing the very degree

of urgency that is required for a matter of this importance to be discussed by the Legislature as our rules and our traditions in this House. Whenever we get a matter of such importance, we often debate it. I also have some comments on the second point of order, too. I do not know if I should make those here.

Madam Speaker: I indicated to the member for Thompson earlier, I will deal with them as two explicitly separate points of order.

On the government House leader's point of order, indeed, the government House leader had a point of order, and I explicitly referred to the urgency of debate. Beauchesne's Citation 390 is very clear: "Urgency within this rule does not apply to the matter itself, but means 'urgency of debate', when the ordinary opportunities provided by the rules of the House do not permit the subject to be brought on early enough and the public interest demands that discussion take place immediately."

The honourable member for Thompson, on the second point of order.

Mr. Ashton: Madam Speaker, on the subsequent point of order, my comments were based directly on a sworn statement that I raised earlier in Question Period which point very clearly to the fact that as early as 1989 the Minister of Health was working with We Care and one Bev McMaster towards the privatization of our home care system, and indeed that was an agenda and it was a private agenda. It was never once revealed to the public of Manitoba—

Madam Speaker: Order, please. My understanding of the government's point of order was that the honourable member for Thompson had imputed motives of the honourable Minister of Health. Now, I have not ruled on that point of order. Does the honourable member for Thompson wish to further comment on the point of order?

Mr. Ashton: Yes, Madam Speaker, I do.

Madam Speaker: Very quickly.

Mr. Ashton: Thank you, Madam Speaker. I mention this because I did indeed and I have said earlier and I will

say again that the minister had a private agenda related to home care that was one of privatizing home care. Indeed it was revealed as early as 1989 in conjunction with We Care. That is a statement of fact; it is not impugning motives. The fact is this Minister of Health has always been pushing for the privatization of health care. I would say that the reference to a private agenda is the fact that it was not made public in any election by the Minister of Health or the Premier, so in fact a private agenda is not only not impugning motives, it is a statement of fact and it is a very accurate description of what occurred.

Madam Speaker: Order, please. On the second point of order, I will take it under advisement. I will indeed check Hansard and review all comments made on the point of order and report back to the House if necessary.

* * *

Madam Speaker: The honourable member for Thompson, who has three minutes, twenty seconds remaining.

Mr. Ashton: I want to once again, for the benefit of the government House leader and others, point to the very urgency of this matter. As we speak, I believe that the health of home care clients in this province is being placed at risk by a government that is currently now seeking individuals with clerical experience to take care of home care clients.

Madam Speaker, you referenced Beauchesne 390. We have no other opportunity to debate home care, the urgent situation. The minister knows, the government House leader knows that we do not even reach the line in Health Estimates on home care—it could be some weeks if not months before we reach that line. We have people at risk currently. We have no other opportunity to try and bring this government to its senses before something very serious happens in this province.

I am raising this today as a member of this Legislature because I am concerned on behalf of my constituents and many other Manitobans that this government is pushing ahead with its private agenda at the expense of home care clients in this province. I am extremely concerned that if we do not have any kind of debate it may be a fait accompli, and something serious will happen.

I ask only one thing of this government now. I would like to see them drop the privatization of home care, but I ask them only to do one thing today. At least give us, the members of the Legislature, the opportunity to speak out on behalf of the thousands and hundreds of thousands of Manitobans who oppose what they are doing on home care. If you are so sure of what you are doing, why are you not going to agree to a debate on this matter, I ask the government House leader. An emergency debate is two hours of the time of this Legislature. Is it not two hours that would be well invested to try and get some sense of what this government is doing?

Madam Speaker, I believe we have had precedents in this House where previous speakers have given the uniqueness of this occasion, similar occasions of the past, we have canvassed the House on whether there should be an urgent debate. Indeed, I would urge you as Speaker and I would urge the government to allow us one thing today on the day that I believe is a very serious day for Manitoba. It is a very unfortunate day. At least allow the elected members of the Legislature who represent one million Manitobans one thing, and that is to debate the very serious concerns that are being expressed about the private agenda of this government. That is why I would urge you to allow us to have the House decide on whether there should be a debate on this very urgent matter. Thank you.

* (1500)

Mr. Ernst: **Madam Speaker,** as I said earlier, I patiently listened to the member for Thompson, the member for Kildonan (Mr. Chomiak) and the member for Inkster (Mr. Lamoureux) all relate their story with respect to this issue.

The fact of the matter is, though, that yesterday you ruled a matter of urgent public importance out of order for reasons that are no different today than they were yesterday. As a matter of fact, today it is even less urgent than it was yesterday, because this afternoon, depending upon the timing of your ruling, within five minutes we can be discussing this issue in the Estimates of the Department of Health.

While the member says, well, we cannot deal with it because it does not come up until later in the Estimates of

the Department of Health, that is true. Home Care does not come up until later. But everything under the sun has always historically been discussed under Administration, which is the first item in the Estimates of the Department of Health.

* (1510)

As a matter of fact, the members opposite, in proposing this motion, are actually shortchanging themselves because, Madam Speaker, if we start within five minutes they will have two and a half hours to discuss Health as opposed to two hours in the House here. So they are going to get an extra half an hour by ignoring their own motion, and they will also get an opportunity not just to put their point of view on the record but to ask the Minister of Health questions. I mean, that is the whole portent of Estimates, to have that discussion.

I heard the member for Kildonan on a number of occasions say, we must have a discussion about this issue of home care, but in an emergency debate in the House there is no discussion. They put their point of view on the record, we put our point of view on the record, end of story. But, Madam Speaker, in the Estimates of the department there is an opportunity for discussion. There is an opportunity to ask questions. There is an opportunity to seek clarifications, all of which is more to their own advantage than the motion put forward by the member for Inkster. So on that alone, you should rule it out of order.

Madam Speaker: I thank all honourable members for their advice. The honourable member for Inkster (Mr. Lamoureux) has moved a motion which reads that the ordinary business of the House be set aside in order to discuss a matter of urgent public importance, namely the strike by home care service workers.

As members know, the Speaker's role in a matter of urgent public importance is examining whether the requirements set out by this House's rules and practices have been met. Firstly, I would advise that the required notice of 90 minutes was given.

The second requirement is, are there are no other opportunities for the matter to be debated. On this point, the Estimates order indicates that the Estimates for the Department of Health will commence today, so the member will have the opportunity to raise the issue in that form. Also, the honourable member on future days

can use the vehicle of a member's statement and grievance.

The third test is, will the public interest suffer if the matter is not debated today? Because the member has another opportunity to discuss the matter today, I would rule that the public interest will not suffer if the home care workers' dispute is not debated in the form of a matter of urgent public importance.

There is no question the dispute is a serious matter; however, I must rule that the motion proposed by the honourable member for Inkster (Mr. Lamoureux) does not meet the procedural requirements of the rules and practices of this House.

ORDERS OF THE DAY

Hon. Jim Ernst (Government House Leader): Madam Speaker, I move, seconded by the Minister of Education (Mrs. McIntosh), that Madam Speaker do now leave the Chair and the House resolve itself into a committee to consider of the Supply to be granted to Her Majesty; Health in Room 255 and Executive Council here in the Chamber.

Motion agreed to, and the House resolved itself into a committee to consider of the Supply to be granted to Her Majesty with the honourable member for La Verendrye (Mr. Sveinson) in the Chair for the Department of Health; and the honourable member for St. Norbert (Mr. Laurendeau) in the Chair for Executive Council.

COMMITTEE OF SUPPLY (Concurrent Sections)

HEALTH

Mr. Deputy Chairperson (Ben Sveinson): Will the Committee of Supply please come to order.

This section of the Committee of Supply will be considering the Estimates of the Department of Health.

At this point, I would just like to inform committee members of some changes to the rules with regard to speaking times in Committee of Supply. Please note, the address of a minister introducing a new department and the corresponding opening address of critics from official recognized opposition parties are limited to a maximum

of 30 minutes. After opening remarks, all speeches by any member or questions or comments are limited to 10 minutes.

Does the honourable Minister of Health have an opening statement?

Hon. James McCrae (Minister of Health): Mr. Deputy Chairperson, I propose to be brief in my opening comments today. I am pleased to be back with my colleagues in the Legislature to discuss the Estimates of Expenditure for the Department of Health. The last year has been extremely eventful for the health system in Canada, and certainly Manitoba is no exception.

The coming year, I suggest, will be eventful, as well, as we attempt with our partners in health to address the kinds of changes that will need to be made in order for us to rebuild a health system that would be sustainable for those who need the health system now, but also for future generations. The things we do now are extremely important for the future. The things we decline to do now may even be more important in that, should we decline to embrace the kinds of challenges that confront us, we will have given up, we will have said we just cannot do it, we just cannot sustain or we cannot preserve a health system for our country. To me as a Canadian, Mr. Deputy Chairman, that is not sufficient if we are to be doing our work.

I know that the staff of the Department of Health have been facing, along with honourable members and I and the rest of society, these challenges these past few years, and I would like to take just a moment to make a comment or two about the department itself, which itself has undergone and must still undergo change in order to be ready to address the challenges that confront us. I would like to pay tribute to the personnel in the Health department for the work that has been done, and perhaps, in my paying tribute to them, I continue the plea that they continue their good work for the future in health care.

* (1520)

I think we sometimes tend to take for granted the good work that is done by people, not only at the level of community health or in our hospitals, but I am confining these comments to people who work in the Department of Health. Challenging times, even troubling sometimes, as

we address gravely important matters, and we do it in an environment that sometimes does not seem to offer too much appreciation for what is being done. I would just like to place on the record, all the way from Dr. Wade, Deputy Minister of Health, all the way through the ranks of the Health department, and say thank you for services that have been rendered and thank you in advance for the efforts that will be undertaken as we go forward for the next little while.

Similarly, all of those in funded institutions and working in our communities, whether it be in the Home Care program or the long-term care program or for proprietary or nonproprietary personal care homes or wherever they happen to be where they are working day in and day out to provide assistance to their fellow human beings, I use this opportunity to say thank you for that and to ask that everyone take whatever part they feel is appropriate in addressing the changes that lie ahead and also to keep in mind the needs that our system is trying to address, all of which revolve around the client or the patient or the customer or whatever is the appropriate nomenclature for those who are consumers of our health care system.

That being said, Mr. Chairman, I think the government is trying to play a strong role as partner in our health system. Certainly this government is when you look at spending in health as a percentage of total government spending. Here in Manitoba we rank highest in our country in that regard, which talks somewhat eloquently, I suggest, of the commitment and the priority the Filmon government places on the health of the people of Manitoba.

Within that expenditure, which is the highest level in the country as a percentage of budget, about third highest as a per capita expenditure, we have some very important things to do. At one time I think it was felt that really the only responsibility the public system had was to insure services provided by doctors and hospitals. Certainly right across Canada that has expanded very, very significantly, in recent years especially. Even in not so recent years governments have seen the value of placing some emphasis in areas of prevention and health promotion and so on. Certainly as our so-called baby boom generation approaches our sunset years, the need for services for senior citizens is going to be on the increase, and we have to be geared up and ready for that.

My honourable colleagues from the other political parties I think share similar viewpoints when it comes to the greater vision or so-called bigger picture, but when it comes to the implementation of change it is sometimes easy to fall into the habit of responding to those who might be affected by changes in the workplace without perhaps thinking the whole thing through, and it is easy to do that when you are in opposition.

In government, I do not think any of the members, the New Democrats around the table had the opportunity to be in a position where they had to be accountable for their decisions and implementations, and the same is true of the Liberal members. They have not had to do that and sometimes, today, for example, when a very unfortunate strike situation occurs in one of our most important programs it is easier, I suggest, to be on the side that would simply level the criticism than it is to be on the side where the accountability rests, that being with the government.

I accept that responsibility, Mr. Chairman. It is onerous and I take it very seriously. I want honourable members to know that I will do everything I can during these Estimates to be as accountable and as forthcoming with information as I can realistically and reasonably be so that we can make some progress here.

It is important to engage in exchange of ideas, exchange of information. It is important to do that as public policy is being developed. Ultimately decisions have to be made. You get criticized for making them, you get criticized for not making them. Ultimately decisions do have to get made and we can be pretty well assured that there will not be unanimity on every move. In fact, there may not be unanimity on very many, if any, moves that get made in the health system, whether it is in this jurisdiction or anywhere else.

The only thing I ask, through honourable members, to the members of the public is that we remember that the commitment is there on the part of the government, and the efforts are being made on the part of the government and on the part of all of the people with whom we work and consult. Ultimately, the decisions get made, and that is the time when all of those who disagree with the decision make use of the opportunity to say, well, what about me, or, you know, you did not listen to me because you did not do it my way.

That is a difficult thing because those people have a legitimate reason for bringing forward their point of view, especially if the decision has a negative impact on them in some way, usually by way of employment or the way they do their work, and I think we certainly have to be sensitive to those people, but we cannot simply not proceed with change, which is what is being urged on us. If that were to be our role, well, we would really have cast aside the responsibility that we were elected to carry out.

So, with those comments, Mr. Chairman, I will stop and allow honourable members to proceed.

Mr. Deputy Chairperson: We thank the Minister of Health for those comments. Does the official opposition critic, the honourable member for Kildonan, have an opening statement?

Mr. Dave Chomiak (Kildonan): I thank the minister for his comments, and I will commence by echoing the comments of the minister with respect to commending and recognizing the work of all of those people in the Department of Health, both within the Ministry of Health itself and all of those extensions of the Department of Health through a variety of programs, services and institutions around the province of Manitoba.

I think that it is incumbent upon us to recognize that, in fact, they are doing the work of which we speak, and they are delivering the care for which we debate, and I think it is incumbent upon us to recognize their role and to compliment them on their activities. I also wish to indicate that any of my criticism, and it is considerable, directed toward the Department of Health is not directed toward those individuals and those people, but, rather, it is toward the policy makers at the Department of Health for whom I have a good deal of criticism.

* (1530)

Normally, in this process, Mr. Chairperson, I do not make lengthy opening statements. I feel on this occasion the necessity and the need to make some extensive comments at the commencement of this Estimates process.

About a year ago, at this time, Mr. Chairperson, we were in the midst of a provincial election, and arguments

have been made long and hard by all members that health care was discussed during the course of the provincial election, and, in fact, it was. Health care was undoubtedly one of the major issues attracting attention and interest during the last provincial election, but, you know, it is very, very interesting that prior to the last provincial election, the government was aware of cutbacks in health and social transfer payments from the federal government. Nonetheless, the minister went before the people of Manitoba and before the Chamber to announce a massive capital program.

Just days before the election, he announced a massive capital program. It signified this government's commitment to the future of Manitoba and to the infrastructure of our health care system, and this was at a time when they were aware of the cutbacks in transfers from Ottawa.

At the same time, Mr. Chairperson, the minister went before the same audience, the same public of Manitoba and put together a program to reduce waiting lists because waiting lists were most extensive in the province of Manitoba.

Mr. Deputy Chairperson: Order, please. We listened intently to the comments of the minister, and I would ask all members to listen attentively to the honourable member for Kildonan while he makes his comments.

Mr. Chomiak: Thank you, Mr. Chairperson. The minister went ahead and made a commitment toward reducing waiting lists and found the time to do that, and the minister also went out and talked about a child strategy that was being put forth by the province, all his commitments. We went into an election campaign with all of these commitments.

We had the provincial election; members opposite were returned. It is interesting, all of a sudden, that commitment, that long-term commitment to the capital program, was not there. All of a sudden, the program to reduce waiting lists would not be renewed, and, all of a sudden, there is no plan or no strategy dealing with health strategy. What is more, programs like Pharmacare, that the government promised they would not touch during the campaign, have now been decimated by the policies of this government.

Programs like Home Care, which the government campaigned on and promised and committed to maintaining, are being turned on their head by the policies of this government—

An Honourable Member: What? Be honest, Dave.

Mr. Chomiak: The member will have his opportunity to speak. He could do me the privilege of allowing me to address my comments.

Point of Order

Mr. Tim Sale (Crescentwood): On a point of order, very clearly, you will have heard the member opposite asking the member for Kildonan to be honest. He is reflecting on the motivation of the member and is calling it into question. It seems to me, if we are going to get through this process with a minimum of nastiness, you are going to have to, as chairperson, recognize when members are using inappropriate language, and I would ask you to rule that the use of the language is inappropriate and ask the member to withdraw it unconditionally.

Some Honourable Members: Oh, oh.

Mr. Deputy Chairperson: Order, please. Could I have order, please? There were comments made of which I am not sure, and I am not sure if they are on Hansard either, but, if they are, I will have the wording. If it is there, I will peruse it, and I will come back with a ruling on this, but I would in turn also ask all members and caution them to use their words cautiously and try to do it in a nice fashion if we can. I would like to see these Estimates proceed in a good manner and would ask the co-operation of all members. [interjection]

* * *

Mr. Chomiak: If the member for Assiniboia (Mrs. McIntosh) wants to continue to comment, maybe she can explain something the minister has never been able to explain, the home care. Perhaps she, at some point in this Estimates process, can try to do something that has never been done by the Department of Health, and that is explain their rationalization of their privatization of home care.

Mr. Chairperson, as I was indicating earlier, this government—it is very, very difficult, in the context of change and in the context of this environment, for members on this side of the House or for indeed the public of Manitoba to attach credibility to the capacity of this government to bring about meaningful change and meaningful, adequate reform in the Department of Health, given the track record with respect to how frequently and how often the government has gone back on its word with respect to what they have said in health care.

It is very, very difficult for us on this side of the House to attach credibility to the statements of the government when they fly in the face of government actions over and over again. I am sorry to say, Mr. Chairperson, that one of the difficulties in health reform is the inability of the public and the opposition representing the public to accept at face value the comments and the arguments put forward by the government on a whole variety of subjects as concerns health reform.

The overriding issue presently facing us—we just came from the Chamber dealing with this—is the area that concerns the home care dispute that is now before us. We are in a situation facing a strike, in a strike situation, because of the inability of the government to consult, to study, to indeed provide one single, rational argument in favour of their move to privatize.

Mr. Chairperson, I am convinced that if we had not leaked the cabinet document to the public of Manitoba, the government would have, by stealth, introduced this privatization home care in the summertime without even allowing for the limited public discussion that we have been able to invoke by virtue of releasing the document. This government has not been able to provide one single study, one single expert, one single official, either inside or outside the government, who can rationalize or can provide a justification for their plans to privatize home care.

If we just take a step back from this issue, and we argue it on a rational policy basis, and we say, let us put our cards on the table—and let us try to do that in the course of these debates. Put your arguments forward as to why you are privatizing home care. Perhaps you can convince the public. Perhaps you can convince the opposition about the validity of your arguments, but if you cannot even put forward arguments, are members

opposite surprised that we do not believe them when they talk about their plans to privatize home care? Are members surprised when the public attaches absolutely no credibility to their statements concerning home care when they have not put together any arguments whatsoever, any policy arguments, any studies, any rational thought, any objective viewer who can justify their decision to privatize home care?

In light of that vacuum of argument, is it any wonder that people speculate outside this Chamber and inside this Chamber as to the reason and the rationale behind the government's initiative to privatize home care? Is there any doubt that there are rumours rampant, that there are all kinds of allegations being made concerning the privatization of home care, in light of a complete absence of evidence, absence of data and absence of information justifying the government's move to privatize home care?

Mr. Chairperson, the members opposite who sit back and make arguments about home care should come forward. They should provide the studies; they should provide the policy initiatives. Then we could have a debate. One of the reasons that we have not had a debate is because there have been arguments only on one side because the government side cannot put forward any meaningful arguments justifying the decision to privatize home care.

* (1540)

Since we have met last, the government has also decimated the Pharmacare program as we know it, the Pharmacare program that the government campaigned on. In fact, it is ironic that the Minister of Health spends more time talking about Saskatchewan, I dare say, on occasion, than he does talking about Manitoba. They put out a pamphlet during the election campaign saying that the Manitoba plan was so much better than the Saskatchewan plan, and what did they proceed to do after being elected? They put in place a program that is even more, that is even worse now, than the Saskatchewan plan.

You know, again, at the stroke of a pen, without warning to the public, without consulting with the public, without consulting with seniors, without consulting with individuals who require this care, they decimated and virtually eliminated the Pharmacare program from the

vast majority of Manitobans. Again, if they were being intellectually honest—[interjection]

Mr. Deputy Chairperson: Order, please. I am having trouble hearing the comments of the honourable member for Kildonan. Could we restrict our conversations at the table until you are recognized.

Mr. Chomiak: Thank you, Mr. Chairperson.

I understand the sensitivities of members opposite when you are given very little to defend your policies. I understand how difficult it must be, how very difficult it must be to try to defend these initiatives.

So we have had the situation since last year of the virtual elimination of the Pharmacare program, the decimation and the turning on its head of the Home Care program. We are in a strike situation with regard to home care, Mr. Deputy Chairperson, and what do we come out of? We are coming out of a situation of a debacle in the emergency wards strike. What other jurisdiction in this country has had the debacle that we saw the last few months with respect to the emergency wards where they were being opened, they were not being opened, they were justified opened, and the lack of studies and the lack of justification and the complete flip-flopping of policy and the lack of direction from this government as respects the emergency ward? We have had that since the last time we met, and is there any wonder that, again, members on our side of the House and indeed the public question the competence of the minister to deal with health care in the province of Manitoba?

Further, Mr. Deputy Chairperson, we have before us recommendations from an urban advisory committee recommending the closure of a number of health care facilities in the city of Winnipeg, more specifically, Misericordia Hospital and Seven Oaks Hospital. Now, the minister argues that these are only recommendations, and that he is looking at them. Is it not interesting that we have had recommendations made for the closure of facilities prior to financial data and a financial evaluation being done on those specific proposals? Is it not typical of the pattern and the mismanagement by the minister at the Department of Health that we would have recommendations for closures of hospitals prior to the financial data and the financial cost benefit analyses

being done? Is there any wonder why the public and why members on our side of the House question the credibility of this government and the ability of this government to manage health care in these very difficult times, to manage the change that is necessary, that all agree is necessary in health at these times, when you look at instances of mismanagement over and over and over again at the Department of Health?

Mr. Deputy Chairperson, I do not know how many times the Province of Manitoba has spent the money that has been cut back from Ottawa with respect to health care. When they froze the capital plan several months ago after promising in the election campaign and saying it was a firm commitment, they said that was the federal transfer payments. When they decimated the Pharmacare program, that was the federal transfer payments. When they could not proceed with the cancer institute, that was the federal transfer payments. When they got rid of eye care examinations, that was the federal transfer payments. You know, that money has been spent more often, I dare say, than probably fourfold—fourfold that money has been spent. When they cut \$53 million at a hospital budget this year, that was the federal transfer payments. At some point they are going to have to stop relying on that crutch in their arguments. They are going to have to face up to their own responsibilities as they relate to health care, and they are going to have to take the responsibility on their own.

This brings me to a very significant concern about the minister's and the government's approach to health care—that is, the constant finger pointing that is being made in the health care field against those individuals who have disagreements with the government policy. First, it was the nurses that were causing all of the trouble in health care; then it was the doctors that were the straw men of the government; then it was the federal Liberal government that was the straw man of the government, that was the person causing all of it; then it was the home care workers that were the problem in the system; then it was the hospital administrators that were a problem in the system, and then it is the opposition that is the problem in the system.

At some point, the government is going to have to take responsibility for its own policies, and it is going to have to stop finger pointing and blaming groups and blaming individuals and blaming others for what is happening in

health care and accept the responsibilities for which they are elected and at least have the intellectual honesty to admit that these policies are their own policies.

There is much change that is going on in health care. There will be much change that will be going on in health care in the future. It certainly is not helped when the government is not prepared to be forthcoming and provide adequate information and data to the public to allow them to discuss the issues in front of us. I cite the example of the physical examinations. There is an agreement entered into between the MMA and the government concerning the MMA agreement that was to last for a number of years. As part of the agreement, there is a negotiation between the government and the MMA and the setting up of a committee that was to determine cost savings in medicare, et cetera. One of the recommendations was for the elimination of physical exams every five years. Now, when that was revealed publicly by us again that in fact this was a policy consideration, how did the government respond? Did the government come back and provide its arguments as to why? No.

The minister said he had only conditionally approved the recommendation. Heaven knows what "conditionally approved" means. It is new in the lexicon that I have heard, but he has conditionally approved those recommendations and that they were waiting for more studies. Could the government not have said this is what we have been advised, this is what is before us, this is what we want to save, this is what the rationale is, and this is what we are looking at? No. It was deep-sixed. The information was not provided to the public, and the minister, because he was caught with the memo that said he had approved it, came back and said, well, this was not real approval, this was only conditional approval. Is it any wonder that when we hear about closures and potential closings at hospitals that we question the government and the minister when he says he has not finally approved it, when we have the games played with respect to conditional approval and nonconditional approval?

* (1550)

There is much change occurring in rural Manitoba, as well. As we speak, the government is trying to set up its regional bodies and its regional boards. Again, it has

been poorly administered, it has been poorly put into place, and we have the very unfair situation of having some boards appointed, some boards not appointed, gaps in boards appointed, a lack of representation, and like so many initiatives of the provincial government, the regional health boards are up in the air, and it is unclear as to where they are going and what they are doing.

We do know one thing, Mr. Deputy Chairperson, that these boards are going to be charged with the responsibility and are to be given envelope funding to make major changes—read that cuts—from the Department of Health, major cuts with respect to services and health care in the communities that they serve. It is not helped when the government, again, is not forthright and is not able to provide the public with directions and ideas.

Can the government not provide a listing and a public documentation as to what constitutes core services for these regional boards, what services are to be provided by the regional boards, what are not, whether or not there will be government home care services available for these regional boards to choose to offer to patients in their regions, or whether or not the only option for these boards will be privatization? Can government not at least offer to these boards and to these communities the opportunity of knowing what the parameters are in terms of the government approach?

I dare say that either it is not available, and if it is available, the government is neglecting to make this information public, to provide it to the public and to provide it to the people of Manitoba to allow them to make adequate decisions as to what is happening and what is to happen in the future health care of Manitoba.

Mr. Deputy Chairperson, we have seen in this budget the most massive cut to hospitals ever in the history of the province of Manitoba. We have seen the institution of a transit of some kind of a fund, of a \$38-million fund, to deal with changes in health care. Again, we have no information whatsoever about what is entailed by these changes, why the government is so precise in terms of the \$53-million cutback, but why they cannot provide us information as to how and where these changes are being made.

We do not have any ideas as to who administers this \$38-million fund. We do not have any understanding as

to how it is to be applied. We do not have any understanding as to what the future direction is of urban hospitals in Winnipeg. Again, it shows up, and it appears to be like so many other things that I have seen by the Department of Health. It seems to be hodgepoded on and more an effort to gain public relations credibility rather than to deal with meaningful public policy initiatives by the government.

Mr. Deputy Chairperson, we will probably spend a good deal of time during the course of these Estimates dealing with the home care initiative of this government and dealing with the government's headstrong attempt to privatize completely home care in Manitoba. I hope for the sake of the public of Manitoba that the minister is prepared to provide the rationale behind—you know, the minister keeps talking about his \$8-million initiative in home care, and we recognize that the government is providing \$8 million in home care this year. You know what, it is very interesting for the past three years we have been using statistics with regard to home care that—[interjection]

Perhaps the member for Assiniboia (Mrs. McIntosh), who is so versed in health care policy with respect to 1986-87, can enlighten this House by telling us what Connie Curran recommended with respect to home care, a report that was done as recently as two years ago, but is afraid or unable to provide the recommendations for that, Mr. Deputy Chairperson. I doubt very much that we will hear from members opposite what was in the Connie Curran report, and I welcome the opportunity for the members opposite to provide us with the details of that so that we can discuss the home care issue.

But, Mr. Deputy Chairperson, the government has provided \$8 million to home care this year, and I ask the government, is that money directed towards profit? This is the first significant increase in home care allocation and funding, the first significant increase. Now that they have provided the first significant increase, is that money going to be directed towards—

Point of Order

Hon. Linda McIntosh (Minister of Education and Training): On a point of order, Mr. Chairperson, I distinctly heard the member offer to give the microphone over to me, but then he did not pause in his speaking to allow me to take up his challenge. I do not believe it was

a bluff, I hate to think it was a bluff. But he did not then follow through on his offer—

Mr. Deputy Chairperson: Order, please. The honourable Minister of Education and Training does not have a point of order, rather a dispute over the facts.

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Mr. Chomiak: Mr. Chairperson, I want to close by indicating that we will be looking for the government to provide some kind of information and some kind of rationalization for their privatization initiative with respect to home care. We will be looking for the government to provide us with information and with justification for their move, and we will be pressing the government to do the right thing, to put the privatization plan completely on hold, to stop that program, to permit the changes to occur in home care within the public system that can and should occur.

Members on this side of the House have never suggested that changes cannot and should not occur in home care, but to continue in the public sector to allow for the improvement in home care, not to take a system that is recognized as one of the finest in North America and turn it on its head and not permit the public, the caregivers, the patients who receive home care to have any input whatsoever into this ill-advised policy. We will be looking for members opposite to try to justify that decision, and we only hope, for the goodness of Manitobans, that they will see the light and recognize the danger of what they are doing, that they will recognize the fallacy of their decision and they will put the plan for privatization on hold and permit us to go continuing to offer to clients in the home care system the best possible service available to them, and allow us to change and reform the Home Care program along the lines that ought to be undertaken to permit for a variety of service, to allow for those additional individuals who require home care, to allow them to develop in the system, to allow for a more expanded system, to allow for a more flexible system and to permit that under the auspices of the present home care system as it operates now.

Thank you, Mr. Chairperson..

Mr. Deputy Chairperson: I believe at this point the honourable member for Inkster has a request of the committee.

Mr. Kevin Lamoureux (Inkster): Mr. Chairperson, I would request leave to be able to give some sort of opening remarks to this department.

Mr. Deputy Chairperson: Is there leave for the member for Inkster to make opening comments? There is leave? It is agreed?

Mr. Steve Ashton (Opposition House Leader): Mr. Chairperson, it is certainly agreeable to our caucus. We are not setting any precedent now, but given the importance of a lot of the issues here, I think it would be only appropriate for the member for Inkster to be given leave.

Mr. Lamoureux: Mr. Chairperson, there are a number of things that I would like to say. Health care is indeed a very passionate issue. It was just under a year ago that I was appointed the Health critic for our party, and there is no doubt a fairly significant learning curve that is applied whenever someone is given a new responsibility. This is a portfolio that has proven to be most challenging and interesting at the same time, and we notice that there has been a lot that has happened over the last 11 months since the last provincial election in health care that is having a very dramatic impact. As a result of that, what we see is emotions, as I say, running high on a number of different areas.

What I want to do is take this particular opportunity to comment on five or six different areas in which there has been a lot of profile publicly on issues in health care and right at the beginning to start off by giving the government somewhat of a compliment, a compliment in the area of what I would classify as a good idea, that of course being the SmartHealth contract. We do have some concerns with that particular contract, the primary one being that of secrecy, ensuring confidentiality. We will, no doubt, want to question the government in terms of what is being done to ensure that that confidentiality is not going to be breached at any point in time, but we recognize, having said that, Mr. Chairperson, that when we look at the concept or the idea as a whole that it is a step in the right direction.

* (1600)

This is, in fact, not the first time where the Liberal Party has supported health care initiatives, whether it was

mental health a number of years ago or the action plan back in 1992 when we had supported the concept of deinstitutionalization of health care. We are not reluctant to say to the government when they are doing a good job that we appreciate the efforts and so forth, but there are a number of areas in which I believe and the Liberal Party believes that the government has to rethink what direction they are taking the province of Manitoba. I would suggest to the government that it is not bad for government per se to reflect and change their minds if they in fact recognize that a statement or a recommendation or a policy position does need to be changed.

I tried to refer to this earlier during the MUPI and the Members' Statements and in previous questions whether it was in this spring session or last fall's session that we have to make sure that we have our priorities right. The priority that we have and will maintain is in fact the patient or the client of the services that are in fact being delivered. That is why, Mr. Chairperson, when the government does do something good, relatively well, we will applaud them in that area but, as an opposition party, our primary responsibility is to look at where government is not doing things properly and to try to rectify that problem.

I want to pick up on a few of those points.

One of them which I believe is ultimately just a real bad idea is the whole way in which we are handling our hospitals, our urban hospitals in particular in the city of Winnipeg. Last November, we had the Minister of Health (Mr. McCrae) put together a committee which was chaired by Mr. Wade, the Deputy Minister of Health, and before I get into this I should, in essence, compliment all members of the civil service within the Department of Health for no doubt the amount of effort that they put in to providing a system of health which en masse a vast majority of Manitobans are quite satisfied with, but, in some cases, I would have to indicate to some, in particular the current Deputy Minister of Health, that I am going to have to agree to disagree with the direction that is being taken.

Why do I say that? Well, primarily, what we have seen is a number of recommendations that are going to change the direction of the way in which we are administering our health care through our community hospitals, a

significant change which is going to be extremely difficult to reverse once we find, and I believe ultimately that we will find, that there is a need for expansion of community hospital facilities, that in fact we are moving in the wrong direction.

I would go back to the former Minister of Health, Mr. Orchard, and the former deputy minister, where they in their action plan talked about how wonderful the community hospitals and the concept of community hospitals were to the province of Manitoba, again focusing a lot of that attention on our urban hospitals.

Well, our Liberal Party had supported that concept, as I earlier had alluded to. That is why we were quite surprised when we saw a recommendation—that recommendation was chaired by the Deputy Minister of Health—that saw the Seven Oaks Hospital converted over to a geriatric centre and the Misericordia Hospital converted into a glorified, if you like, walk-in clinic as opposed to its current role.

Mr. Chairperson, I find it very difficult to understand how it is that recommendations of this nature could have come into being, given that I have had discussions with individuals that have sat on that particular committee in which they feel that there is very little merit to these recommendations, and these are individuals that participated in the decision-making process for these recommendations. I am talking about, in particular, a number of CEOs, not only from community hospitals, that in fact a number of individuals have implied to me that vested-interest groups around the table won the day.

Our community hospitals need to be addressed in such a fashion in which the best interests of the community as a whole, not only the city of Winnipeg because our community hospitals service more than just the city of Winnipeg, but all Manitobans are in fact going to be addressed. What we have seen is a 180-degree turn from the action plan.

(Mr. Frank Pitura, Acting Chairperson, in the Chair)

Because the government has said that they have not accepted this recommendation, I would like to see the Minister of Health (Mr. McCrae) hold, in particular, this committee which was chaired by the deputy minister, more accountable. That is why we as a Liberal Party felt

that if we were provided the opportunity to challenge the recommendations put forward by the deputy minister and his committee, we would be able to demonstrate that in fact these recommendations were not in the best interest of Manitobans. At the very least, what we should have seen is a number of options provided to the Ministry of Health, provided to the elected officials that said, here are different visions, if you like, that are quite viable, one that would have seen community hospitals playing a more significant role. We ultimately believe that there was very little financial accountability or analysis that was done, and we have seen recommendations that were based on speculation in most part and turf protection.

There are other areas, such as the home care services, which we find is more conservative philosophically being driven than anything else. We have an ideological government that is saying, look, we want to privatize this area, and they have not demonstrated to the clients, to Manitobans, to the workers, that this will in fact save tax dollars or this will in fact deliver a better quality of services.

The government has failed to do that, and we have to impute a number of motives as to why the government has been unsuccessful in providing that information so that they would be able to allow for good, healthy debate. We as a party look at it and fear that this so-called privatization will have a very demeaning impact on the health care profession as a whole in terms of those individuals who provide this service, that the quality of service that is going to be delivered is in fact going to deteriorate quite significantly.

* (1610)

In addition to that, we are going to see the establishment of a two-tier health care home service delivery, one for those who are more economically well off compared to those who do not have the same sort of financial resources. The whole idea of preferential treatment, for example, given to nonprofit organizations so we could factor out the health care for profit I think has not been given the time of day or the allowance for debate and, hopefully, we will see a very healthy discussion about that, because I like to think that I am somewhat of an eternal optimist. Hopefully, we will be able to convince government that the system as it

currently stands is working quite well relatively compared to other jurisdictions across North America.

We will be looking for the government to demonstrate that it is not working. If they are successful in demonstrating that, then to what degree have they looked at the nonprofit roles such as the Victorian Order of Nurses, who have been highly successful, who have been providing this service before the government was providing the service in part? Why are they excluding or why are they making it difficult for these organizations to be able to be more involved in this so-called privatization?

It scares me, the privatization for profit, for home care services, because Canadians feel so passionately for this service. That is the reason why the individual I alluded to earlier felt so strongly about, I am not going to allow the We Care individual to come into my unit. I do not have any hesitation if the minister wants the phone number to talk to this particular individual, I encourage the minister and government backbenchers to talk and hear what the home care clients are actually saying, the people who we are supposed to be servicing.

(Mr. Deputy Chairperson in the Chair)

There is a better way, and that is what the Liberal Party wants to say, that there is a better way in terms of providing an opposition to what this government is doing and that the direction that the government is taking home care services is very scary.

I want to talk about the Pharmacare card program. The government announces a program in which they say, well, look, if you are really poor, you will benefit under this. Sure, if you are rich, you can afford the higher user fee or deductible. Quite frankly, the bottom line is that this whole health care reform of the Pharmacare card is nothing more than to save millions of dollars for the government, and they have come up with a scheme in which they believe they can come across as compassionate because, if you are really poor, you will benefit by it.

Mr. Chairperson, this has worked out to be a tax grab, if you like, at the expense of health care, and for those individuals, the working middle class, the working poor, if you like, these are the individuals who are going to be

hit and they are going to be hit hard by this action taken by government.

Let us look at the Cancer Research Foundation. I had a tour of that particular facility, and it is somewhat depressing in terms of what it is that the individuals are expected to work from within. Quite frankly, the Premier (Mr. Filmon) of the province agreed to that. That is why, leading up to and during the last provincial election, there was a commitment from this government, from the Premier himself, and I understand that the Premier was being recorded where he made this statement. It was a tape. The New Democratic critic actually has the tape, and maybe what we should do is allow leave and bring in the tape so that we can play that for all members of the committee, where the Premier said that the capital dollars would be there for the Cancer Research Foundation. That was a commitment that was given when the Premier knew full well what sort of transfer deductions were coming from Ottawa. In fact, the transfer reductions were greater than they were actually today. They were greater than being forecasted than what they are today.

So, to use the federal government for this particular issue, Mr. Chairperson, is strictly manipulative, and the government is intentionally trying to deceive Manitobans on this particular issue. I have to be very careful that I do not go against the rules of the Chamber, and, if I did go on the other side of the line and offended some individuals around the table, I will take that back.

Mr. Chairperson, I do believe that there was a commitment that was made in good faith, and Manitobans have expectations for this government to make good on this expectation. It was interesting that I heard one of the backbenchers from the government allude, well, it is only on hold. As they build this Fiscal Stabilization Fund, I have this vision in the back of my mind, as we get closer to a provincial election, that we will get a retake of this commercial that the member for Kildonan (Mr. Chomiak) made reference to, just in time for the next provincial election.

Maybe I should not be overly suspicious of the government, but I would like to see this government make good on the commitments that it made to Manitobans in the last provincial election, given their commitments. The regional boards that are being established, what we are doing is, we are creating another

level of bureaucracy, if you like, at a cost of approximately, from what I understand, somewhere in the neighbourhood of \$3 million, and, hopefully, we will get a better idea of exactly what sort of a cost that is going to be. That \$3 million, if you like, is going to be taken out of the same budget that the rural hospitals are being given today, so they have to come up with the money in order to establish this new level of bureaucracy.

Mr. Chairperson, we, and many rural Manitobans, are very dubious and concerned in terms of why it is that this government is establishing these regional boards, what is the primary purpose for this establishment, because we do know that money could be better spent in many, many different ways, and hopefully we will get a better idea in terms of what it is the government is doing.

We are concerned about health care professions as a whole. One of the professions in particular is the LPNs, the treatment that the LPNs have had to go through over the years. I listened to one LPN who made a presentation at one of the rallies. She said, you know, over at the Victoria Hospital, this is what we do, and she read off a list of things. It made it sound as if the Victoria Hospital was making good use of the LPNs. I often wonder, you know, are we making use of the many different health care workers who are out there, and what role is this government taking to ensure that that is, in fact, taking place?

Mr. Chairperson, I believe ultimately that the government's role has been one of being a negative one in the sense that you have LPNs that are being phased out of our health care facilities, in particular, our hospitals. They might be increasing in some other areas, but in terms of our community hospitals and our tertiary hospitals or teaching hospitals as a whole, they are in fact being phased out. I am not convinced that is in the best interests of the patients of the province of Manitoba.

There are many things in which no doubt I am missing out, and we will get into those as we go through the number of hours that we will be discussing health care. But, finally, I wanted to comment on something in which the minister—and the minister has been somewhat better over the last few Question Periods, I must admit, and that is bringing in the federal government. I have noticed that he is starting to drop that particular point.

We as a provincial Liberal Party feel very strongly on the federal government's role in the future of health care in the province of Manitoba. That is why quite frankly we were pleased when the federal government made a commitment to block cash funding to health care for the provinces well into the future. We are concerned in terms of some of the decreases that are going to be occurring over the next couple of years, but as a provincial party we will lobby where we can at the national body. I encourage the New Democrats, as I am sure they will, and the Minister of Health (Mr. McCrae), as I am sure he will, lobby equally. But the bottom line is the province of Manitoba, through equalizations payments, is in fact receiving more money that could be allocated out towards health care than we are actually supposedly being reduced.

* (1620)

Let us not try to pass off responsibility. Let the provincial government or the Minister of Health take full responsibility for what is happening in the province of Manitoba because ultimately—and this is the note that I would like to end on—the greatest threat to health care in the province of Manitoba is not our health care workers per se; it is not the federal government. It is the ministry of Health; it is this government and the direction and the cabinet, if you like, of this government. It is the direction that this government is taking us on health care change and reform.

We appeal to the government to be more sensitive to the many different issues that are there; that, yes, there is a need for change but there is a better way in which to implement that change; and, I ask the Minister of Health to open his mind and not to fear reversing some of the directions that this government has signalled and to not stand on a philosophical stand and make a decision strictly on ideology. Thank you, Mr. Chairperson, and I thank members for allowing me leave.

Mr. Deputy Chairperson: We thank the critic for the official opposition (Mr. Chomiak) for his comments, and we also thank the member for Inkster (Mr. Lamoureux) for his comments.

Under Manitoba practice, debate of the Minister's Salary is traditionally the last item considered for the Estimates of the department. Accordingly, we shall defer

consideration of this item and now proceed with the consideration of the next line.

Before we do that, we invite the minister's staff to join us at the table and ask that the minister introduce his staff present.

Mr. Sale: Mr. Chairperson, I wonder if the minister has any other additional copies of the Estimates, the additional Supplementary Information Estimates.

Mr. McCrae: Mr. Chairman, I think we can find copies to make available for honourable members. We made a copy available to the honourable member for Kildonan and the honourable member for Inkster, but I will make arrangements. I cannot just get it immediately, but I can have copies available for tomorrow's session if that is suitable.

Mr. Sale: I thank the minister for that. Mr. Chairperson, there are a couple of extra copies there. Would it be possible to borrow those for the time during this meeting today?

Mr. Deputy Chairperson: We have one other copy which we will pass on to the member for Crescentwood, and the minister will make available other copies for tomorrow in committee.

Mr. McCrae: Mr. Chairman, immediately on return of the Page, I would ask if something could be done about that sooner. We might be able to do something this afternoon.

Mr. Sale: I thank the minister for the courtesy, Mr. Chairperson.

Mr. Deputy Chairperson: The honourable minister, to introduce his staff present.

Mr. McCrae: I have with me Ms. Susan Murphy, our Director of Finance and Administration. Dr. John Wade, Deputy Minister, I expect will join us momentarily.

Mr. Deputy Chairperson: We thank the minister. We will now proceed.

Mr. McCrae: I would ask honourable members to bear with us. We are attempting as a department to ensure appropriate services to our clients in the Home Care

program. I am not offering to make very many officials available for the duration of that strike because department staff are required to make sure services are provided to the people who are the clients of our program. So I may not be very forthcoming depending on whether I can answer the questions or with the assistance of Ms. Murphy answer the questions, but we will be taking note. Hansard will be recording all the questions, and if I am not very responsive to some of them, it is because we are trying to provide services to our clients.

Mr. Deputy Chairperson: We thank the minister. We will now proceed to line 1.(b) Executive Support (1) Salaries and Employee Benefits on page 71 of the main Estimates book. Shall the item pass?

Mr. Chomiak: Mr. Chairperson, this section of the Estimates dealing with Executive Support deals with the implementation of a "restructured health services system" and I think it is appropriate that we discuss some of the initiatives undertaken by the government, specifically the home care initiative and as it relates to the restructured system. Just in response to the minister's previous statement, I can indicate the kind of questioning will be—we recognize the minister's responsibility during the course of the home care dispute and we accept the minister's comments. I can indicate our questions will be of a nature that I am sure many of them will be directed towards the minister in policy initiatives to permit the minister to answer those questions and to outline to the public policy initiatives that the department has undertaken.

I would like to specifically ask the minister with respect to the home care initiative, in regard to the home care privatization plan as proposed in the Treasury Board document that was submitted and has now been made public by us in the opposition, there is a category in that particular document that indicates home care services are scheduled to be categorized, and I wonder if the minister might outline for members of this committee what sort of categorization the government is considering with respect to home care services as outlined in the government document, the Treasury Board submission, concerning the privatization of home care.

Mr. McCrae: Just by way of background, I have had brought to my attention a document entitled Review of

the Manitoba Continuing Care Program, and I have in front of me an executive summary of a report put out by the company Price Waterhouse. This is by way of background for the honourable member.

I understand that this review was ordered by the previous government prior to the present government taking office. I guess there was some perception at that time that there were some problems in the Home Care program and in the system for the delivery of home care services to our clients because the government of the day ordered—I do not know if they tendered for this or not, but they ordered a review of the Manitoba Continuing Care Program. Price Waterhouse produced the report.

I am reminded that earlier today the honourable member for Kildonan (Mr. Chomiak) said, leave everything as it is, and he said this earlier in Question Period, even though—and I know he must have reviewed this report—he knows that the report revealed a number of things, for example, potentially—

* (1630)

Point of Order

Mr. Chomiak: Mr. Chairperson, I specifically asked the minister a question concerning government policy and a categorization of home care services.

The minister has chosen to discuss a report that came out in 1986 that bears no relationship whatsoever, not only to my question but to the relevance of the government's initiative to categorize home care services and, indeed, I think you ought to call the minister to order and he may choose not to answer the question and he may choose to go on in some different subject, but that report bears no relevance in any way or means to the specific, and I was very specific in the question that I asked the minister. I specifically asked the minister the question on the Home Care program, the future of the Home Care program as it relates to the government document.

Mr. McCrae: Mr. Chairman, as I understand the rules, the honourable member for Kildonan asks questions and then I answer the question, and that is what I thought I was doing. The honourable member may not like the answers, but he cannot use bullying tactics to try to get members to do just what he wants them to do. Surely

those kinds of tactics are not becoming of a member of the Legislative Assembly.

Mr. Deputy Chairperson: I have allowed both the minister and the member for Kildonan a little extra space, if you will, in their comments on a point of order. I will rule that the member for Kildonan does not have a point of order in this way; that, in fact, the minister has said that in offering the information that he had there that, in fact, he was giving some background information on the question that was asked.

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Mr. McCrae: Mr. Chairperson, as I was saying, the previous government ordered a review. I have not found out whether they tendered for this or not, but it was a review by Price Waterhouse of the Manitoba Continuing Care Program, and this report found, and I quote, potentially unsafe client situations.

The honourable member says, leave things as they are. He wants unsafe client situations—[interjection] It is in the report. It is in the book ordered by the previous NDP government. [interjection]

Mr. Deputy Chairperson: The honourable member for Kildonan has asked a question. The minister, I believe, is attempting to answer it. The honourable minister, to complete his answer.

Mr. McCrae: Mr. Chairman, I am attempting to answer the honourable member's question. I believe that the kind of demeanor that he is displaying today demonstrates the total desperation of a party that puts itself into the pockets of union leaders and then tries to do the bidding of the union leaders in this Legislative Chamber, which is here for the purposes of the people and not for the union leaders. If the honourable member does not want to hear what it is he wants to leave as is, that is his problem, but I am going to put it on the record.

The report revealed significant inefficiencies during the review of the intake process. Indiscriminate and inappropriate use of the joint nurse and social worker assessments in Winnipeg, deficiencies in the panelling process including inconsistencies in the panel's make-up, appropriate use of panels, incomplete case preparation for panels and inadequate case presentations. This is

what the honourable member for Kildonan wants to leave as is. This is what he asked us to do earlier today, Mr. Chairman, in Question Period, and I am continuing to refer to this report ordered by the NDP, and it is here by way of background as I approach answering the honourable member's question.

The review also established that when home care service costs are calculated to determine whether they are less than those of alternative forms of care, significant costs such as case management, daycare, respite care, equipment and supplies are not taken into account. In many instances, home care costs actually exceed the costs of alternative forms of care. In these instances, one of the fundamental service conditions of the program is not being followed due to the lack of consideration of all costs.

With reference to the Victorian Order of Nurses, the report commissioned by the New Democratic Party says that the VON is placed in a potential conflict of interest situation where VON both order and provide services. Additional concerns were identified regarding mechanisms to ensure VON accountability to the program. The department has failed to establish a service contract with VON and lacks systems to monitor VON services adequately. In fact, because such mechanisms are lacking, a situation has arisen where VON is relying on service philosophies and standards that may result in the provision of richer service levels and mixes than intended by the program.

The report which the NDP commissioned goes on. The review identified a long list of problems at the operational and service levels. These problems pointed to inadequate structures and mechanisms to ensure service quality and consistency. Workload management is problematic. Some clients are overserved and others receive services that are outside program scope.

Later on, Mr. Chairman, in the report commissioned by the NDP, it says: The program should give consideration to introducing measures that would serve to encourage clients to meet their needs through their own resources. For example, user fees, waiting periods prior to receiving nonprofessional services; user fees during the initial period of service and limiting hours in which services are provided. This is by way of background where we are brought today.

I will refer to this more later as we go through this discussion, but the honourable member for Kildonan told me today in Question Period to leave everything as it is, and I simply cannot in the light of the kinds of reports that were commissioned by the New Democrats, not acted on, but they did not have a chance. They were thrown out of office.

So they really could not bring in user fees that they seem to be supporting here. They could not introduce waiting periods prior to receiving nonprofessional services. They could not introduce user fees during the initial period of service, and they could not limit the hours on which services are provided. Indeed, we have gone quite the other direction, and it seems a little unseemly to me that in 1996 the NDP might be spreading rumours and innuendo and falsehoods with respect to user fees, for example, when they themselves were about to do it. That is really the height of hypocrisy.

Mr. Deputy Chairperson: Before we proceed, I would like to encourage all members to keep their questions and/or comments within a 10-minute period, which I have already stipulated. Nobody has passed that point. I just want to encourage you to do so.

Mr. Chomiak: Mr. Chairperson, the minister is so incompetent. He is so incompetent. At least Don Orchard was aware this report existed. I do not think the minister knew this report existed until today, and he is uncovering it with such glee. The minister is so incompetent that he does not know within his own department that there was a review committee to study the aspects of this particular report and deal with it. He does not know that. I am very discouraged that a specific question relating to home care that I asked the minister about the government policy, the minister has to fall back and read—probably the first report I have seen him read in this committee for some time—a report that is 10 years out of date and to attempt to use that report to defend against his particular policy of privatization of home care.

I again return—not to reports 10 years ago which, I know, the minister will continue to read—but I again return and I ask the minister, I challenge the minister to for once try to defend your own policies, try to defend your own documentation. I am looking at your own Treasury Board submission that says, and I quote: Services to be categorized under home care: core services,

government funded; core services, government/customer share costs; noncore services, customer funded.

Now, Mr. Deputy Chairperson, I would not have said when we initially released this document that the prospective user fees were going to be upon us had this document said "core services, government funded; noncore services, customer funded," although I resent the use of the word "customer." It just evokes marketplace and everything that I abhor about the government's move towards privatization. But the document does not just say: core services, government funded, and noncore services, customer funded. It says: core services, government/customer share costs.

* (1640)

What does that mean? Why does the government document on the privatization of home care say that core services are going to be government/customer share costs? Why has the government put this into the document, made it part of their policy? Not only have they refused to answer this question, not only does the minister seem incapable of answering this question or unable to answer this question, but the minister relies on 10-year-old reports, 10-year-old recommendations of which he has finally learned about today. I commend him. At least he learned about the report today. Don Orchard at least knew about the report and regularly referred to it.

If the minister is so convinced that their policy is not going to have a user-fee component, then can he perhaps explain to me and explain through me to the public of Manitoba what this document says where it says core services government/customer share costs? Why did they put it in their cabinet document? Why did they put in that particular line? Does that not indicate to an objective observer—and I have placed this in front of a lot of individuals. In fact, Mr. Deputy Chairperson, I might add that before we leaked this document to provide it to the public of Manitoba, I went to individuals, and I said, look at this document, tell me what you think the government is going to do with respect to home care. People, time and time again, pointed to that particular aspect of the document and said, it certainly reads as if user fees are going to be charged.

Now, this is not an academic question. This is not a question about past reports. This is not a question about

ideology. This is a question about a government cabinet submission that says core services are going to be paid for by the client, by the patient. Why does it say that, and why does the minister consistently insist that there are not going to be user fees in their privatization of home care when in fact their own government document states it in black and white and can be no clearer.

Now, if the minister can explain it, if the minister can rationalize and explain it, then I will accept his argument that perhaps in the future, under their plan, there will be no user fees, but, until the minister can explain in this document why the cabinet submission says that, then we have no choice but to conclude that the government is intending to put in user fees with respect to their Home Care program that they are instituting and that they are proceeding to institute.

Mr. McCrae: It does not matter what I say or what any leaked or unleased or any other document says, honourable members in the New Democratic Party will put whatever construction they jolly well please on whatever happens in the health system. They are not above telling people things that are not true. They are not above doing that. They have demonstrated that over and over again, and when it comes—

Point of Order

Mr. Chomiak: On a point of order, Mr. Chairperson, I believe saying that members opposite are not above telling people things that are untrue is unparliamentary, and I ask the minister to withdraw those comments.

Mr. Deputy Chairperson: I believe the honourable member for Kildonan does have a point of order. Would the honourable minister remove the word "untrue" from the record, please?

Mr. McCrae: Mr. Chairperson, if it is unparliamentary, of course I would do that. I am simply lost for words.

Mr. Deputy Chairperson: I thank the minister for the withdrawal of that word.

* * *

Mr. Deputy Chairperson: The honourable minister, to continue his comments.

Mr. McCrae: Thank you. I am simply lost for words to describe what it is. The honourable members in the New Democratic Party have certainly used the word "fraudulent" quite often, so I guess I could say that they are being fraudulent. Would that be parliamentary, Mr. Chairman? Could I seek your direction on that?

Mr. Deputy Chairperson: I would ask all honourable members to pick and choose their words reasonably. We are trying to go through these Estimates in the best way possible. If we pick and choose our words reasonably, I am sure that we can do this without breaking in or getting off the line of questions and the comments that we wish to make.

Mr. McCrae: Mr. Chairman, you can understand my frustration. I do not wish to break parliamentary rules. I do not even wish to offend honourable members. I do wish, though, to make sure my point of view and that of my colleagues in government is well understood by the public. Maybe this Estimates process is some way by which we can get through the message, unsullied by the meddling and mischief of members of the New Democratic Party, that we can get the message through, if anybody is going to be reading Hansard or in whatever way learning about what is going on in this particular process, what we want to do.

I have done this in writing to the clients of the Home Care program to make sure the record is clear, because it does not take very much to get a New Democrat out there twisting and distorting, and I guess being fraudulent is close to inappropriate language to use, but engaging in the kind of language message that would lead people to believe in a state of being that does not exist. Maybe that is another way of putting it, Mr. Chairperson.

It does not stop by word of mouth over the public media. It is carried out by members of the New Democratic Party and their union boss friends right to the doorsteps of our vulnerable clients of the home care system whereby clients are being told that tomorrow, not next week or six months or a year down the road or some other time or maybe on the re-election of the NDP, which is what seems to be their policy, but tomorrow you will pay user fees and if you do not pay, you will have your services cut or both.

That is what I am up against, Mr. Chairperson, and I regret that. I resent it very much, not for my own

purposes but for the purposes of people who are in such a circumstance in their lives that they might relatively easily be led to believe that such things are true. I find it extremely offensive to those clients that otherwise so-called well-meaning people would be out fighting the daylight out of people when there is absolutely no reason to do so unless they were so close to doing it themselves they thought maybe we would. There appears to be evidence that that is exactly where the NDP were going.

Now, the hypocrisy of it all is almost astounding. It is mind-boggling, the hypocrisy of New Democrats who go out with their holier-than-thou and sanctimonious approach to things, meanwhile carrying in their hip pockets reports that suggest that they ought to be imposing user fees and cutting services.

So honourable members in the New Democratic Party might forgive me if I attempt to respond to these scurrilous sorts of allegations. They have stood idly by and allowed other rumours and innuendo to be spread about that work in favour of them and their union boss friends.

Well, we are not going to stand idly by or sit idly by and let them scare the clients of our home care system like that without making one heck of a noise about it, Mr. Chairman. Sometimes if we breach the line of parliamentary nicety, we will just have to be stopped from doing that and pull back somewhat. But I see it as my job, I am told repeatedly that what we need is dialogue, communication, and when we try to communicate, we are asked not to do that by members of the New Democratic Party.

You see, only if it is their twisted message that gets out, then it is all right. That is where the hypocrisy is so mind-boggling. If the ordinary Manitoban could only witness as I do the mind-boggling hypocrisy of the New Democratic Party, I dare say they might not have one member left after the next election.

* (1650)

Mr. Chomiak: Mr. Chairperson, I can see we are not proceeding very directly in this process. The question was very specific and I will pose the question again. I think any objective reader of these debates would have to conclude that the minister is refusing to answer the question.

I will pose it again. In your cabinet submission with respect to the privatization of home care, it says, quote, What will be: Services to be categorized. Core services, government funded; core services, government/customer share costs; non-core services, customer funded.

What is meant in your cabinet submission by the phrase, core services, government/customer share costs? What constitutes core services, and what do you mean by customers share costs of core services?

Mr. McCrae: Mr. Chairman, you know, if someone accused me of being a hypocrite, like I did the honourable member a little while ago, I would want to defend myself. I really would. The honourable member has made no effort to defend what I said about him, which is that he is a hypocrite or that he and his party engage in a lot of baldfaced hypocrisy. So—

Point of Order

Mr. Sale: On a point of order, you have tried very hard to establish the notion that we can have a fruitful dialogue by asking members to choose their words. I think that this is rather akin to four-year-olds learning how to swear, when the minister has to say over and over again a mantra of hypocrite, hypocrite, hypocrite.

It is not appropriate, it is not getting us anywhere, and I wish you would call the minister to order and ask him to get on with either answering the question or simply saying, I refuse to answer the question. Lectures about hypocrisy are not very seemly for a Minister of Health.

Mr. Deputy Chairperson: On the point of order, I would like to say to all members, I have heard comments from the opposition critic and from the minister, words that actually could anger the opposite person.

I would ask all honourable members to choose their words carefully. I would also say that on both of these situations, we have both been getting close to where you would be called as using unparliamentary language.

I would also like to say that there are a number of words that have been ruled parliamentary and unparliamentary, and dealing with it in the context of a particular sense or, in fact, a tone of voice, I could rule it

either way. I would ask all honourable members to choose their words carefully.

At this point, the honourable member does not have a point of order.

* * *

Mr. McCrae: Mr. Chairman, I will try to watch my language for honourable members and for this committee and for this Legislature. I do not like being scolded for acting like a four-year-old. I do not take it too well coming from the honourable member for Crescentwood, knowing him as I do, but I will refrain from using that language because it may not promote the dignity of the Legislature.

I would like honourable members to know though that I take some offence or certainly I disagree with the honourable members opposite in the New Democratic Party when they tell Manitobans that the Home Care program has been cut or that only in 1996-97 do we finally see an increase in spending for home care.

The reason I have to disagree with that is as follows. In 1988-89, the annual expenditure for home care was \$39,012,300. At that time, there were 23,403 people served in that program. There were 3,398,819 units of service. In 1989-90, the annual expenditure was \$42,204,600. That was an increment of \$3,192,300, or 8.2 percent. The number of people served that year dropped slightly to 22,922, or 481 fewer clients that year. That is a minus 2.1 percent change in the number of clients. Nonetheless it was an expenditure increase of 8.2 percent.

One might be led to ask, are you getting value for that 8.2 percent when there has been a minus 2.1 percent reduction in the number of clients? You might want to ask that. But then, wait till I tell you the next thing. Well, the number of units of service increased to 3,501,213, an increase of 102,394 units of service, a 3 percent increase in units of service even though there were fewer clients.

What does that mean? One might be led to conclude that people were more seriously ill and got more service. One might be led to believe that from reading these numbers, which is what I believe, and I am advised is

exactly what happened. But do not stop there, because there are a few—[interjection] Well, just wait, you will see. In 1990-91 that—hang on to your hat, Mr. Chair. Oh, you are not wearing one. Well, somebody ought to brace themselves because, in 1990-91, expenditures in the Home Care program were \$50,890,700. It is an increase of \$8,686,100. In percentage terms, that year 1990-91 over '89-90, that percentage increase was 20.6 percent.

An Honourable Member: I wonder what the inflation was at that time.

Mr. McCrae: In 1990-91? Honourable members will remember the circumstances of that year. The number of people served that year, Mr. Chairman, was 24,022. That was an increase of 1,100 or 4.8 percent. Now, a 20 percent increase in funding, a 4.8 percent increase in the number of people served. But wait for the rest of the story. Units of service that year rose by 367,116 units of service all the way to 3,868,329, fully 10.5 percent increase in units of service. Still not as much as the 20 percent increase in funding. For 20 percent increase in funding, you get 10 percent increase in units of service. Go figure, with all due respect. Well, just in case you think the story ends there, it does not. I want you to know that in 1991-92 the annual expenditures for the Home Care program in Manitoba rose by a further 11.6 percent to \$56,783,600.

Hon. Jack Reimer (Minister responsible for Seniors): Where do we start?

Mr. McCrae: The honourable Minister responsible for Seniors asks, where do we start? We started in 1988, and these numbers are starting there. I just want to go through these numbers because—I only do this because the honourable member for Kildonan (Mr. Chomiak) says that this is the first year, the one we are in now, where we have increased spending. I need to put these numbers on the record, Mr. Chairman, because as I said a little while ago, in not so parliamentary language, I made references to the way that honourable members put information out, and I do not want to be unparliamentary. So I will just put the facts out, like Will Rogers said. Will Rogers, some have heard of Will Rogers. He said, I never make jokes about politicians. I just watch them and report the facts. That is what Will Rogers said.

An Honourable Member: Who is he?

Mr. McCrae: Will Rogers, for some of the younger members, I do not remember him either. [interjection] Could I have a show of hands who remembers him?

Mr. Deputy Chairperson: Order, please.

Mr. McCrae: In 1991-92, Mr. Chairman, the expenditure rose by 11.6 percent that year to \$56,783,600. That was an increment of \$1 million? No. Two million? No. It was an increment of \$5,892,900. That year we served 25,116 people. That was an increase of 1,094 over the previous year, an increase of 4.6 percent. Again, an increase of spending, 11.6; increase in the number of persons served, 4.6; units of service in that year, 1991-92, 4,187,310 units of service, an increase of 318,981 or 8.2 percent—still not anywhere close to the increase in funding, 11.6 percent. Go figure.

An Honourable Member: It went up and up.

* (1700)

Mr. McCrae: Well, we had a pretty bad year in 1992-93 because expenditures only rose by 10.7 percent that year in the Home Care program.

Jumping from \$56,783,600 in 1991-92 to \$62,837,300 in 1992-93, a very paltry little increase of \$6,053,700. These are the cuts that the member for Kildonan (Mr. Chomiak) goes out and tells the people of Manitoba about. Cuts, he calls them. That is why we have to use this opportunity in Estimates to set the record straight. [interjection]

Well, you are telling me, Mr. Chairperson, I am only going to have a couple of minutes left here, but I guess I will have to use that because this story has to be told. We cannot count on members of the New Democratic Party to tell it because their object is to scare people, and that is not my object.

Point of Order

Mr. Chomiak: I have listened to numerous comments of the minister imputing motive on the part of members opposite.

I think it is not only unparliamentary of the minister to suggest that members of this side of the House, our

motive is to scare people, but I think it is undignified and totally inappropriate for the minister of a Crown to possibly suggest that. I suggest it is out of order for the minister to suggest that the motive of any member of this House would be to scare people.

Mr. Deputy Chairperson: I would ask once again all honourable members to choose their words carefully. I would also like to bring it to the attention of all honourable members in this committee that this particular phrase and/or words have been used in the Assembly many times of which I did not hear, although it might have at some time or other been ruled unparliamentary.

I would rule that in fact the member for Kildonan (Mr. Chomiak) does not have a point of order, but I once again ask members to choose their words carefully.

The honourable Minister of Health, to finish his comments.

* * *

Mr. McCrae: It is interesting that honourable members can take offence to someone who would accuse them of wanting to scare people when they do not mind suggesting that members on our side of the House have personal agendas when it comes to the Home Care program.

I see the honourable member for Kildonan has this mixed-up look on his face as if he does not understand what I am talking about, but the honourable members on his side would like to have it both ways all the time. They want to have one rule for everybody else and a different one for themselves.

Mr. Deputy Chairperson: Would the honourable member for Kildonan put his questions to the Chair, please.

Point of Order

Mr. Chomiak: I was just trying to clarify whether the minister was speaking on a point of order in his attempt to try to answer the question that I asked 10 minutes ago.

Mr. Deputy Chairperson: I am watching the time on each member. The fact is that the point of order that was

raised before this by the member for Kildonan is not on the time that the minister is putting into the answering of the member for Kildonan's question.

The honourable minister, to finish his comments please.

* * *

Mr. McCrae: I understand that I do not have very much time left for my answer, and I regret that because there is so much more to be said about this. I despair that I may not be able to have the opportunity. The opportunity may present itself in the future, at which time I will take advantage of that opportunity.

Mr. Chomiak: Mr. Chairperson, I again return to the question that was asked of the minister on two previous occasions and which I again am asking the minister to attempt to deal with. That is, the government cabinet submission, approved by cabinet, Strategic Redirection of Home Care, dated December 16, 1995, outlines within the course of that document the future directions of the Home Care program and underneath the category "What will be" states, and I quote: Services to be categorized: Core services, government funded; Core services, government/customer share costs; Noncore services, customer funded.

I am asking the minister for the fourth time to explain to the public of Manitoba, if the minister is so concerned about information, why is he so reticent and reluctant to offer that information to the public and try to explain? If the minister is so convinced that the message is not being communicated, can the minister not provide us with an answer and a response as to what was in the minister's own cabinet submission, the minister's own cabinet document? Why is the minister reluctant or unwilling or unable or afraid to answer the question which has been put to him concerning the privatization of home care, an issue that is obviously timely and obviously of some significance to the public of Manitoba, which has perpetrated a strike situation, which has caused the minister himself to indicate that the Department of Health staff are involved in trying to provide care and services to individuals?

You would think the minister would be prepared to answer a question concerning this fundamental issue and

the government direction of policy. Instead the minister seems to want to play—and I will accept that the minister will have ample opportunity during the course of this Estimates to put on the record all of the information he wants about home care, to counter anything that we have said or may say in home care and to make all of the argument he wants. But we are asking the minister a specific question about his policy, about his cabinet document, about the future direction, and this is not a game in words and this is not a political game. This is a game concerning a government policy to privatize which has perpetrated and caused a strike to occur, which is affecting the lives of Manitobans as we speak, and the minister seems unwilling to deal with the policy and to deal with the very initiative that has resulted in a strike.

Why is the minister reluctant or afraid to answer the question of his own document, that is listed in his own document that deals with the issue of privatization? What is to be gained by the minister not answering the question? What is to be gained by this is a conclusion by anyone who reads this, by any observer to these proceedings that the minister either cannot explain it or is unwilling to explain it because the only conclusion that can be drawn from the written word is that the government proposes to have user fees on the provision of home care services in their privatization scheme.

That is the only conclusion that I can draw by the minister's reluctance to answer the question, that it is clear that the government will be imposing user fees with respect to home care services and the minister is unwilling to acknowledge that, and I can only conclude that the minister's unwillingness to answer the question therefore dictates the obvious conclusion that is written on the paper, that core services will be shared costs between the government and the client, and that is a user fee by any other name. They can call it a contribution, or they can call it a partnership. The fact is, your own cabinet document says, core services government, customer share costs. I am asking you why it says that.

If there are no user fees, if you can accept your word that you sent out in letters, explain to me why your cabinet document says that. Was it wrong? Have you reneged on that policy? What is meant in this document by the use of those words, because there is no other conclusion that can be drawn from this, except that you intend to pose a user fee?

* (1710)

Mr. McCrae: It has not been the intention of the department, the minister or the government, nor is it today the intention of the department, minister or government, to impose user fees. The honourable member can read whatever he likes into whatever he likes, but, if he wants to play that game, you see, of trying to put words into other people's mouths or trying to attribute words to people that never had that intention, then the honourable member is going to have to explain his support for user fees and limiting hours in which services are provided and so on.

You see, if he wants to get into that game, I can play it, too, Mr. Chairman, but I do not like playing that game because what the honourable member is—well, he objects to being told that he tries to scare people, so I will not say that he tries to scare people, but he does scare people. I find that offensive on behalf of the clients of the home care system. I find it offensive. New Democrats, in the name of their sanctimonious platform of caring for people, they care for people and then order reports that ask them to impose user fees. They care for people, so they say, and then they ask for reports that impose the limiting of services on our home care clients.

So why does the honourable member not just strip aside all the veneer that he likes to put on himself, he and his colleagues, and deal with the real world that we all live in in this country? I know the honourable member for Crescentwood (Mr. Sale) understands there is a real world out there. Why will he not admit it? Is it because it is not to his political advantage to admit that there is a real world out there that we live in? Well, there is.

In that real world of 1992-93, the government of Manitoba, the Filmon government, put \$62,837,300 into the Home Care program. That was an increase of a whopping \$6,053,700 over the previous year, or 10.7 percent. The number of clients increased to 25,909, an increase of 793 clients, 3.2 percent. The number of units of service that year provided was 4,423,286. That is a very large increase of 235,976 units of service or 5.6 percent; 10.7 percent increase in funding, 5.6 percent increase in units of service, a lot of units but not enough to justify, I suggest, a 10.7 percent increase in expenditure. Go figure.

So the next year is the year that led the honourable member to believe that as a matter of habit home care budgets are reduced. In 1993-94, our annual expenditure for home care only went up by \$1,364,400. It only went up by 2.2 percent, up to \$64,201,700 that year, but you see what happened, Mr. Chairman, is that the number of clients was reduced that year by 788 to 25,121, a reduction of minus 3 percent. There was a reduction in the number of units of service that year by minus 7.8 percent, 343,717 units of service, down to 4,079,569 units of service.

That would have been the result of adjustments in the Home Care program about which the honourable member is very familiar, about which there was lots and lots of debate, but it still represented an increase in spending that year, and it did represent, as the honourable member for Crescentwood (Mr. Sale) volunteered just a little while ago, must have meant more services for some people who needed them more and perhaps less services for those who did not need them more.

You see, people sometimes have reassessments and, in fact, quite often in the program that happens. People are reassessed up or reassessed down depending on their care needs. The honourable member forgets that some people's needs decline. Some people pass away or they recover or they get placed in personal care or they end up in the hospital and their home care needs decline for those reasons, but, oh, no, we will not talk about that, we will only talk about the fact that in 1993-94 there was a reduction in units of service, and we will make the public think that this is a regular pattern, when in fact over the nine years I am talking about the units of service went up by 62.9 percent.

Why does not the honourable member for Kildonan (Mr. Chomiak) tell the people the whole story? Why does he not do that? Because it does not fit his particular objectives, that is why.

In 1994-95, the following year, expenditures in home care went up \$1,970,800, or 3.1 percent, up to \$66,172,500 and, again, there was a reduction in the number of people served down to 24,774, or 347 fewer, -1.4 percent in the number of clients. However, you have to wait for the rest of the story. The rest of the story is that that same year when there was a reduction in the number of clients there was an increase in the units of

service by 3.8 percent, 155,459 units of service more than the previous year, or 4,235,028. So you see, one can be very selective.

I remember listening to David Orlikow when I was a *Hansard* reporter in Ottawa. David Orlikow was a New Democratic member of Parliament. He is now one of the spokespersons for the Manitoba Society of Seniors. He was a member of the New Democratic Party for Winnipeg North in those days. I remember listening to his speeches, recording them and trying like the dickens to make some sense out of them or to get the numbers that he would use to come together and actually support the argument he was making. It was a difficult, difficult job. Should I just leave it at that, perhaps?

So 1995-96—[interjection] Have you listened to yourself lately? Mr. Orlikow was a member of Parliament and is quite accustomed to having comments made, and the honourable member for Kildonan, maybe his skin is just a little thin, I do not know, but Mr. Orlikow is quite a capable gentleman and quite able to handle the slings and arrows of public debate. He is quite able to do that. For that at least I have some respect for him. [interjection] He is seen around this building quite often going in and out of the NDP office.

Anyway, in 1995-96, Mr. Chairman, the honourable member who tells people that home care has been cut, the increase that year was a paltry 24.8 percent—that was last year—from 66,172,500 to 82,572,300, a 16,399,800 increase, 24.8 percent. Well, maybe that was appropriate because there was quite an increase in the number of people served that year, 26,129, up 1,355 from the previous year, 5.5 percent. Now again, the rest of the story. The units of service changed that year too. They were up 30.7 percent over the previous year, 5,536,451 units of service, a whole 1,301,423 more units of service than the previous year.

So in summary, Mr. Chairman, from 3.39 million units of service in '88-89 to 5.5 million units of service in '95-96, pretty significant. Calls for increases, that is what happened, increases, every single year increases in spending, and 1996-97, \$8 million more going into the Home Care program. [interjection] In '88-89, 39,012,300. So honourable members should not allow themselves to be misled by information that comes out which sometimes can be incorrect and often is incorrect in the

case of the honourable member for Kildonan (Mr. Chomiak).

* (1720)

Mr. Chomiak: Mr. Chairperson, four or five times I have asked the minister to comment and try to outline to the public what is meant by his own cabinet document which relates to user fees, and the minister failed and refused to answer the question. The minister failed and refused to explain why in this document it says there will be core services that are going to be shared funding between the customer, that is the patient, and the client and the government, and the minister refused to answer that question. I can only conclude that the government plan, as pointed out, will be for a future of user fees unless the minister is prepared to say that he does not agree with the documentation that was put forward to cabinet under his name and which justified the program of privatization that the government is now embarking upon. But unless the government—and the minister has continually refused—I mean, there is no use wasting the committee time by continually asking the question.

We will simply have to conclude that the minister is not—and we will continue to have to—I cannot accept the minister's word that there will be no user fees when he is not prepared to defend and outline for me what is in the written word of the cabinet submission. How can I accept the minister's contention that there are not user fees when in fact the wording that the minister has used in his letter to patients and to clients has been those receiving existing services. It has been very circumspect and very deliberately worded and can only lead to the—now therein lies the problem, because the government document talks about user fees. The minister sent out a letter saying there will not be any user fees for those services that are presently being offered. It certainly begs the question as to those coming into the program in the future, those requiring additional services, et cetera.

Can the minister not understand there is a legitimate question here when the government says no, there are no user fees for existing service, and if we accept that—and yet you have your government document here says the future will see core services government/customer share cost. How can the minister say that there is no intention to have user fees when in fact this document says there

are going to be user fees and when in fact his written documentation that was sent out to home care clients is very, very precise in its wording and very, very circumspect. But the minister has refused and has been unable or unwilling to answer that question, and I can only conclude that he is unable to do that, he is unable to answer the question because the policy will be a user fee proposal in the future with respect to home care, because that is what the government document says and that is what the government policy is.

Mr. Chairman, the minister finally has some home care statistics that show some growth in home care. For the last couple of years we have been able to demonstrate over and over again in the Estimates process that, in fact, the number of clients receiving home care assistance has gone down.

I want to cite the stats that we have been using, because we have been using for several years now the annual report from the Department of Health. I went to the annual report and I tried to figure out how many people are getting home care services, and for the last several years in Estimates we have been using the figures from the Department of Health.

Let me cite the figures, and let me explain something to members here. The figures we used were total assessed for admission. What else could we use in terms? In '89-90, 13,019; '90-91, 12,509; '91-92, 13,093; '92-93, 13,139; '93-94, 11,395. That is down 2,000. So that is the figure we have been using, and the minister, for the last two Estimates periods, has had no defence to that argument.

Now, in last year's annual reports, they stopped putting these figures in the annual report, page 122. [interjection] No, '93-94. In last year's annual report, unless I am mistaken, those figures were not put in the annual report, so I still use consistently government figures and government documents that show the figures were down. [interjection] Well, it works so well. If the minister recalls the Estimates process, he could not defend it. He sat there, and he could not defend it.

The Supplementary Estimates book consistently showed 24,000 clients on home care, until this year, I admit. The minister said there is going to be 26,000 clients on home care. Correct. Yes, it looks like it is up

2,000. Finally the Estimates book reflects an increase in clients on home care, and finally we see an increase. Admittedly, yes, there is \$8 million, and we welcome that. I have said that this year is the first significant increase, and I have said this year is the first significant increase because your own stats consistently show there was no increase for the past few years. So do not try to play the political game that we are making up stats when in fact your own documentation—I asked you in Estimates over and over again, and you made it very, very clear in Estimates that there was not an increase, so, yes, there is an increase this year. Yes, I said in my opening remarks—you might note if you go back and check the Hansard debate—the first significant increase in home care based on the data that has been provided to us by the Department of Health. For what it is worth, I do not expect the minister to stop his accusations, but, for the record, I want it to be made very clear that we are using government figures and government documentation.

Mr. Chairperson, to continue on the line of questioning, can the minister, who put together a proposal to cabinet dated December 16, 1995, on the strategic redirection of home care, the document and the policy paper that started this whole process on the road, that was signed by the minister, the minister's plans that went under the minister's guise and under the minister's name—[interjection] Well, you have to sign it off. The minister asked if he signed it. The minister has to sign off a submission to cabinet. The document says: the Manitoba health policy is divestiture of all service delivery to nongovernment organizations.

Can the minister table for us today the policy papers, the policy initiatives the government justification, the reasons, the rationale behind—let us have an open debate on this. Let us have a debate based on facts. Can the minister table in this Chamber, for all members of the House, if not today, tomorrow when we get in this committee, his justification, his studies, his reports that serve the basis for why the government has made this massive change in policy or why this government has decided to massively change and turn on its head the entire Home Care program which has resulted, unfortunately, in a situation where we are faced with a strike which has dislocated and caused a tremendous amount of unease and anguish amongst clients and amongst caregivers, has been—[interjection]

The minister says it is fed misinformation. Well, the minister can set the record straight here today by simply tabling for us here the minister's policy papers, the minister's initiative, the minister's justification. That is all we are asking for—justification, the policy papers, the reason, the rationale behind why you have made the policy decision to divest all service delivery of home care, why you have decided to privatize home care. If the minister can simply table the reasons and the rationale as to why they are doing it, then perhaps we in this committee and in the Chamber can have a debate as to what the future holds for home care.

Mr. Deputy Chairperson: Order, please. I would ask the minister to hold his answer until tomorrow when we reconvene this committee.

The time being 5:30 p.m., committee rise.

EXECUTIVE COUNCIL

Mr. Chairperson (Marcel Laurendeau): Order, please. Will the Committee of Supply please come to order. This section of the Committee of Supply will be considering the Estimates of the Executive Council.

Does the honourable First Minister have an opening statement?

Hon. Gary Filmon (Premier): Yes, I do.

Mr. Chairperson, I have copies of my opening statement for the Leader of the Opposition (Mr. Doer) and the member for St. Boniface (Mr. Gaudry) and an extra one for the Clerk, if it is of use.

Mr. Chairperson, I want to begin by commending my colleague the Minister of Finance (Mr. Stefanson), the other members of Treasury Board and the Treasury Board staff for the countless hours of work which went into the preparation of this year's Estimates. Their effort and commitment this year and every year have enabled the government of Manitoba to restore integrity to the public finances of our province and to do so in a way which has been far less disruptive than the adjustments which have been required in other jurisdictions.

This year's Executive Council Estimates total at \$3,168,100 is virtually unchanged from the total for

1995-96. Similarly, the staff year complement remains unchanged at 44.

As I have done in the past, I would like to acknowledge the dedicated support I continue to receive from the Executive Council staff. The department is comparatively small, but I believe the quality of their work is second to none, and it is much appreciated.

In that connection, I am happy to say that some members of the delegation from the Executive Council office in the northwest province of South Africa are still with us this week, spending time with our officials, their Manitoba counterparts, to get background on a wide variety of issues of mutual interest. I understand that the Leader of the Opposition (Mr. Doer) will try to meet with them, and I am sure he will give them some insights into the particular responsibilities he and his colleagues have in our legislative system.

The national and provincial governments in South Africa are looking closely at the Canadian experience to build on our successes and to apply some of the lessons we have learned. For example, we have talked with our friends from the northwest province about the efforts the Canadian federal and provincial governments are now making to clarify roles and responsibilities and to reduce overlap and duplication; in effect, to move toward rebalancing responsibilities without having to resort to constitutional change. That issue should be a major focus when the First Ministers meet in late June.

Manitobans continue to want a strong national government with a capacity to help ensure reasonably comparable levels of service and taxation across the country. At the same time, we all recognize the need for flexibility and sensitivity to differing regional and provincial circumstances. Our overall objective is to work with Ottawa and the other provinces to ensure that public services are delivered more effectively and efficiently in our own province and across the country and are fiscally sustainable for governments and taxpayers.

There continues to be a strong consensus among governments in this country, an all-party consensus, that deficit elimination and debt reduction must be primary ongoing priorities both to protect essential programs, particularly social programs such as health care, and to sustain jobs, growth and the competitiveness of our

economy. I am proud of the leadership our administration has been able to provide in this regard and also of the recognition we have received both within Canada and internationally for our budgetary policies and our balanced budget legislation.

* (1510)

Fiscal issues and federal transfer cuts are certain to be discussed at length at the First Ministers' meeting. Preparations for that meeting as well as western regional co-operation and other key issues of interest to the West will be on the agenda when the western premiers hold our annual conference in early June in Dawson City, Yukon.

For the past few years, the two territorial governments have been full members of the western premiers' group, but this will be the first time a Western Premiers' Conference will be hosted by one of the territories. Later in the year, in August, the annual Premiers' Conference will be held in the province of Alberta under the chairmanship of Premier Klein. The current chair of the premiers' group is Premier Tobin of Newfoundland, who took on those duties following the retirement of Premier Wells.

As yet, we do not know whether the Premier of Quebec will attend the rumoured First Ministers' meeting in June or the annual Premiers' Conference in August. His predecessor was present at the last premiers' meeting in August but only for a portion of the discussion. Whether or not the Premier of Quebec chooses to take part in the upcoming discussions, there can be no doubt his government's separation objective will remain unchanged. He has made that clear himself, even though he has also acknowledged that the separation objective has had negative economic consequences both for his own province and for Canada as a whole.

In the months to come, it is to be hoped that Quebecers themselves will recognize increasingly that the advantages of remaining within a united Canada are far too great to risk. These advantages are more than economic. They include linguistic and cultural protection which, if imperfect, are far greater than they could expect if they were on their own, isolated in North America.

In the coming months the government of Manitoba will be working closely with the Government of Canada and

the other provinces to emphasize the benefits of unity at every opportunity. It will be important for every Canadian to do the same. We will also remind the Government of Canada that Canadian unity is not just about Quebec. It is about all provinces and all regions, about fair treatment and genuine consultation and lasting partnership. To its credit, the federal government has renewed its commitment to rebuilding such partnerships with the provinces. The upcoming First Ministers' meeting will provide an important test of that commitment. I look forward to the comments of the members opposite on my department's Estimates. Thank you.

Mr. Chairperson: We thank the First Minister for those comments. Does the Leader of the official opposition have an opening comment?

Mr. Gary Doer (Leader of the Opposition): Mr. Chair, I have few comments to make.

I thank the Premier for his statement here this afternoon. We believe there are a number of issues that are important. The Premier, as the head of government, we will be asking in these Estimates, the Premier's Estimates, of course, because he is the chair of cabinet and the head of government and allows us and requires us to ask questions on all matters dealing with government. I would serve as notice to the Premier that we will be asking a number of questions about his statements to the people of Manitoba a year ago and what the status is of those commitments and promises that he made to the people.

I will be raising a lot of questions, of course, about the policy initiative of the government to proceed with privatization of home care. I will be asking questions about his commitment on Pharmacare deductibles and now where we see this going in terms of the changes that were made. I will be asking questions about our public education system as it applies to the Premier as, again, the head of government, and I will be asking specific questions in the areas of responsibility contained specifically in the Premier's Estimates.

As the Premier knows, the spending is unchanged from last year, but there is an increase in funds for the Premier's salary allowance. I recognize that the salaries were adjusted last year pursuant to the commission

established by the government and agreed to by all parties, but the Premier will note that, when the government did proceed with a decrease in salaries for the staff of the Legislative Assembly, we called the Legislative Assembly Management Review Committee for a similar decrease for our own salaries. We have also raised before the fact that, even though there was a modest automatic increase this year, it is very difficult in light of the present circumstances to justify those increases for all of us, including the Leader of the Opposition, cabinet ministers and Premier in light of the present position the government is taking with a number of other people in the direct public service. So I would note that I recognize the percentage increase in the Premier's Estimates. It does not reflect this year's increase in pay. I believe it was 1.1 percent, as opposed to the impact from last year's printed Estimates.

Mr. Chairperson, we will be raising a number of concerns dealing with our federal-provincial affairs. The Premier and I, in minority days, I think, participated more as a team Manitoba. I think it was a good way to proceed. We would attend—as the Premier did during the Pawley years—together in delegations, a Manitoba delegation. I think the Premier was a part of the Pawley delegations in the early '80s. I know that we were part of the delegation in the '88-90 period of minority government; of course, from that time on till the Charlottetown Accord, we were not involved specifically with very many discussions going on at that level. At the end of the day, we had to either fish or cut bait on a proposal that we did not totally agree with. The Premier knows that with the proposed wording on equalization and some of the wording on the Canada clause, in spite of my reluctance to support the Senate proposal which I believe should have been abolished and I did not like the automatic seats for certain provinces that was tied to the Senate proposal, I joined the Premier in that ill-fated event.

So I hope that this time around—the Premier and I also joined at the unity rally a couple of days before the referendum vote in the province of Quebec. I know how we were both legitimately worried about what would happen with that vote and what would happen with our country that we believe so strongly in. Of course, it was a nail-biter, as the saying goes, and we were quite worried about possible events that may come with a yes vote to separate. At that rally, I spoke about the need for

a strong national government, which I still believe in. I do not believe in this one-way delegation or separation or one-way power moves by the federal government. In fact, one could argue that the more you weaken the federal government, the more you make the argument for separation as some of the separatists did in the last referendum campaign, that a strong Canada that has great health care programs to deliver, quality education programs to deliver, a floor of income support programs that it could deliver, is a reason to stay in this great country as opposed to continuing to develop franchises with each province and continuing to weaken the federal government.

We also spoke about the need for—at the rally at The Forks it was interesting. We were at a site that, according to some historians, 6,000 years ago was first inhabited by Manitoba's original citizens. It was rather ironic, I suppose, and important and poignant for all of us to note that at the same time that we were talking about unity in Canada, we had people camping out for housing here in the province of Manitoba at the same Forks site.

I know the Premier (Mr. Filmon) was at the Aboriginal Awards last week, and I hope that we can work in partnership with First Nations people here in Manitoba and recognize that any clause in the Constitution should include a Canada clause which should start with the First Nations and include other characteristics of Canada as articulated both in the Meech Lake task force report and in the pre-Charlottetown report.

* (1520)

I will be interested to note what position the Premier has on the federal legislation that was passed in December of 1995. I was personally opposed to it. I think I said that during the debates on the Speech from the Throne. I noted the Premier was in favour of it. He appears to be moving away from that position, I think. I am not sure. I will want to ask him questions about that so I know exactly, not reading through newspapers, what is existing or present position on Canada?

The Premier knows that we think the jobs is still the No. 1 priority, and economic growth is the No. 1 priority for our country and for our province. We think that the Premiers' meetings and western Premiers' meetings and all these meetings that are coming up in June and August,

in the summertime, will reflect some of the bread-and-butter priorities of Manitobans and Canadians. [interjection] Well, if it was aboriginal, I think it is lard and bannock as my colleagues have told me before, so bread-and-butter and lard-and-bannock issues of those First Ministers' meetings.

We are very concerned, and I hope the Premier is as well, about what people see out there as a real tale of two cities in our economy. They hear about corporations getting record high profits. They hear about CEOs getting record high increases. Even if their stocks go down and the value of the company goes down, we hear of people getting major, major—becoming instant millionaires and millionaires year after year after year, while these same people continue to talk about everybody having to tighten their belt. People are getting tired of being told and being lectured to by people that are apparently very affluent and becoming ever more affluent, while they are having more and more difficulty making ends meet. Yes, they may be laid off and they may require now two part-time jobs to make up the income they lost or three part-time jobs, et cetera, et cetera.

So I am very, very concerned. I said this at the Manitoba Chamber of Commerce when I spoke to them a couple of months ago. I thought that I was hearing and feeling that there was a real growing sense that all was not fair in the land of our province and nationally and that we should pay some attention to it. That is why it worries us, quite frankly, about this kind of agenda on home care.

We do not want to see a society where 1,500 to 3,000 people have to take a 30 percent wage cut so three or four people can become millionaires. We do not think that is good health care and we do not think that is good economics. It is not good economics because, with that kind of loss in purchasing power with more and more people, we think that that will inevitably impede our economy and economic growth, impede investment, consumer demand and impact very, very negatively on retaining people in our province and starting to grow in our economic development.

On the other issues of federal-provincial affairs we join the Premier in the condemnation of the federal government for the cutbacks that took place in the budget. I am pleased to see that agricultural prices may

stay steady this year. I am pleased to see that wheat prices may go up because of the unfortunate weather situation in the United States and other locations in the world. That is obviously hopefully good for western Canada, and perhaps it is more good luck than good management.

In terms of the lack of transition plan the prices have stayed up with the unilateral elimination of the Crow rate without any real transition plan here in Manitoba that is also negatively impacted on the pooling arrangement. But I hope the weather is suitable. I hope we can get on the fields with all that water and moisture early enough, and I know it has already been delayed, so that we can get a crop, because if you cannot get the crop, obviously the price issue is not as significant. So I know that the Premier is concerned about that in light of what the federal government has done.

I am very concerned about the Port of Churchill. I have seen press releases after press releases talking about the glory, the delegations that are going here, there. I remember the Liberal promise of a million tonnes of grain, and all the Mulroney government needed was some leadership, political will, and it would happen if a Liberal government was elected. Well, Terry Duguid, I wish him well, but he does not represent a million tonnes of grain, and I hope he does well in his discussions and his international trips, et cetera. I remember reading the Free Press last year and they had a headline, \$20 million for Churchill. Where is it? What is the status of the line? What is the status of the port?

AECL is another important issue. We wish the Peter Siemens committee well. Our critic has been attending those hearings and those meetings. I hope we are able to both keep the jobs in eastern Canada and develop other alternatives for the scientific community that does reside in Pinawa. We have offered to work with the government in an all-party way. Our critic, the member for St. James (Ms. Mihychuk), went to Ottawa with the Minister of Energy and Mines (Mr. Praznik), and we do not want this to be just a one-trip wonder. We want it to be longer term and look at alternatives in a co-operative way.

I look forward to what the government is going to do on other issues of education. I am quite worried about St. Boniface College being cut out of money because of a

squabble between the provincial government and the federal government. I do not deny that the federal government should not have withdrawn that money for the funding at St. Boniface College, and I hope the government is successful in putting political pressure back on the federal government, but I certainly hope that we do not make precipitous decisions that will hurt the longer-term viability of that college.

I am very worried about what is going on in other community colleges in the Apprenticeship Program. We are going in the wrong direction in terms of training people for the future economic growth, and the red paper from the federal Liberal government talked about apprenticeship. So did the provincial election campaign, and finger pointing does not keep promises. I am very worried about where this is going in terms of the reduction in apprenticeship training people in Manitoba and what this means for the economy, what this means for our young people, what this means to keep people here in our province.

I am also very interested to hear the Premier (Mr. Filmon) elaborate on the answers given by his Minister of Finance (Mr. Stefanson) on the GST negotiations. I know that there are negotiations going on. We know that. I know that in the province of Saskatchewan they got rid of the harmonization that was brought in by the Devine government. It was a tax reduction at that point for the consumers, but obviously there were other changes made subsequent to that.

I know in eastern Canada, in Atlantic Canada rather, they are talking about changes to the GST. I happen to believe that we should be looking at a systematic way of abolishing that tax, as again stated by the Prime Minister when he was in Manitoba at Brandon University about the spring of 1993, just six months prior to the election.

I want to, again, support the government on the reductions in health and post-secondary education, but I also think and I have urged the government to put the equalization numbers on the table throughout the debate. I think we are better served when we have real numbers on the table.

I think the Speech from the Throne, when you tabled it in December of 1995, we had higher numbers on equalization that the government had acknowledged both

in the '95-96 year, '94-95 the equalization was up \$70 million. We had higher numbers in the '95-96 year which the minister confirmed later on in his second quarter statement. I think we are better served having a debate with everybody, with all the numbers on the table, with all the projections on the table, so that we will know the full measure of the federal decline.

In Manitoba, of course, we have a decline in federal-provincial funding in health and post-secondary education and social assistance, but we have an increase in equalization, unlike Saskatchewan which I believe is down to about \$345 million in equalization, another \$40-million or \$50-million decline from last year, so I think it is good we are getting an increase in equalization. We can get into the debate about why. The government will say population, others will say it is the stagnant growth, but it is better to have the increased money in the short term with the federal cuts than not.

Finally, on the international issues, the Premier mentioned South Africa. I have met with the delegation last fall. They do not have leaders of oppositions in South Africa. I think that perhaps—listening to the Premier's speech last night, it almost sounds like he wants to go to a one-party democracy. You know, you cannot raise questions anymore; you are too negative if you raise a question; oh, you better tell the reporters that; oh, poor us, the people are actually asking us questions.

I seem to recall the Premier was in fact even more negative than we were. We stand up with statements on Simplot. We stand up with statements on Schneider's and the world curling championships and others and say good things, but of course sometimes we have a responsibility. We are the loyal opposition. We are Canadians and Manitobans first.

I love the province. Our family lives here; all our family live here; my friends live here, and all of us want what is best for Manitoba. It is part of our job to hold—and I know he may not like this—the Premier accountable in a parliamentary democracy. That is the wonderful part of our system.

* (1530)

I do not want to go to a one-party system, where we have 57 trained seals elected in Manitoba just to clap

along with the Premier, so we do not apologize for believing in a parliamentary system. We are proud of the fact that we are part of Her Majesty's loyal opposition, unlike what we have in Ottawa. I wish the Premier would stop whining about questions that he may think are negative, because that is part of our tradition. I remember him asking a number of questions himself. I did not think it was wrong that he asked them. I thought it was his job, as I thought it was other members' jobs.

So I think we should keep in mind the virtues of a parliamentary system as a system that requires accountability. I think it is the finest system of government in the world. It is not perfect, and every day we have our moments. I think last Friday morning was not our finest hour collectively, but I think it is still the finest system in the world, and we should respect that and celebrate it, not condemn it.

Thank you very much, Mr. Chairperson.

Mr. Chairperson: We thank the honourable Leader of the official opposition for those remarks.

Point of Order

Mr. Neil Gaudry (St. Boniface): May I have leave to add comments?

Mr. Chairperson: Does the honourable member for St. Boniface have leave to make a statement? [agreed]

* * *

Mr. Gaudry: Mr. Chairman, I would like to thank the Premier (Mr. Filmon) and the Leader of the Opposition (Mr. Doer) for allowing me to add a few comments to the statement of the Premier this afternoon.

I did not get a chance to speak to the budget. Time is limited around here. I did not mind giving my place to somebody else. I am not the type to be negative in the first place, and it is pretty hard for me at times to criticize, because if you want to criticize, you should always have something positive to add to the comments.

I have had the chance in the last two years to attend two conferences and be a speaker on the role of the opposition, once in Africa and once in Romania for the

Assembly of International Parliamentarians. When you have to discuss the role of the opposition and the role of the government, you have to be positive, and I think it gave me a chance to see what happens in other countries. For example, in Africa, when I was there it was their role there as a first-year democratic government. It seems that the role of the opposition is not recognized, and I feel very strongly about the role of the opposition, and I think they have their role to play in this House.

I think the Leader of the Opposition (Mr. Doer) this afternoon made it very clear that there is a role, and, as he mentioned, the Premier (Mr. Filmon) has sat in the opposition and played his role very well. Therefore, there is a lot to be discussed when you represent a province like Manitoba in the country of Canada.

We have concerns. I think it has been indicated from the official opposition and our members in the Liberal Party, that health care is an issue, education, but I think when we criticized, we should have proposed solutions to the government. Agriculture, health care issues, for example—I look at seniors whom I have as a strong population in St. Boniface, and I have been involved with the seniors.

They have concerns about the privatization of health care. We know that the government has given itself a mandate to privatize, but, personally, I feel they have gone too far—not too far but too fast maybe and without communicating with the people of Manitoba, the health caregivers. I am not criticizing this in a negative way, but I want to say that this is the feedback I get from my constituents. I think they are prepared to accept the reform. We all know and I think they all know also that there is a concern about the debt that we have here in Manitoba, in Canada, therefore we have to look at the benefits on a long-term basis for our Manitobans and Canadians at large.

Same thing with education—the Leader of the Opposition (Mr. Doer) touched on the concern of St. Boniface College. I had concern and I did get in touch with the college. I did get in touch with the government. We had a good meeting, and, hopefully, the end result will be positive.

I know, I mean we hear this on a daily basis about the federals. What do you call them? Bad Liberals, right.

[interjection] No, we know. We have concerns about the transfer payments, and it is not just for education or health care.

We go back four or five years, before we had the Liberals, we had the Conservative government in Ottawa, and the Premier was not afraid to attack his colleagues in Ottawa, and he still does the same thing with the current Liberal government. So I have to give him credit that he was—regardless, we know that we have to work together, and I am not afraid. If I am going to work with the government here, we have to work also with my federal colleagues or my federal cousins, whatever you want to call them. I am prepared to work with the government so that we achieve together what we want to for Manitobans.

Agriculture is another issue. We talk about hog producers. I mean, I have to be very careful what spin I put on here because the Minister of Agriculture (Mr. Enns) might repeat what I say here in the House publicly. No, I know it is for the benefit of Manitobans and agriculture whatever happens and what will be done.

We talk about open market. I think it is the people of Manitoba that will decide and will want what is best for them, and I think the majority of farmers, what they want should be looked at.

Cattle producers, it is the same thing. I visited my brothers, for example, over the weekend, and they are crying about the price of beef that has gone down. I had to listen to them, and there is nothing that I could do for them. I told them, I said, do not cry to me. You go and see your MLA and cry to him, and that is my good friend the Minister of Agriculture (Mr. Enns). [interjection] Well, I am not so sure. I think he does. He does the best he can for what we have and what he has to do, and I—[interjection] I will go back on those comments. No, I have a lot of respect for every member of the Legislature. So, as I said before, it will be pretty hard for me to be negative on anything.

But there is concern in education, health care, and I think, I hope that the government will consider a lot of the cutbacks and things that they have decided to do that is not to serve the best interest of our people of Manitoba.

With these few comments and other questions that will be asked during Estimates, again I thank the Premier (Mr.

Filmon), the Leader of the official opposition (Mr. Doer) to allow me saying a few comments.

Mr. Chairperson: We thank the honourable member for St. Boniface for his opening statement.

At this time I would remind the honourable members of the committee that the debate of the Premier's Salary will be deferred until all other items in the Estimates of the department are passed. At this time we invite the Premier's staff to take their place in the Chamber.

Mr. Filmon: Mr. Chairman, while the staff are coming in, I just want to make the comment to the Leader of the Opposition that I have difficulty in responding perhaps to global matters that he might want to bring forward to me as the Leader of government, but if he does intend to get into detail on issues that are more properly in the purview of other ministers of government, I believe very strongly that the only way we are going to get the information is to have those questions asked of the appropriate ministers. But I will be happy to debate with him the matters that he believes are contentious within the overall view of government, and, as government Leader, I will be happy to respond.

* (1540)

The Clerk of the Executive Council, Mr. Don Leitch; the Director of the Policy Management Secretariat, Mr. Hugh McFadyen; our Finance Administration officer, Ms. Karen Popp; and the Deputy Minister of Intergovernmental Affairs, Mr. Jim Eldridge.

Mr. Chairperson: The item before the committee is item 1. General Administration (b) Management and Administration (1) Salaries and Employee Benefits, on page 11.

Mr. Doer: Mr. Chairman, I am assuming that we can proceed as we always have with the small amount of items. We have usually completed the—I mean, we could ask any question, basically, on salaries, on administration. I am assuming we will do what we have done in the past.

Mr. Filmon: Yes, that is quite acceptable, as far as I am concerned. We can go on anything within the ambit of

the Executive Council Estimates, leaving Premier's salary to the end.

Mr. Chairperson: Then that is agreed to.

Mr. Doer: Mr. Chair, yesterday and previously, we asked questions of the Premier about Connie Curran, a person the Premier is certainly aware of. He has been the steward of government when Curran contracts have been signed by two Ministers of Health, the former member for Pembina, Mr. Orchard, and now Minister McCrae. We have a contract of this magnitude, obviously, on home care. It is a huge, fairly big contract. Of course, the whole contract, the \$4 million, is very large. During the election campaign, I believe, the Premier, during the debate said, if he had it to do over again, he would not hire Connie Curran, and so fair enough.

What we are concerned about is why we authorized Connie Curran to study home care in the contract that was signed on January 5, 1994. Why did we proceed with the contract of \$140,000-plus expenses with Connie Curran? Why was that approved by cabinet?

Mr. Filmon: Mr. Chair, I am not sure that contract would have come to cabinet for approval. It probably was within the budget allocation of the Minister of Health (Mr. McCrae), but the member may want to ask the specifics of the Minister of Health.

Mr. Doer: Just so I understand in terms of enhancing accountability, I think is the latest term we have been using in a number of areas, would not a contract of this nature—well, let me ask the question. Can a minister sign a \$140,000 contract without approval of the Treasury Board?

Mr. Filmon: Probably not, but that was not the question, and I have not been on Treasury Board for several years, so I cannot make any comment about Treasury Board's approval process. I would assume that it did receive Treasury Board approval.

Mr. Doer: Mr. Chairman, as I understand it, contracts at \$20,000 and more or \$25,000 and more require Treasury Board approval under the financial administration guidelines here in the province of Manitoba, and therefore a \$140,000 contract would go to Treasury Board.

Mr. Filmon: As I said earlier, I assumed that it did receive Treasury Board approval under those guidelines.

Mr. Doer: Now, when Treasury Board approves a contract of \$140,000, is it not then forwarded to cabinet as part of the Treasury Board presentation to cabinet and therefore ratified at cabinet that is chaired by the Premier?

Mr. Filmon: In the context of the minutes of a Treasury Board meeting being ratified, that would be the case.

Mr. Doer: The Premier, of course, who chairs cabinet and receives minutes from committees that he establishes, reads the minutes from those meetings and would have read the minute noting the contract for Connie Curran for \$140,000 on home care service?

Mr. Filmon: That is correct, Mr. Chairman.

Mr. Doer: The Premier of course appoints the secretary of Treasury Board, a deputy minister level. Can the Premier outline what Ms. Curran was required to investigate in her \$140,000 home care contract?

Mr. Filmon: No, I have not seen a copy of the contract, so I could not give any details.

Mr. Doer: We have tabled the contract before in this House to the Premier's attention. I know he reads everything we table for his attention.

Mr. Filmon: Actually not.

Mr. Doer: It would not surprise me. He is very selective.

I would like to ask the Premier, was there any report completed by Ms. Curran on home care services for \$140,000?

Mr. Filmon: I have not seen a report, Mr. Chairman. I do think that that is an appropriate question to ask of the Minister of Health.

Mr. Doer: It is also a question I think it is fair to ask the Premier, who is in charge of policy changes in government. Obviously a change in policy that was contained within Treasury Board documents that have been made public is an issue that the Premier decides.

Would the Premier not be the person in charge of policy changes, major policy changes in home care such as privatization?

Mr. Filmon: No, Mr. Chairman. I do not think it is accurate to say I would be in charge of that. Otherwise, we would not need to have a minister responsible for the delivery of health in this province. The minister would obviously bring a policy change like that to cabinet, but he would be the person responsible for the development of the policy and ultimately for the carrying out of the policy. He might well have received approval for the policy change and, in this respect, I can certainly confirm that, that he would have received approval for the policy change.

Mr. Doer: If the Premier did not agree with the proposal from the Ministry of Health, the proposal would not go forward. It is not a vote in cabinet. The Premier makes the ultimate decision, hearing advice from his minister and other ministers of government. He is the one ultimately in charge. Is that not the way cabinet responsibility works with the First Minister? He is called First Minister for a reason. He is also sworn in as First Minister. He is not just a minister. All ministers are equal; he is more equal than others by definition.

Mr. Filmon: Let me be absolutely clear, Mr. Chairman. I am not in any way dodging responsibility for the decision. Not that I made it personally, but certainly cabinet approved it and I chair cabinet. I might tell you that I probably have told the Leader of the Opposition privately this, that I was shocked when I read former Premier Pawley say that he regarded himself as just one vote in cabinet. I do not.

I do judge the consensus, and if it is a matter because of the fact that members opposite and the media and the public at large tend to put my name in front of the government, if I cannot live with a policy decision, I will be very open with them. Although I do not regard myself as being autocratic, if there are decisions that I do not believe I could live with, then in that respect I certainly draw a line. So I will accept the fact that this is a policy of government that has been developed by the Minister of Health (Mr. McCrae) and is being carried out by the Minister of Health.

* (1550)

Mr. Doer: So the Premier approved the plan to privatize home care which was initiated by the Minister of Health, approved by Treasury Board and, ultimately, made public. Is that correct?

Mr. Filmon: The Premier, as chair of cabinet and as part of a government process that requires cabinet approval, was involved in the approval of that process and supports this policy as he does any policy that our government goes forward with.

Mr. Doer: Was the Connie Curran contract and the recommendations from Connie Curran utilized by cabinet in any way, shape or form to make the decision on the policy change on privatization?

Mr. Filmon: No, Mr. Chairman. Not specifically with respect to privatization. As I said earlier, the considerations involved a number of matters: (1) a desire to have more flexibility to respond to the real needs of those who are users and recipients of the services of home care; (2) the pilot project that was very successfully carried out by the Seven Oaks Hospital utilizing the services of a private operator, We Care; and, (3) the very positive experience that we have had throughout the course of home care with the utilization of services by a nongovernment agency, the VON, who have supplied our needs to a very large extent in the home care field as an independent contractor.

Mr. Doer: I would like to ask the Premier, does he have any overall study that utilizes—we have the Kane and Kane study, not from a number of years ago, which calls this home care system the best in North America and recommends against the Americanization of that home care system. We have other studies that have taken place over the years. I am just wondering what utility was the \$140,000 Connie Curran contract on the home care decision. Was that person involved in the evaluation of the projects the Premier mentioned? Can we get a copy of the current report that taxpayers have paid for?

Mr. Filmon: In this respect, Mr. Chairman, I will be direct with the Leader of the Opposition and tell him that I do not have a copy of the report and that if there was any formal report, he would have to ask that of the Minister of Health and pursue it in that respect, because I have not seen one. I am not aware of a formal report having been put together.

The consultation involved, as it did with the work that was done in the major tertiary care hospitals in Manitoba, a working together with those who were involved in the organization and delivery of services to try and conceive of improvements in the efficiency and the effectiveness of the delivery of services. It was, as the Curran approach has been, a matter of working with the people in the delivery of service and helping them to understand and respond to the concerns for improved service.

The member may recall that the timing reflected a tremendous amount of unhappiness with home care and many complaints that flooded in, particularly in the six months that led up to that report or that investigation and study being initiated.

(Mr. Mike Radcliffe, Acting Chairperson, in the Chair)

There were many, many complaints, and it resulted in our appointing an appeal panel. It resulted in our having ultimately self-managed delivery of home care by those in our disabled community. A number of different initiatives came out during that period of time because of stated public unhappiness. In fact, I recall members opposite bringing complaints to this House on a routine, regular basis about home care not meeting the needs of people out there.

So there were a variety of different ways in which people were evaluating the system and trying to improve it.

Mr. Doer: Yes, I did bring a number of concerns forward to this House on home care because we were aware that the government had approved a certain amount of money in the budgetary Estimates for home care and was cutting a number of home care clients off. Subsequently, we tabled the briefing documents to prove our point, where home care was underspent for two annual years in a row when we had raised that issue.

Then I think there was a period of calm before the 1990 election, if I recall correctly, and after the election. Then of course there was the whole change in the scope of services by the government moving into the 1993 by-elections, and then the government again put things on a so-called pause or moratorium from then on till the provincial election.

So I do not dispute there were a couple of very major periods, if I can recall correctly, where there were people being cut off. If you look at the annual reports of the Department of Health, and I am going by memory, but you will find that in the Department of Health the concerns we were raising were verified by reductions in cases, and of course the Premier knows there is a difference between a budgeted amount of money and an actual amount of money. He also knows sometimes it takes a couple of years to find out where things were underspent. For example, we just were able to find out that we were underspending the Department of Family Services over the last couple of fiscal years. We had one number in the budget and another number in the department. There were instructions in fact not even to spend up to the budgeted amount. That way you can say, we are spending more percentage here than there, our budget contains this and that and everything else. So, yes, we were critical about some of the people who were being cut off.

The Premier is right. We did back that up with documents which I tabled in the House from the Ministry of Health, the former minister, indicating they were underspending, deliberately underspending that item. The annual reports back that up. Then everything was fine—well, not fine, but we were not raising it as frequently as when we had first raised it when there was underspending, and then the government proceeded to change the status of support for home care people which we thought was working against the independence of people. In fact, I remember attending a coalition of home care users at a clinic in 1993 where they were saying, please, government, listen to us. Please have home care provided in a way that will allow us to live in dignity and please provide greater flexibility in the way that service is delivered on a self-managed way.

We, in fact, put together a policy, which we called community care, dealing with home care that was a step forward we thought from the existing Home Care program. It was a more flexible program, you know, because the Home Care program had changed between what it was before with elderly people and being utilized more with both elderly and disabled. We felt changes should be necessary, but we never ever talked about and proposed in '93 or '94 or '95 in our alternate Speech from the Throne, or our alternative platform or in our alternative documents, a move to privatize. I would like

to know when the government decided to privatize. They kind of talked about it in '93. They backed away from it till after '95. Did they plan on privatizing all along?

Mr. Filmon: Mr. Chairman, I said earlier that the decision was made on the basis of a number of different analyses, one being that seven other provinces in Canada have flexibility and choice as part of their home care system, and that they operate, as we do in many cases, with not-for-profit and for-profit aspects to the system. It was also, of course, an outcome of the review that was done, the pilot project that was done with the Seven Oaks General Hospital. It was also, of course, an outcome of seeing the very positive response and the accomplishments of the VON in their part of the independent provision of services to those who require home care in this province.

* (1600)

Interestingly enough, there are a number of statements that were contained within the report that was done for the former government, the Price Waterhouse review of home care, that supported a variety of things in the system, and we have not proceeded with them, and I do not think that we have any intention to proceed with them. But, among other things, the Price Waterhouse report said that the government should give consideration to introducing measures that would serve to encourage clients to meet their needs through their own resources, that is, user fees, waiting periods prior to receiving nonprofessional services, user fees during the initial period of service and limiting hours in which services are provided.

I would argue that all of those would place dramatic limits on the availability of service and it would be a very negative response. That was the report that was commissioned by the New Democratic administration and presented to government. They said that programs should require regional program managers to manage their budgets more actively and stay within approved levels and should give program staff greater discretion over service levels per client.

That is permitting a dilution of service in order to achieve budget targets, in other words, cut back on services that they were going to provide as a means of achieving budgetary targets. They in fact, as part of that

report, recommended that certain aspects of the service ought to be done outside of the home care basis and people, for instance, who were receiving—it says here: The department should adopt an expanded long-term strategy to facilitate the development of independent, not-for-profit cleaning services in all communities across the province. This effectively should take the program out of the business of providing house cleaning services. Consideration also should be given to including house maintenance services along with independent, not-for-profit cleaning services.

So they were suggesting that all of this ought to be externalized from the program, and that we ought to not be doing it as a total in-house, bureaucratic delivery of services. There have been plenty of reports that have suggested that the way of the future was to provide this kind of externally available competitive service as the means of meeting the needs of home care at a more reasonable cost and that, it seems to me, is part and parcel of all the information that leads to decisions that we make because, as has been stated many, many times, this has been the fastest growing area of health care costs in our province. It had doubled, in the seven years concluding last year, in our province from the time we took office in '88 until 1995. It is now on target to add another \$8 million to the cost. It will have gone from \$42 million in 1988 to \$93 million in 1996.

(Mr. Chairperson in the Chair)

It is a dramatically increasing cost, and the objective is to provide the services that people require when they require them, how they require them, on as flexible a basis as possible and yet within some reasonable cost structure that we can justify for providing this level and type of service to the public. So all the various analyses have led us to say that we need more flexibility, more alternatives, and that we need to utilize external resources beyond those that are direct government employees to get the job done as well as we possibly can.

Mr. Doer: Mr. Chairperson, has the government got any other reports besides ones that—he talked about the future. It seems to me he is quoting the past. The Premier knows that governments receive reports; they can accept or reject them. They can accept or reject advice and they have to have reasons for it. Has the government got any other reports besides the one that is not in the future—it is in the past—that it can share with us on the issue of home care?

Mr. Filmon: I have no other reports that I can share or that I have seen with respect to this topic.

Mr. Doer: Mr. Chairperson, one of the parts that was missing from the Premier's comments and has been missing quite regularly is the whole issue of clients. I sent the document from David Martin to the Premier last week. Did the Premier read it?

Mr. Filmon: I skimmed the material that the member gave me.

Mr. Doer: Was the Premier not concerned that Mr. Martin (a) was adamantly opposed to the government initiative and (b) made a number of poignant comments and statements in the report that people directly affected should be and must be consulted on a fundamental decision that affects their independence and their quality of life?

It seems to me that there is the issue of an evaluation in 1996 or 1995 about what the status of home care is and what is the best course of action, which the government has not been able to provide in terms of current reports. There are also the issues of clients, patients, community.

Did the Premier read that comment? Can the Premier advise us of what action he took further to Mr. Martin's comments about the impact of this decision on their quality of life and their independence?

Mr. Filmon: Mr. Chairman, it seems to me that government's responsibility, having assessed any given problem, challenge, or issue, is to take account of as much information as is available to it and make decisions that are directed towards providing the services that government is expected to provide to the greatest possible quality and availability that we can. Particularly in home care, the objective is to meet the needs of the clients, to provide those services as fully and completely as we can possibly afford to do so, and the decision as to whether or not they are provided by this type of delivery mechanism or this person or that person is really a decision of government.

* (1610)

We appreciate that there are strong philosophical views on the part of members opposite, on the part of those who

are the heads of unions in this province, and many people who receive the service who believe philosophically that they have somehow a better confidence in a person who works for government than in a person who works for an outside agency, whether that be private, not-for-profit or some other form of outside agency. This is, in our judgment, not the issue whatsoever. The issue is whether or not we can provide the services that people demand and expect of us and whether we can do it in a very efficient and effective manner that meets their needs as fully and completely as we possibly can, and that is what we are intending to do under this system. Quite honestly, I do not think that the philosophical debates are going to be helpful to anybody who receives those services.

Mr. Doer: I am concerned that the government did not assess all the issues in home care. Here we have, with the greatest of respect, the minister who just last fall was involved in major changes on the emergency wards in community hospitals. Perhaps we could be forgiven—and the Premier will never acknowledge it, but he and I both know that this minister is flying by the seat of his proverbial pants on the decision to close the emergency wards of our community hospitals. And he knows that he had to have a climb-down position from their original position to close all five community-based emergency ward hospitals from ten o'clock to eight o'clock in the morning. He knows it, I know it, he is not going to admit it. I knew he knew it when he would not answer our questions anymore about it.

He knows that it did not make sense to the citizens in those areas, in the Victoria Hospital, the Grace Hospital, the Seven Oaks Hospital, the Misericordia Hospital, the Concordia Hospital, to have an acute-care hospital with emergency wards there that were built by the people of those communities and then have them close from ten o'clock till eight o'clock in the morning.

So we had to go through this torturous kind of change in policy because there was no proper assessment to begin with because when we produced the assessments they were produced by the minutes of meetings that we tabled, the emergency committee. The saving was \$1.8 million, and there were also extra costs that were produced by the changes. Surgeons told me that they were not discharging patients as early as they could because they were worried there was no back-up system in the emergency wards which was in fact backing up the patients in the hospitals.

So we are not so confident that his minister—in fact, we are not confident at all that his Minister of Health (Mr. McCrae) has properly “assessed” to the Premier the situation prior to his action. The Premier knows that there was not a proper assessment of public feelings, community feelings, about the emergency wards. He knows that, I know that. Every member in this Chamber knows that, particularly those of all political parties that reside in the city of Winnipeg. They know it was an ill-thought-out decision.

Of course, he is the only minister I know of that has to announce he is opening some of them because holidays are coming. He closes them in October, and he opens them in November because holidays are coming in December. Any Minister of Health that cannot plan for Christmas and the holiday season and other holiday seasons of other religious persuasions or beliefs worries us about something as fundamental as home care.

So does the Premier feel that his Minister of Health properly assessed the situation when he closed five community hospital emergency wards from ten o'clock at night till eight o'clock in the morning as he did last fall?

Mr. Filmon: The member opposite knows full well that the Minister of Health was dealing with a number of imperatives, not the least of which was a withdrawal of services by the emergency room doctors in many of our suburban hospitals. The Minister of Health (Mr. McCrae) had to ensure that he had a system in place that could meet the expected needs of the circumstances as best as possible. The Minister of Health as well of course made the ongoing decisions based on availability of resources and availability of facilities to meet those resources. The Minister of Health has also shown that he is flexible enough to be able to recognize when needs have to be met and provide the opportunity to meet those needs.

I would say to the Leader of the Opposition (Mr. Doer) that here we have him moving not in any traumatic fashion. This involves one part of the services in Winnipeg, home care attendant services. It involves 25 percent of them, and it involves a volume of services for which clearly there are many, many operators who are in a position to respond to a tender and to provide those services for, so that being the case, I believe that the Minister of Health (Mr. McCrae) has assessed the

circumstances adequately and has in place a policy response that will meet the needs.

Mr. Doer: So the Premier is saying today that he believes that his Minister of Health adequately assessed the needs of health care patients in the city of Winnipeg when he closed five community hospital emergency wards down from ten o'clock to eight o'clock in the morning. He felt that his Minister of Health had adequately assessed and planned on the basis of what the health care needs were for the people in those communities.

Mr. Filmon: The Minister of Health did not close down those emergency wards. Those emergency rooms were closed down by the withdrawal of services by the doctors.

Mr. Doer: Mr. Chairperson, can the Premier confirm that the day after the walkout was settled the Deputy Minister of Health phoned the health administrators all across this city, five out of the seven hospitals, specifically Concordia, Seven Oaks, Misericordia, Grace and Victoria, and told them to close down from ten o'clock at night until eight o'clock in the morning—the Deputy Minister of Health, a person appointed by the Premier?

Mr. Filmon: I cannot confirm that. I was not with him when he made any phone calls.

Mr. Doer: Is the Premier saying that the Deputy Minister of Health, after service was restored from the dispute, could order the closure of emergency wards in Winnipeg from ten o'clock at night until eight o'clock in the morning without the approval of the Premier?

Mr. Filmon: No, I am not saying that at all. You asked me to confirm whether he made phone calls, and I was not with him when he made any phone calls.

Mr. Doer: Did the Premier authorize the closure of hospital emergency wards in the city of Winnipeg at the five community hospitals after the strike was settled? Did the Premier authorize the closure of those hospital emergency wards in October of 1995 for hours at ten o'clock at night until eight o'clock in the morning?

Mr. Filmon: Not personally, but the Ministry of Health would have obtained their authority to do so, I am sure.

Mr. Doer: Mr. Chairperson, you know this Premier is writing statements about accountability and enhancing accountability. Boy, he should start right in his own backyard.

Did the Minister of Health make the decision, or did the Premier authorize the Minister of Health to make that decision? Who made the final decision? I have asked this question before in Question Period. The Premier told us before that he is not one of equals around a cabinet table; he is the ultimate authority. Surely, the ultimate authority would make that decision. It would not be made in the Ministry of Health by a minister, something that affected five communities in our city and affected hundreds of thousands of people. Why can the Premier not just say he made the decision? What is wrong with saying that?

* (1620)

Mr. Filmon: Mr. Chairman, there is a decision-making process in government that does involve seeking approvals when required. The Minister of Health in matters of policy of this magnitude would have sought the approvals that we require. Part of them would be a cabinet committee, and that cabinet committee's minutes would have been ratified by the cabinet. I am a part of that. We went through this before. The Leader wants to play games. I do not make all the decisions, but, yes, I am involved in the ratification of decisions that are made, and, yes, when the strike ended, the decision was not to reopen a number of the units on a 24-hour basis. Having subsequently evaluated the effects of that policy, the Minister of Health (Mr. McCrae) changed the policy so that some of the suburban hospitals are back open on a 24-hour basis. I do not know why we need to play games on this. This is all a matter of record.

Mr. Doer: We do not have to play games, Mr. Chairperson. All the Premier has to say is, yes, I made the decision. The Premier, I think, has done that finally. I asked him about nine times in a Question Period, I think, in late November of last year.

Mr. Chairperson, does the Premier feel that in that decision there was an adequate assessment, a diagnosis of the impact on the citizens of Winnipeg in the community hospital catchment areas? Did the Premier feel it was an adequate assessment of the impact of that

decision on the citizens when the decision was made by the Premier and communicated through the Ministry of Health?

Mr. Filmon: I want to correct the Leader of the Opposition. I did not make the decision. All he has to do is read what I have just said about how decisions are made in cabinet. I know he has been away from cabinet for a long time so that he does not understand how cabinet makes decisions, but the Minister of Health, his recommendations were accepted by a committee of cabinet, and that decision that was made was ratified by the minutes being approved by cabinet. That is how it works. For him to say that I have said that I made the decision is wrong. I accept responsibility for any decision that is made by this government and the cabinet of this government. I accept that responsibility, but I do not make all the decisions. I support the decisions that are made ultimately and the process that ratifies those decisions, which I have explained to him in detail.

The process that was involved by the Minister of Health involved evaluating the reopening of the emergency wards. Having had them closed for a number of weeks on an overnight basis, it was decided by the Minister of Health and, as I said, ratified by the cabinet process that they would not reopen on a 24-hour basis. Having then evaluated the impacts of that process and those changes, the Minister of Health directed that they then be reopened on a 24-hour basis.

Mr. Doer: Mr. Chairman, why did the government have to reverse its position if they adequately assessed it properly at the beginning on the five community hospitals, to reverse their position on four immediately, with a tentative nature of one of the four and not reopening the Misericordia? If they had adequately assessed it at the time they made the decision, why did they have to reverse themselves, obviously, not for the, quote, holiday season, but for a more permanent basis?

Mr. Filmon: In all decisions we make, we evaluate the impacts of those decisions, and, based on that evaluation, the Minister of Health chose his course of action, a course of action that resulted in assuring that the services are available to the people who require them.

Mr. Doer: So the Minister of Health (Mr. McCrae) made a mistake in his initial assessment of the impact on

citizens and had to reverse the government's position on some of those hospitals based on the fact that the initial assessment was not proper, and that is why they had to reverse themselves partially in some of the other community hospitals.

Mr. Filmon: No, Mr. Chairman. The minister made his decision based on the best advice available to him at the time, and he subsequently revised that decision and increased the number of hours of available emergency room service in accordance with the demands that were there.

Mr. Doer: Can the Premier assure us and members of this House, who have no confidence in the ability of the Minister of Health to assess and plan important decisions that impact on all the citizens of this province after the fiasco on the emergency wards, that there is a proper assessment process dealing with other urban hospital decisions? Can the Premier assure us that the decisions on the Seven Oaks Hospital and Misericordia Hospital will be based on health merit, not on geographic considerations, particularly partisan considerations? Will the Premier today agree with us and the assessment we have had, based on the reports we have seen and some of the information we have had, that the Seven Oaks Hospital should remain as an acute care hospital, with acute care services being an emergency ward and open in the evening, and that the Misericordia Hospital, yes, to have some adaptation of programs in the community but also should have an emergency capacity in the evening and retain some of the acute care features they have, along with other features that they are gaining as they have some transition in the community?

Mr. Filmon: This really is getting into a detailed discussion of issues that should be dealt with in the other committee room on Health. What I will assure the member opposite is that this government will make decisions based on the needs of the people who will be served by the health care system. It will make decisions, not on a political basis, but on the basis of the best available advice from the experts and those who work within the system. I can also assure him that this government will continue to listen, because he is making assumptions of an impending course of action based on recommendations of some of the advisory groups within the system.

I think his own critic for Health has talked to about over a hundred different advisory groups, and much of the information that they are providing and much of the recommendations are in fact in conflict. They are not all leading to the same conclusion. So we as a government, and the Minister of Health (Mr. McCrae) certainly is leading this process, have to evaluate what is being proposed and has to in fact continue to try and refine all of the suggestions, advice, information and come up with the best conclusions out of what often is not exact science but a composite of many, many opinions.

They may be expert opinions and expert advice, but they still are opinions, and we have to try and arrive at the best composite conclusion out of this advice and opinion.

Mr. Doer: I know the Premier has Barb Biggar in the design team over here. I know the Premier has KPMG over here. I know he has the Urban Hospital committee somewhere in between. He also has 101 or 102 committees that have been established by the two ministers of Health, but I am concerned about the people in the area. Just as the decision on Victoria Hospital and Grace Hospital and Concordia Hospital appear to be reversed, and I am happy that has happened, I am concerned we do not make the wrong decisions based on the citizens in the area for Misericordia and Seven Oaks.

Will the Premier himself, because we do not have much faith in his Minister of Health, agree to meet with the citizens' coalitions that have been established at the Seven Oaks in the north end of the city—they have had a number of public meetings which I have attended; I have not spoken, but I listened—and agree to meet with the citizens' committee groups that have been established at Misericordia? So, besides all the experts and consulting companies and these other groups, the Premier will have first-hand information from the citizens that ultimately we all serve.

* (1630)

Mr. Filmon: I listen to thousands of people in the course of every month that I am in office. I respond to phone calls. I read hundreds of letters. I listen to people who call in to open-line shows. I listen to people who come to this Legislature. I meet with groups and

individuals constantly. I do not believe that the advice from one group is any more important than the advice from another group. The decision, ultimately, will be a reflection of all of the advice that I get from all of the people.

I can tell the member opposite that the one thing that does happen is that I ultimately take responsibility. Our ability to continue to govern with the good will and support of the majority of Manitobans is based on our continued efforts to listen and to learn as much as we can when we make decisions. The one thing I do not have is the luxury that the Leader of the Opposition does, and that is to make no decisions and to take no responsibility. So I can tell him that I take responsibility every day that I live in this position. He may well luxuriate in that position so that he can constantly criticize me for every decision that I make. The fact is that only the public can only give you the chance, and they do not want you in this position—to the member for Brandon East (Mr. Leonard Evans). They do not want to take that risk of putting people who are irresponsible and can only be negative and critical in the job.

Mr. Doer: If the Premier will read my comments about both Seven Oaks and Misericordia, you will find perhaps we were suggesting some of the community programs in Misericordia, that there would be a transition with an acute care component to it. If the Premier would read back our comments in the home care area, what we proposed them in 1993, in an alternative speech from the throne in '94 and in the election campaign, we had a very modern approach to flexibility and co-ordination of home care that we felt was necessary with a nonprofit principle to it. We do not apologize for that; in fact, we are even flattered. After the alternative speech from the throne came out and we had a platform called Manitoba Works with a number of initiatives to get people working again, we were so flattered that the Conservatives had no ideas that they had to use that term in their election ads, Manitoba Works, about four months later.

Remember Joe Biden when he was a politician got accused of plagiarism? I suppose we could take that imitation is the finest form of flattery. It was not even imitation. It was exact same term that we had put in November 1994 that he had in his ads of March and April of '95.

My question is simply to the Premier. I know he is a busy person, and I know he has calls and letters and things to do. I am just asking the Premier, would he meet with the community group from the north end of Winnipeg? They feel that the Premier advertised in 1990 that he is a north end person. They feel that that is an important link that he made publicly. They feel they should be able to make that link back with him and meet with the people of the Misericordia community, which serves a number of communities, so that people themselves can have access to the highest authority in government provincially, and that is the Premier.

Mr. Filmon: Mr. Chair, I repeat that I take as much advice from as widely distributed sources as I possibly can. I have listened to many, many people from Seven Oaks and from the north end of Winnipeg. I am proud of my roots, proud of my heritage, and I know that I have heard many, many times their views on this particular issue. Whether or not I have the time or the opportunity to meet with them will not reflect the fact that I have not listened and I have not heard what they have been saying. In fact I have.

Mr. Gary Kowalski (The Maples): Being an independent Liberal member it gives me the advantage of being able to become an expert on everything here in the Manitoba Legislature, so now I am at Executive Council. Looking at the Estimates here, I see in Management and Administration that there is—is it \$2 million or \$2 billion here goes to management administration. The last time I looked, photocopies are about five cents apiece, and prior to the election we used to get a photocopy of all Orders-in-Council delivered to our caucus office which allowed us to have—

Mr. Chairperson: Order, please. Could I ask the two members that want to carry on a conversation to do so in the loge? You are right in between the conversation, and it makes it very difficult to hear.

Mr. Kowalski: We used to get photocopies of the Orders-in-Council, so we could see them timely and draw them to our attention. Now, from what I understand, since the election we no longer receive these. I think this amounts to setting the photocopier for one extra copy and maybe some toner and a piece of paper, which with our limited staff resources and our limited resources is a

small thing but would make a big difference. Is there a reason why our unofficial caucus, the three independent Liberal members, can no longer receive a photocopy from the Clerk of the Privy Council?

Hon. James Downey (Deputy Premier): Mr. Chairman, let me assure you that it is nothing personal, the reason that he does not get the information that he requires. Under the GMA, the GMA states that it is only the official opposition party that we are required to provide that information for. If the member so desires, he is quite free to contact the House leader and take it before LAMC with that request, but that basically is the reason. Because the Liberals do not have official party status, there is no requirement to forward that information to him.

However, I guess we got some additional news today. I am not sure what the member referred to when he called himself an “independent” Liberal. That is news. [interjection] That is the explanation which staff have provided me, Mr. Chairman.

Mr. Kowalski: I will be attending the next LAMC meeting and I will be bringing that up. It seems like it should not have required it being brought up. It was a very minor thing that could have been done without any discussion. Just an extra photocopy seems not like a lot to ask for.

I see in this Executive Council that Intergovernmental Relations Secretariat is part of this, and I know Marcel Dionne was recently here to see the Premier. I think our Premier, just from his longevity, is one of the most experienced premiers when it comes to constitutional talks.

Although maybe it is not the highest priority for the public, I think the constitutional talks probably bring out some of the best that this Chamber has to offer in that there is less partisanship, because I think it brings us to one common ground that we have as Canadians for the unity of Canada.

I have never been a member here while we have gone through constitutional talks, and I think this province has established a reputation of working together on this subject, and I am wondering if the Premier could tell us, will we be seeing the same vein of an all-party task force

or an all-party consultation or working together in regard to the unity of Canada?

Mr. Filmon: I just want to point out to the member for The Maples that Marcel Dionne is the hockey player. Stephane Dion is the minister, but he is probably equally as good a stick handler, I might say. Having said that, I did enjoy my meeting with him and did enjoy the opportunity to exchange views and ideas about Canadian unity.

I have said publicly that if we are to engage in another round of constitutional discussion, that, certainly, it would be my plan to have an all-party task force that would prepare Manitoba's response to that. I know that we will always have difficulty given that the Liberals are not officially a party in this House, and whether or not their representation is official or nonofficial I guess will be the subject of negotiations at some point between House leaders. It would be my earnest desire to have an all-party position that we could take forward with confidence on the national front when we engage in our discussions.

I might say that in terms of the decentralization and the disentanglement that has currently been in discussion, because that was a part of Charlottetown which was basically supported by the parties in this House, I have assumed that there continues to be support for us getting the federal government and the provinces out of each other's hair in so many of those areas of overlapping jurisdiction, and those things that have been put forward by the federal government on that score I think have certainly been ones that we have assumed were still acceptable to members in this House.

* (1640)

(Mr. Mike Radcliffe, Acting Chairperson, in the Chair)

Ms. Becky Barrett (Wellington): I would like to ask the Premier sort of a follow-up question to his discussion with the Leader of the Opposition (Mr. Doer) on the process that is undertaken when government, cabinet, Treasury Board make decisions in the completion of their duties.

I am wondering if the Premier saw or had reported to him any studies undertaken on behalf of the Minister of

Health (Mr. McCrae) or his department outlining the costs, the benefits, the pluses and the minuses of the privatization of home care that is being undertaken by this government.

Mr. Filmon: Firstly, I re-emphasize that the plans are to provide more choice, more options for service delivery to the clients of home care, more flexibility in the provision of those services and the utilization of outside agencies for providing that greater choice and that greater flexibility in the provision of services. I have already indicated all of the different areas of information that were considered as a decision to take 25 percent of one small part of home care, that being the home care attendant services within the city of Winnipeg, 25 percent of that, and make it open for competitive bidding.

So the process is just as I repeated it to the Leader of the Opposition (Mr. Doer).

Ms. Barrett: Mr. Chair, I have no quarrel with the process as was outlined by the Premier (Mr. Filmon) to the Leader of the Opposition at great length earlier this afternoon. I have a very simple question, and that is, as that process unwound, did the Minister of Health (Mr. McCrae) either report to the cabinet or share with the cabinet any documentation that outlined the benefits and the costs of the changes to the home care system that are being undertaken by this government, specific, not general, a specific study or document that dealt exclusively with this issue?

Mr. Filmon: I repeat for the member for Wellington (Ms. Barrett) that there are seven provinces in this country that have services provided by external agencies, private and nonprofit agencies, in the delivery of home care. The Minister of Health read the comments of the Minister of Health, Mr. Stewart, in Nova Scotia earlier today about the rationale for the delivery of services by private sector agencies in Nova Scotia. The comparative costs are available to us as they are to anybody in this country. The experience, the very positive and valuable experience that we have had for over 20 years with the VON delivering services as an external agency to government in this whole area of home care, is valid and very, very important information that we have, ensuring that we know the benefits and the opportunities that can be provided by taking in these external agencies as partners in the delivery of home care services.

He indicated as well, and I have in my comments quoting from the Price Waterhouse report that was done for the former NDP administration that talked about taking advantage of external agencies and more competition and utilizing those elements in the system. So that is my response, Mr. Chairman.

Mr. Doer: Mr. Chairman, the Premier, of course, knows that the Treasury Board document was released a couple of months ago, and people were very concerned about its privatization and profit orientation, that that is why it obviously was made public. That document included the divestiture of "all" home care services. The Minister of Health confirmed three things when the document was made public. Yes, they were proceeding with privatization in all four quadrants of the city of Winnipeg. Secondly, they were looking at a Crown corporation; and, thirdly, it would not save any money. Can the Premier advise us whether the Minister of Health's statement on the public record was correct? (a) They were moving to privatize, pursuant to the Treasury Board document, all four quadrants. (b) They were going to establish a Crown corporation, which seemed odd. (c) It was not going to save any money.

Mr. Filmon: No, I cannot confirm that, Mr. Chairman.

Mr. Doer: Well, when the Minister of Health said, (a) they were going to proceed with all four quadrants, (b) they were going to establish a Crown corporation, and (c) they would not save any money, was he wrong on point No. 1? Was he wrong on point No. 2? Was he wrong on point No. 3 in terms of what the government's alleged current plan is on home care privatization?

Mr. Filmon: The member will have to ask those questions of the Minister of Health (Mr. McCrae). All I am aware of is the authority that has been granted by cabinet to proceed with the current plan, which is to introduce competition in the delivery of the home care attendant services for one quadrant of the city, for 25 percent of those services in the city of Winnipeg. That is the only authorization that the minister has.

I can confirm that, as the budget indicates, because of the tremendous increase in volume, we will continue to spend more money in home care, but the objective of the process is to limit the growth of the unit cost so that we may well be doing more home care services, but the cost

would not grow as quickly as it would if we did it under the current circumstances. There would be that saving, not in total dollars because we are doing more services, more units of service, but certainly on a unit basis there would be savings. In other words, as I said on television not too long ago, if we were to carry on with the kind of volume we are anticipating, it would cost \$10 million more under the current system than we estimate it would under the system of competition.

* (1650)

Mr. Doer: So the minister was wrong on four quadrants. The Minister of Health was wrong on a Crown corporation, and the Minister of Health was wrong on this being a measure that did not save any money. I just want to know, whom do I believe, the Premier or the Minister of Health? The Minister of Health said all three things are on the public record. The Premier knows that. He reads newspapers. I know he reads them even when he is away; he reads them when he comes back, as we all do. The statement was made, and on all three scores, was the minister wrong on all three points, or is the Premier wrong? I mean, we just want to know what we are dealing with here.

It is kind of a bit of a moving program of privatization. Now, we do not know where it is moving to next. We have heard some of these things before, but it is important, I think, for all of us to know that the Minister of Health was wrong that it was all four quadrants, that the Minister of Health was wrong that it was not going to save any money, and that the Minister of Health was wrong on a Crown corporation. I just want to know that.

Mr. Filmon: Mr. Chairman, I mean, this is the kind of thing that I think does not do a service to the people of Manitoba because there is a decision-making process. Whether or not the Minister of Health is investigating, doing it in other quadrants of the city, is something he will have to ask him. I am telling the Leader because I am trying to be as complete as I can in the answer. I am telling the Leader of the Opposition, he only has authorization from the government to proceed with one quadrant. That does not mean that he may not have in his mind a desire to do something else, but you would have to ask him, not ask me. I know what he has been given authority to do.

That is No. 1. No. 2 is that we will anticipate continuing increases in volume that will mean, in the long term, we will end up spending more money, but, under the proposal that is being pursued today, with respect to bringing more competition and more alternatives for delivery into the system, we believe that we would have been spending \$10 million more to meet those volume needs than we are under the current proposal.

This is the circumstance with respect to the difference in how you express whether or not money is saved. Total dollars are going to continue to go up because volume is going to go up, but they would have gone up even faster if we had not adopted the proposal that the Minister of Health is currently proceeding with.

Mr. Doer: Well, when the Minister of Health said publicly that the government has authorized the Health department to proceed in all four quadrants on the privatization measure as contained within the Treasury Board document of December 16, 1995, the Minister of Health did not have the authority to proceed, or is the Premier telling us that after he said he had the authority to proceed in all four quadrants, the government changed its mind and changed its authority. I just want to know that.

Mr. Filmon: I do not have the Minister of Health's statement in front of me. If he wants to verify the information that may have been made, I believe that the Leader of the Opposition should go into the next committee room and ask those questions of the Minister of Health. I do not have his statement in front of me, and I can neither confirm nor deny what the Leader of the Opposition is saying about what he said.

Mr. Doer: I heard him say it, I saw him say it, and I read that he had said it. I am just asking the Premier, is the Premier saying that the Minister of Health then stated that the government was proceeding with the December 16, 1994, Treasury Board proposal on the four-quadrant privatization? Is the Premier saying that he did not, the Minister of Health did not have authorization when he said to Manitobans, workers and clients, that, yes, they are proceeding with all four quadrants of the city of Winnipeg as proposed here? This is a major issue. It is not just a little, you know, we are not being a Philadelphia lawyer here, you know, looking at whether it is a split infinitive. We are talking about a minister of

the Crown who is given a Treasury Board document that comes out and says, yes, that is what we are doing and, no, it is not going to save any money and, yes, we are establishing a Crown corporation.

Now, I want to know whether he had the authority to say that when he said it or whether the government changed the authority after he said it, you know, in terms of what the Premier is saying now. I can confirm that the minister said that. The Premier has read public statements and commentary after his public town hall discussion where the discrepancy of the \$10 million was raised between himself and the Minister of Health, who said, we are not going to save any money.

We have a document; we have a Minister of Health who said, yes, that is what we are doing: we are doing it in all four quadrants, and we are establishing a Crown corporation. Of course, that automatically creates tremendous, tremendous concern by the workers, by the clients, the patients, by people that rely on home care service. This is not just a minor error, if it was made as an error. I want to know what authority he had to say, given the fact that he said, yes, Treasury Board has approved it, the government has approved it, that is what the government is doing. I want to know from the Premier whether he had the authority to say that and make that commitment.

Mr. Filmon: Mr. Chairman, I will repeat, the minister has authority to proceed with what has been announced, which is 25 percent of the home care attendant services in the city of Winnipeg to be put out for public proposal and competition for the delivery of those services. I will repeat that you can try and make a difference out of whether or not you call the \$10 million a saving when you are in fact increasing your service levels so rapidly that you will continue to spend more year over year. The real fact is that if you look at where we are going to be at the end of this process that we will still be saving \$10 million over where we would have been if we kept in place the current government monopoly, bureaucracy, delivery of service versus the proposal to have services provided on an external basis, on a competitive basis by other agencies outside of government. No, to my knowledge there is no authority to proceed with a Crown corporation.

(Mr. Chairperson in the Chair)

Mr. Doer: So I want to know what the Premier is doing to hold his minister accountable for statements that the Premier is now saying were false. The minister said, and, you know, verified they were proceeding with all four quadrants of the city of Winnipeg. The minister said, we are establishing a Crown corporation, and the Minister said, we are not saving any money. Now, the Premier is now saying he did not have the authority to say that. This is not a minor statement from a government minister. He is the Minister of Health. He speaks for the government on health. The Premier is now saying that this Minister of Health did not have the authority to make the statements he made to the public of Manitoba. Is that what the Premier is saying?

Mr. Filmon: What I am saying is that I believe that there is an adequate explanation for the difference of presentation about whether or not there is saving or not saving in going to the system. I have explained it, I think, to the best of my ability. If that is not adequate for the member opposite then, you know, he can seek whatever redress he has, but that is as much as I can say to explain it to him.

Mr. Doer: Can the Premier then explain and inform the House and the people of Manitoba on the issue of the four quadrants? The minister said, we are proceeding with four quadrants. He said, we are proceeding with a Crown corporation. The Treasury Board document recommends that the government proceed with four quadrants. Is the Premier saying that the minister did not have the authority to make that commitment on behalf of the province, he only had the authority to make the commitment on behalf of one quadrant? Did the minister inform Manitobans accurately and adequately in terms of his authority when he made the statement about the four quadrants, or was he exceeding the authority of the Premier and the government because the authority, when he made the statement, was only to proceed with one quadrant?

Mr. Filmon: I am informed that the conflict is between the use of the term "25 percent" and the use of the term "quadrant," that it amounts to 25 percent of the home care attendant services but in fact it is a mix that involves all four quadrants.

Mr. Doer: So the media release released by the Province of Manitoba—yes, Manitoba government, Bison on

top—March 1, 1996, will soon release tenders in the four areas of Winnipeg, one in each of the four geographic zones. Is the Premier saying that he had—two would be issued on July 1 and the remaining two on October 1. The Premier is now saying he did not have the authority to make that statement and issue that press release.

* (1700)

Mr. Filmon: All I am saying, he did have the authority to make that statement that it involves 25 percent of the home care attendant services, but it may be spread amongst all four quadrants.

Mr. Doer: You can understand why the public of Manitoba does not trust what is coming out of this government because they say—they have a Treasury Board document that talks about all quadrants, and we know they are already proceeding with a hundred percent of the nurses in this service. They are proceeding with all quadrants. The document has leaked and the Minister of Health (Mr. McCrae) says, yes, we are proceeding with all quadrants. They put out a press release to say they are proceeding with all quadrants. It does not say 25 percent in any of them.

We both know, all of us know, that the government's intent was in the Treasury Board document because it was confirmed by the minister. It was confirmed by the press release. I think it is important, I mean, I think we have got a huge problem on our hands here. This is not the Manitoba way, I would suggest to the Premier, this is not the Manitoba way. We pioneered a home care program in the public nonprofit area in Manitoba and, yes, it included VON which was a nonprofit agency, and it was enhanced in the '70s and enhanced in the '80s. [interjection]

I would suggest to the Premier we are heading in the wrong direction. If the Premier thinks that having profit, and I have no problem with McDonald's competing with Burger King and Success competing with Angus—are they the same company? [interjection] Robertson. Okay, there is a role of the competitive marketplace, but I do not believe in having a competitive profit home care system. I believe that all the provincial resources and support for this program should go to the service and not for the profit.

I believe that this document and this press release do not describe what the Premier is describing today. So

does the minister have no authority to do so, or did he just scare everybody in Manitoba beyond what—they are still going to be scared because they do not trust the government. How does this Premier expect the people to trust them when, on the emergency wards, it is five closed, and then the holidays come along two months later and three are reopened, and one is reopened tentatively, and another one, we do not know about, flying by the seat of our proverbial pants, with people not knowing one day to the next whether the acute care hospitals or the emergency wards that are supposed to be opened from ten o'clock at night to eight o'clock in the morning are going to be open in their community, and hospitals having to roll out signs that say, sorry, your emergency ward is closed down—just flying by the seat of our proverbial pants on something that important?

Now, in the home care—we have always tried to solve our problems in this province through different governments, different premiers, in a co-operative way, in a bargaining way, with partnership. I am asking the Premier, this press release on this government position, where did it go wrong? Where did this government go wrong in terms of what is going on now for the clients who do not want privatization, the workers that do not want privatization in terms of what the government is doing? Where has it gone wrong? Does this Premier accept any responsibility, along with his Minister of Health, for this turmoil that has been created by this government?

Mr. Filmon: Mr. Chairman, from what the Leader of the Opposition has read, I do not see that it has gone wrong. He has a fundamental, philosophical difference with the delivery of services by people external to government, and he does not judge the service delivery by the quality and the outcomes of the service delivery. He chooses to judge it based on who is delivering the service and whether or not it is a union or an organized public sector—and that is the only thing that makes a difference with him. What makes a difference to me is whether or not people are getting the service they need, whether or not people are getting it for the quality that they need and whether or not people are happy with the service. I believe that they will do so under the service delivery model that we have chosen, which introduces choice, which introduces competition, which introduces flexibility that was not there in the system before.

Mr. Doer: Can the Premier indicate at what point they decided to proceed with this privatization model that they are now proposing?

Mr. Filmon: I am informed that it was a matter of discussion during the course of the Estimates approval process for the Department of Health during the past few months.

Mr. Doer: Can the Premier explain why there was no obvious work before December 16, 1995, when the document was presented to Treasury Board, dealing with the privatization of home care, which is quite a number of months before? Was there no pre-work going on on this document that was prepared for Treasury Board? Was it just ideology?

Mr. Filmon: It is not just ideology, and, to my knowledge, the department has been working on it for probably the past six months to a year.

Mr. Doer: Well, thank you, and I am glad the Premier has confirmed that it has been up to a year that they have worked on it. Why did the Premier not have the honesty to go forward to the public of Manitoba during the election campaign and campaign on their changing on a more extreme ideology in terms of moving to profit and privatization in the home care services?

You know, we talk about consulting with the people and receiving a mandate. Why did not the Premier, when he was campaigning a year ago, when they were studying this proposal to privatize home care—I remember the Premier doing all these ads with seniors on trains. I thought it was interesting. It was at the Children's Museum, a program started by the NDP and the facility was moved by the existing government, so one would argue a bit of a partnership there.

Why did the Premier not let people know that this is what they were planning on doing? Was this just another one of these little tiptoe-past-the-tulips campaign strategies of the government? Sneak past the people and then let them know what is going to happen after that? Why did we not know about this? I have absolutely no problem debating the Premier on this issue, the privatization issue, with the people. I think it is incumbent upon a government that when they are seeking a mandate to put everything on the table. I know the

government's strategy was to have everything in the fine print or no print at all. Just look at their election signs. I am not sure whether all members used those election signs or not, but all the ones that I saw were, you know, Progressive Conservative, I had to buy these glasses to see Progressive Conservative.

* (1710)

An Honourable Member: Pretty good. They work, eh?

Mr. Doer: They do. They can see that little fine print. But I want to know if this government has been looking at it for the last year why did they not campaign on it and make this public with the people as part of the mandate they were seeking? I think surely a huge decision of this nature that affects 17,000 people in our province, that affects 2,000 to 3,000 people that provide it, the public should have been consulted in a democracy before the government could proceed. I would argue you do not have a mandate to proceed.

Mr. Filmon: I said that I thought the department had been working on it for six months to a year. This was not something that was brought forward on a political basis or on an ideological basis. This was something that was generated from the department, and I understand they began working on it some time last summer or fall in response to the growing knowledge that we had that that \$87 million line that was in our budget for this coming year where we did not know how we were going to deal with that additional transfer payment cut from Ottawa. It became apparent from our discussions with Ottawa that they did not have any transition funding or any means of cushioning our impact from that reduction. So the departments had a variety of proposals that they were dealing with in order to become more efficient in the delivery of their services, and this was one of many that the Department of Health came forward with, having developed it over the course of the summer and fall.

Mr. Doer: The Premier knew the budget cuts from the federal government well in advance of the election campaign and he had a number of questions, as his Minister of Finance did, about what that impact would be on the spending decisions of government. They said there would not be cutbacks. In fact, the Premier had said—I will not let them take health care services away from you. Well, you tell the people with eye examinations you are not taking any health care services

away from them. You tell seniors in Pharmacare that you are not taking any health care services away from them in terms of your changes. [interjection]

Well, if you had the courage of your convictions you would have put it out in the election campaign. If you do not have the courage of your convictions, you tiptoe and sneak past the people and then do it later on. I do not think you had the courage of your convictions because you did not put this out as one of your election promises or commitments. In fact, you put the absolute opposite out. You put it on orange paper. You went out in the election campaign and had these promises on Pharmacare, the Gary Filmon way, the government way, on orange paper. Probably the deputy architect of these, you know—

An Honourable Member: You do not like orange paper?

Mr. Doer: Well, I believe that parties that have a blue colour and a blue belief should put their stuff out on blue paper. Maybe I am old-fashioned. That is what we did. We did not use blue paper to put out our election promises. We did not do that. That is why we think—well, people think that, people are cynical about all of us. I think the cynicism should start with a person who tiptoes past the issues and sneaks past the decisions they are going to make and puts things on different coloured paper.

The Deputy Premier thinks it is funny that Pharmacare is being raised dramatically. The Deputy Premier thinks it is funny that the government did not campaign on home care. You know, everything is just a big political game to him, spin game, et cetera. There are real people out there being hurt by your decisions. It is a very tough day today. Those people are very loyal to the patients, extremely loyal, and the patients are very loyal to them. That is why we have asked repeatedly what studies have you got, what evidence have you got to support your position that this will improve the quality and the cost of home care here in Manitoba?

Of course, Manitoba, you mention X number of provinces. Manitoba was the one that proceeded with this system in the '70s as was evaluated by the Kane and Kane study in terms of being the best program here in North America. So I want to know from the Premier, does he feel he received a mandate to proceed with these

massive changes in home care in the last election campaign, and why was he not frank with the people that that was his hidden agenda, given that he had promised to maintain spending at \$4.465 billion, which was in his three-year projections and that was pursuant and passed the federal budget of 1995?

Mr. Chairperson: Before we continue, I would just like to advise the committee members that if you could put your questions and your answers through the Chair, it will prevent some of the provoked debate that could happen. I think the decorum has been excellent today, and I would like to continue that way.

Mr. Filmon: Mr. Chairman, I just want to say that we were very clear. It was even contained in the budget that we passed last year prior to the election that there was an \$87 million shortfall from Ottawa that had not been dealt with in the budget for the 1996-97 fiscal year. I spoke about that on numerous occasions during the election campaign and said that our first preference was to convince Ottawa to give us some transition funding, convince Ottawa to assist us with that, but if it did not happen we would obviously have to deal with it in the way that we have dealt with it in the past, which is to ensure that we make reasonable decisions and maintain our support and maintain our commitment to ensuring that people get the support that they need.

But we do not have the luxury, like the Leader of the Opposition, of putting our head in the sand and pretending that none of this exists. Every other province in Canada has to deal with what they are dealt, and that is that when Ottawa cuts their transfers, they have to determine what it is that they cannot afford to spend and invest in in order to ensure that they maintain their budget balance, if that is their objective. And, of course, seven or eight provinces out of 10 have balanced budgets today and are maintaining that commitment. We ran on the balanced budget. We said over and over and over again that the balanced budget was what differed between us and the opposition, and we believe that that is the kind of commitment that people were looking for. They wanted a commitment that we were prepared to live within our means, to make the difficult decisions and choices but that we were not going to be all things to all people.

You know, the Leader of the Opposition, he talks about this in very glib terms because he does not have to

make decisions. He wants to talk about the fact that he can promise everything to everybody. But the fact is he does not have to say whether or not he is going to raise taxes or whether he is going to raise the deficit and defer the tax burden on the next generation. If he did he would not have a hope in heck of being elected in this province, so he gets away with saying nothing and with misleading and tiptoeing past the issues, so to speak.

Throughout the election campaign he put all of this information out that suggested that he could do all of these things. It did not hold any water whatsoever on analysis. He did not have the money to pay for it. He kept talking about spending the money from the Kenaston underpass, which he spent 14 different times in 14 different ways. He put all sorts of other phony figures forward. He was going to reduce welfare by \$40 million, reduce welfare spending by \$40 million. There was nothing there. This is the kind of irresponsibility that, of course, Manitobans did not want then and do not want today. They would rather have a government that takes responsibility, that makes decisions, difficult choices that we have always had to make while we have been in government, and in the end makes a commitment to do the greatest good for the greatest number of people, and that is what we are attempting to do. I would argue with the member opposite that when you are elected to govern, you are elected by people who want you to make your best judgments throughout the time that you are in office. That is exactly what we are doing.

* (1720)

Mr. Doer: I have already identified the fact that we feel that the government did not campaign on this issue and therefore did not have the mandate to proceed with the radical ideological changes in home care in terms of privatization. The government likes to talk about democracy, and that is fair enough. I have asked the Premier whether they have considered the concerns of clients in this issue. Has the government thought that there are two parts to this democracy, one is the issue of clients and the other is the workers that they always quote?

We believe the majority, well over the majority of clients—it would be impossible to say 100 percent. David Martin said that he has not met one home care client yet that was in favour of privatization. I dare say there would be some, but in our phone calls and our door-to-

door communication and our advice from clients, I would say close to 95 percent of them, if not more, are opposed to this privatization. When the Minister of Health (Mr. McCrae) gets into this rhetoric and rants and raves and the Minister of Labour (Mr. Toews) talks about democracy, and the Premier yesterday in his speech talked about they are basically on the side of clients on this one, is the Premier willing to have a plebiscite of clients on the privatization initiative and live by the decisions of those people that were not told in the election campaign about this change? Let us really test this democracy that some of his ministers are talking about. Are you willing to put this before those home care clients that are the most vulnerable about proceeding with this privatization initiative?

Mr. Filmon: The only real, valid test, Mr. Chairman, will be based on the delivery of the services under the new configuration, under the new proposal and the test of the acceptability and the satisfaction of the people who receive those services. That is what we are prepared obviously to answer to.

Mr. Doer: Mr. Chairperson, the Premier is now saying to this House that he is unwilling to have a plebiscite of the people that are most directly affected, the clients. He will not let them vote on something that he did not campaign on. I would like the Premier to confirm that he will not have a plebiscite of the clients.

Mr. Filmon: Mr. Chairman, the difficulty with any kind of rational or fair analysis is that they have only had experience with one type of home-care delivery. Those, I know, who get their delivery through VON, for instance, are eminently happy with it, in fact great satisfaction. That is a form of private delivery that is delivery outside of government. That is the kind of concept that we believe is comparative to what we are going to see in this new delivery, with choice, with competition and with opportunities for flexibility. Our assessment of it is that those who receive those services from an external agency to government are very happy with it, and we believe that we can replicate that by the model that we are proceeding with.

Mr. Doer: Mr. Chairperson, the government uses choice. What choice have the people had? Why can they not have the ultimate choice to have a plebiscite? Many of these home care patients have had both the private profit model and the nonprofit model, so let us have

choice. Let us have democracy. The words just flow across this House. We will live with the choice of the home care clients, the 17,000 home care clients. We will live with it. I personally will live with it. If they choose to go with this private profit model—and many of them have experience and contacts with other people. They are very capable of making this decision. They are the ones most directly affected. The Premier is not and I am not. They are.

You know the Minister of Health talks about Alzheimer's and multiple sclerosis and other patients that need home care services. I suggest to the Premier the majority of them, if not almost all of them, not everyone, want to keep a nonprofit home care system. So I am challenging the Premier to have a plebiscite. Let us have the ultimate choice. I have faith in the people that get the service that they can make the right decision for themselves. I challenge the Premier to give choice and give voice and give say to the people that are directly affected. I challenge the Premier to say today in these Estimates that he will have a plebiscite on the proposal of his government, the profit proposal, the privatization proposal versus the system today.

So will the Premier give the people the ultimate choice and will he provide the ultimate flexibility for them to have that choice because they are the most directly impacted? The government did not have a mandate to proceed with this in the election campaign. Let us give people a voice and let us give people a vote and let us give them choice. I challenge the Premier to give them democracy.

Mr. Filmon: I would just point out to the Leader of the Opposition that many of us within the government caucus have family, have friends, have close acquaintances who are users of home care in this province. We have heard the direct stories and the direct reports from people whom we know and know well.

I was just recently at the funeral of a close friend who enjoyed palliative care service on an external basis, not from government delivery, but on a home care basis from private providers of services, and the family could not say enough about the level of service, the quality of service, the availability, the flexibility, all of the elements of the service that they received. We have had many, many of these opportunities to listen to people, and, quite honestly, the only way in which anybody can make that

judgment as to whether something is better or not as good is when they have the experience, the direct experience themselves.

You cannot get into a political debate or an ideological debate in which people are attempting to frighten people by saying, oh, the real agenda is that you are going to have user fees; the real agenda is that they are going to cut you off; the real agenda is that you will not get the same person here each day or each time you need the service. All of those kinds of things that are not true, need not be true, are part and parcel of the kind of debate that is destructive and is not meaningful and will not lead to well-informed decision-making.

The fact of the matter is that we have a responsibility to provide the services. We are going to ensure that in providing the services that they are to the highest standards and quality that people expect of government and we are going to ensure that these service standards and quality are maintained and in fact are monitored and

very closely guarded to ensure that this remains the best home care service in the country.

But what we are also going to be able to do is give them flexibility, opportunity to ensure that they are there seven days a week, 24 hours a day, that we do not have the limitations about the discharge of patients, we do not have limitations as to hours of service, that we do not have limitations as to availability of people when others are on holidays and so on and so forth. Those are the kinds of things that we believe are very important and that will be provided by this new delivery of service model.

Mr. Chairperson: The hour being 5:30 p.m., committee rise. Call in the Speaker.

IN SESSION

Mr. Deputy Speaker (Marcel Laurendeau): The hour being 5:30 p.m., this House now stands adjourned until tomorrow at 1:30 p.m. (Wednesday).

LEGISLATIVE ASSEMBLY OF MANITOBA

Tuesday, April 16, 1996

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