



Second Session - Thirty-Seventh Legislature

of the

**Legislative Assembly of Manitoba**

**DEBATES  
and  
PROCEEDINGS**

**Official Report  
(Hansard)**

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

<b>Member</b>	<b>Constituency</b>	<b>Political Affiliation</b>
AGLUGUB, Cris	The Maples	N.D.P.
ALLAN, Nancy	St. Vital	N.D.P.
ASHTON, Steve, Hon.	Thompson	N.D.P.
ASPER, Linda	Riel	N.D.P.
BARRETT, Becky, Hon.	Inkster	N.D.P.
CALDWELL, Drew, Hon.	Brandon East	N.D.P.
CERILLI, Marianne	Radisson	N.D.P.
CHOMIAK, Dave, Hon.	Kildonan	N.D.P.
CUMMINGS, Glen	Ste. Rose	P.C.
DACQUAY, Louise	Seine River	P.C.
DERKACH, Leonard	Russell	P.C.
DEWAR, Gregory	Selkirk	N.D.P.
DOER, Gary, Hon.	Concordia	N.D.P.
DRIEDGER, Myrna	Charleswood	P.C.
DYCK, Peter	Pembina	P.C.
ENNS, Harry	Lakeside	P.C.
FAURSCHOU, David	Portage la Prairie	P.C.
FRIESEN, Jean, Hon.	Wolseley	N.D.P.
GERRARD, Jon, Hon.	River Heights	Lib.
GILLESHAMMER, Harold	Minnedosa	P.C.
HELWER, Edward	Gimli	P.C.
HICKES, George	Point Douglas	N.D.P.
JENNISSEN, Gerard	Flin Flon	N.D.P.
KORZENIOWSKI, Bonnie	St. James	N.D.P.
LATHLIN, Oscar, Hon.	The Pas	N.D.P.
LAURENDEAU, Marcel	St. Norbert	P.C.
LEMIEUX, Ron, Hon.	La Verendrye	N.D.P.
LOEWEN, John	Fort Whyte	P.C.
MACKINTOSH, Gord, Hon.	St. Johns	N.D.P.
MAGUIRE, Larry	Arthur-Virden	P.C.
MALOWAY, Jim	Elmwood	N.D.P.
MARTINDALE, Doug	Burrows	N.D.P.
McGIFFORD, Diane, Hon.	Lord Roberts	N.D.P.
MIHYCHUK, MaryAnn, Hon.	Minto	N.D.P.
MITCHELSON, Bonnie	River East	P.C.
MURRAY, Stuart	Kirkfield Park	P.C.
NEVAKSHONOFF, Tom	Interlake	N.D.P.
PENNER, Jack	Emerson	P.C.
PENNER, Jim	Steinbach	P.C.
PITURA, Frank	Morris	P.C.
PRAZNIK, Darren	Lac du Bonnet	P.C.
REID, Daryl	Transcona	N.D.P.
REIMER, Jack	Southdale	P.C.
ROBINSON, Eric, Hon.	Rupertsland	N.D.P.
ROCAN, Denis	Carman	P.C.
RONDEAU, Jim	Assiniboia	N.D.P.
SALE, Tim, Hon.	Fort Rouge	N.D.P.
SANTOS, Conrad	Wellington	N.D.P.
SHELLENBERG, Harry	Rossmere	N.D.P.
SCHULER, Ron	Springfield	P.C.
SELINGER, Greg, Hon.	St. Boniface	N.D.P.
SMITH, Joy	Fort Garry	P.C.
SMITH, Scott, Hon.	Brandon West	N.D.P.
STEFANSON, Heather	Tuxedo	P.C.
STRUTHERS, Stan	Dauphin-Roblin	N.D.P.
TWEED, Mervin	Turtle Mountain	P.C.
WOWCHUK, Rosann, Hon.	Swan River	N.D.P.

## LEGISLATIVE ASSEMBLY OF MANITOBA

Wednesday, June 27, 2001

The House met at 1:30 p.m.

### PRAYERS

### ROUTINE PROCEEDINGS

### PRESENTING PETITIONS

#### Kenaston Underpass

**Mr. John Loewen (Fort Whyte):** Mr. Speaker, I beg to present the petition of Caren Zinko, Susan Rodgers, R. Chapman and others, praying that the Premier of Manitoba (Mr. Doer) consider reversing his decision to not support construction of an underpass at Kenaston and Wilkes.

**Mrs. Myrna Driedger (Charleswood):** I beg to present the petition of Cindy Morden, Rhys Jones, Don Collins and others, praying that the Premier of Manitoba (Mr. Doer) consider reversing his decision to not support construction of an underpass at Kenaston and Wilkes.

### READING AND RECEIVING PETITIONS

#### Kenaston Underpass

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

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

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

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

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

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

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

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

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

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

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

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

\* (13:35)

**PRESENTING REPORTS BY  
STANDING AND SPECIAL  
COMMITTEES**

**Standing Committee on Law Amendments  
Fifth Report**

**Mr. Doug Martindale (Chairperson):** Mr. Speaker, I beg to present the Fifth Report of the Committee on Law Amendments.

**Madam Clerk (Patricia Chaychuk):** Your Standing Committee on Law Amendments presents the following as its—

**Some Honourable Members:** Dispense.

**Mr. Speaker:** Dispense.

*Your Standing Committee on Law Amendments presents the following as its Fifth Report.*

**Meetings:**

*Your committee met on Monday, June 25, 2001, at 6:30 p.m. in Room 254 of the Legislative Building to consider bills referred.*

**Matters Under Consideration:**

*Bill 7—The Manitoba Hydro Amendment Act/Loi modifiant la Loi sur l'Hydro-Manitoba*

*Bill 21—The Manitoba Ethnocultural Advisory and Advocacy Council Act/Loi sur le Conseil ethnoculturel manitobain de consultation et de revendication*

*Bill 22—The Cancer Treatment and Research Foundation Amendment and Consequential Amendments Act/Loi modifiant la Loi sur la Fondation de traitement du cancer et de recherche en cancérologie et modifications corrélatives*

*Bill 27—The Manitoba Hydro Amendment Act (2)/Loi no 2 modifiant la Loi sur l'Hydro-Manitoba*

*Bill 40—The Podiatrists Act/Loi sur les podiatres*

*Bill 42—The Regulated Health Professions Statutes Amendment Act/Loi modifiant diverses lois sur les professions de la santé réglementées*

*Bill 300—The Jewish Foundation of Manitoba Incorporation Amendment Act/Loi modifiant la Loi constituant en corporation « The Jewish Foundation of Manitoba »*

**Membership Resignations/Elections:**

*At the Monday, June 25, 2001, meeting, your committee elected:*

*Ms. Asper as Vice-Chairperson.*

*Substitutions received prior to commencement of meeting on June 25, 2001, at 6:30 p.m.:*

*Hon. Mr. Selinger for Hon. Mr. Caldwell;  
Hon. Mr. Chomiak for Hon. Mr. Mackintosh;  
Ms. Asper for Mr. Santos;  
Mr. Aglugub for Hon. Ms. Mihychuk;  
Mr. Gilleshammer for Mr. Laurendeau;  
Mrs. Dacquay for Mr. Loewen;  
Mrs. Driedger for Mr. Reimer;  
Mrs. Mitchelson for Mrs. Stefanson.*

*Substitutions received during meeting on June 25, 2001, at 6:30 p.m., by leave:*

*Hon. Mr. Lemieux for Ms. Korzeniowski.*

**Motions:**

*At the Monday, June 25, 2001, at 6:30 p.m. meeting, your committee passed the following motion:*

*THAT this Committee recommends that the fees paid with respect to Bill (No. 300) – The Jewish Foundation of Manitoba Incorporation Amendment Act/Loi modifiant la Loi constituant en corporation « The Jewish Foundation of Manitoba », be refunded, less the cost of printing.*

**Public Presentations:**

*The following individuals and/or organizations made presentations on Bill 27—The Manitoba*

*Hydro Amendment Act (2)/Loi no 2 modifiant la Loi sur l'Hydro-Manitoba:*

David Gislason, Private Citizen  
 Elliott Dowbiggin, Private Citizen  
 Ron Tardiff, Private Citizen  
 Gloria Desorcy, Manitoba Branch – Consumers Association of Canada  
 Wilson MacLennan, Private Citizen  
 Michael Anderson and Grand Chief Francis Flett, MKO – Manitoba Keewatinowi Okimakinak

*The following individuals and/or organizations made presentations on Bill 40–The Podiatrists Act/Loi sur les podiatres:*

*Dr. Alexander Todd, The Manitoba Podiatry Association*

*The following individuals and/or organizations made presentations on Bill 42–The Regulated Health Professions Statutes Amendment Act/Loi modifiant diverses lois sur les professions de la santé réglementées*

Eric Alper, Manitoba Association of School Psychologists  
 Dr. Michael Stambrook, Psychological Association of Manitoba (Regulatory Board)  
 Debbie Whitney, Manitoba Psychological Society  
 Kenneth Enns, Psychological Association of Manitoba

***Bills Considered and Reported:***

***Bill 7–The Manitoba Hydro Amendment Act/Loi modifiant la Loi sur l'Hydro-Manitoba***

*Bill 7–The Manitoba Hydro Amendment Act/Loi modifiant la Loi sur l'Hydro-Manitoba, had previously been considered by the Standing Committee on Law Amendments on Monday, June 18, 2001, at 6:30 p.m. in Room 255 of the Legislative Building. Information pertaining to this meeting, including the names of persons who made representations on Bill 7, is contained in the Fourth Report of the Standing Committee on Law Amendments, which was presented to the House on Monday, June 25, 2001.*

*Your committee agreed to report this bill, without amendment.*

***Bill 21–The Manitoba Ethnocultural Advisory and Advocacy Council Act/Loi sur le Conseil ethnoculturel manitobain de consultation et de revendication***

*Your committee agreed to report this bill, without amendment.*

***Bill 22–The Cancer Treatment and Research Foundation Amendment and Consequential Amendments Act/Loi modifiant la Loi sur la Fondation de traitement du cancer et de recherche en cancérologie et modifications corrélatives***

*Your committee agreed to report this bill, without amendment.*

***Bill 27–The Manitoba Hydro Amendment Act (2)/Loi no 2 modifiant la Loi sur l'Hydro-Manitoba***

*Your committee agreed to report this bill, without amendment.*

***Bill 40–The Podiatrists Act/Loi sur les podiatres***

*Your committee agreed to report this bill, with the following amendment:*

*THAT subsection 49(2) of the English version is amended by adding “or” at the end of clause (a).*

***Bill 42–The Regulated Health Professions Statutes Amendment Act/Loi modifiant diverses lois sur les professions de la santé réglementées***

*Your committee agreed to report this bill, without amendment.*

***Bill 300–The Jewish Foundation of Manitoba Incorporation Amendment Act/Loi modifiant la Loi constituant en corporation « The Jewish Foundation of Manitoba »***

*Your committee agreed to report this bill, without amendment.*

**Mr. Martindale:** I move, seconded by the honourable Member for Dauphin-Roblin (Mr. Struthers), that the report of the committee be received.

**Motion agreed to.**

**Standing Committee  
on Economic Development  
Second Report**

**Mr. Jim Rondeau (Chairperson):** Mr. Speaker, I beg to present the Second Report on the Committee on Economic Development.

**Madam Clerk:** Your Standing Committee on Economic Development presents the following as its Second Report.

**Meetings:** Your committee met on Tuesday, June 25, 2001, at 6:30 p.m. in Room 255 of the Legislative Building to consider bills referred. Matters under consideration—

**An Honourable Member:** Dispense.

**Mr. Speaker:** Dispense.

*Your Standing Committee on Economic Development presents the following as its Second Report.*

**Meetings:**

*Your committee met on Monday, June 25, 2001, at 6:30 p.m. in Room 255 of the Legislative Building to consider bills referred.*

**Matters Under Consideration:**

*Bill 18—The Teachers' Pensions Amendment Act/Loi modifiant la Loi sur la pension de retraite des enseignants*

*Bill 26—The Winnipeg Commodity Exchange Restructuring Act/Loi sur la réorganisation de la Bourse des marchandises de Winnipeg*

**Membership Resignations/Elections:**

*Your committee elected Mr. Rondeau as the Chairperson.*

*Your committee elected Ms. Allan as the Vice-Chairperson.*

*Substitutions received prior to commencement of meeting:*

*Mr. Penner (Steinbach) for Mrs. Dacquay*

*Mr. Maguire for Mr. Derkach*

*Mrs. Smith (Fort Garry) for Mr. Enns*

*Mr. Dyck For Mr. Laurendeau*

*Hon. Mr. Caldwell for Ms. Asper*

*Hon. Mr. Smith (Brandon West) for Ms. Cerilli*

*Ms. Allan for Hon. Ms. McGifford*

*Mr. Rondeau for Hon. Ms. Wowchuk*

*Mr. Struthers for Mr. Jennissen*

*Mr. Cummings for Mr. Dyck*

*Substitutions made, by leave, during committee proceedings:*

*Ms. Korzeniowski for Hon. Mr. Lemieux*

**Public Presentations:**

*Your committee heard eight presentations on Bill 18—The Teachers' Pensions Amendment Act/Loi modifiant la Loi sur la pension de retraite des enseignants:*

*Laurena Leskiw, Private Citizen*

*Doug Reynolds, Interlake Retired Teachers Association*

*Pat Bowslaugh, Private Citizen*

*Don Berry, Private Citizen*

*Marilyn MacNaughton, Private Citizen*

*Jan Speelman, Manitoba Teachers' Society*

*Terry Clifford, Retired Teachers Association of Manitoba*

*Gordon Shead, President, Manitoba Association of School Superintendents*

*Your committee heard 11 presentations on Bill 26—The Winnipeg Commodity Exchange Restructuring Act/Loi sur la réorganisation de la Bourse des marchandises de Winnipeg, from the following individuals and/or organizations:*

*Mike Gagne, Winnipeg Commodity Exchange*

*Gordon Cummings, CEO, Agricore*

*Rees Jones, CFG Futures Canada Inc.*

*Brian Flaherty, Private Citizen*

*Peter Lloyd, X-Can Grain*

*Anthony Denis Cattani, Private Citizen*

*Ron Zimmerman, Private Citizen*

*Terry James, James Richardson International*

*Alexander MacKenzie, Private Citizen*

*Glen Peters, Private Citizen*

*Jim Mann, Farmers of North America Inc.*

**Bills Considered and Reported:**

**Bill 18—The Teachers' Pensions Amendment Act/Loi modifiant la Loi sur la pension de retraite des enseignants**

Your committee agreed to report this bill, with the following amendments:

THAT the proposed subsection 6(6.2), as set out in subsection 4(1) of the Bill, be amended by striking out "If a person under the age of 65 years becomes employed as a teacher within 30 teaching days after retiring" and substituting "If, within 90 days after retiring, a person becomes engaged, otherwise than as a substitute teacher, in providing what would be pensionable service under this Act if the person had not retired".

THAT the proposed subsection 17(1), as set out in section 5 of the Bill, be replaced with the following:

**Definitions**

**17(1)** In this section,

"employed as a teacher" means engaged in providing a service that, if it were provided by a teacher, would be pensionable service under this Act; (« employée à titre d'enseignant »)

"school year" means the period beginning on July 1 of one year and ending on June 30 of the next year. (« année scolaire »)

THAT section 5 of the Bill be amended

(a) in the part of the proposed subsection 17(4) before clause (a),

(i) by striking out "under the age of 65 years", and

(ii) by striking "teaching days" and substituting "full days";

(b) in the proposed clause 17(4)(a), by striking out "teaching day" and substituting "full day"; and

(c) in the part of the proposed subsection 17(5) before clause (a), by striking out "under the age of 65 years";

(d) in the proposed clause 17(5)(b), by adding "full" before "days";

(e) in the proposed subsection 17(6)

(i) by striking out "while under the age of 65 years", and

(ii) by striking out "teaching days" and substituting "full days"; and

(f) by adding the following after the proposed subsection 17(6):

**Full day**

**17(7)** For the purposes of this section,

(a) a person who is employed as a teacher for half a day or less shall be considered to be employed as a teacher for a half day;

(b) a person who is employed as a teacher for more than half a day but less than a full day shall be considered to be employed as a teacher for a full day; and

(c) a person shall be considered to be employed as a teacher for one full day for every two half days that he or she is employed as a teacher.

**Bill 26—The Winnipeg Commodity Exchange Restructuring Act/Loi sur la réorganisation de la Bourse des marchandises de Winnipeg**

Your committee agreed to report this bill, without amendment.

**Mr. Rondeau:** I move, seconded by the honourable Member for St. James (Ms. Korzeniowski), that the report of the committee be received.

**Motion agreed to.**

**Introduction of Guests**

**Mr. Speaker:** Prior to Oral Questions, I would like to draw the attention of all honourable members to the public gallery where we have

with us, from Evergreen Colony School, 32 Kindergarten to Grade 11 students under the direction of Ms. Janis Lounsbury. This school is located in the constituency of the honourable Member for Carman (Mr. Rocan).

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

\* (13:40)

### ORAL QUESTION PERIOD

#### Antigang Strategy Web Site

**Mr. Stuart Murray (Leader of the Official Opposition):** Mr. Speaker, the First Minister (Mr. Doer) seems to believe that his responsibilities end at issuing press releases. He is all talk and no action. Nearly two months ago, we asked this Government why the public safety Web site entitled *How to Keep Kids out of Gangs* that he announced more than a year ago was still not up and running. At that time, with the assurance of the First Minister, we were told it would be a matter of days and maybe weeks before this thing would be done. It is not up. Again, he has failed to deliver on his promise, the Web site that was announced more than a year ago.

How does this Premier plan to reduce gang recruitment in Winnipeg if he cannot even fulfil his commitment to provide parents with information about how to keep children out of gangs?

**Hon. Gord Mackintosh (Minister of Justice and Attorney General):** Well, again, I thank the members opposite for their newfound interest in street gangs. I want to assure the members opposite on the particular issue of a Web site, we made an announcement of several facets in May, including the establishment of a gang unit in the Justice Department, including a Take Action in Schools program to be delivered through the Winnipeg Police Service to talk about keeping kids out of gangs, but there were many facets of that, including the gang unit with the RCMP which is up and running.

With regard to the Web site, Mr. Speaker, it was our hope that that would be up and running in the fall—

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

**Mr. Speaker:** Order.

**Mr. Mackintosh:** Thank you, Mr. Speaker. It was our hope to have the Web site up in the fall. Unfortunately, the person charged with developing that fell ill. We will be unveiling that Web site next week as scheduled, along with more related to the Web site. It will not simply be a Web site.

#### Gang Awareness Manual

**Mr. Stuart Murray (Leader of the Official Opposition):** Well, Mr. Speaker, the honourable member talks about interest on this side. Clearly, they are showing no interest in doing anything to take care of gangs, because under his leadership, under the leadership of the Premier, gangs have gone up by 500. They have an 18-point gang plan, of which none of it, if any of it is being put in, it has had absolutely no effect on gangs, and this drug war and the gang problem are clearly escalating under his watch. In the last eight months alone, there have been over a dozen shootings in Winnipeg. Manitobans have had enough of this Premier's—

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

**Mr. Speaker:** Order.

**Mr. Murray:** Thank you, Mr. Speaker. Manitobans simply have had enough of this Premier's press conferences and photo ops. They want action. Why is the Premier sitting on the Justice Department's gang awareness manual, that was supposed to be in the hands of parents last summer, when we have a gang problem that is out of control today?

**Hon. Gord Mackintosh (Minister of Justice and Attorney General):** Mr. Speaker, of course they want to talk about something that has been somewhat delayed, but what is important to remember is that we have created a Criminal Organization Unit in this Government. We created the RCMP gang unit in this Government. We brought the RCMP to full complement for the first time in over 10 years with this Government. We have urged federal changes to the Criminal Code by this Government. We have



Take Action in Schools. We have the Native Alliance delivering antigang programming in school. We have Lighthouses on the prevention side. We have CHOICES Youth Program expanding.

Finally, in conclusion, I will just say that there was an antigang program on the prevention side brought in by the members opposite when they were in government. It was called the gang hotline. They did not answer calls for five months at a time. They have no credibility.

### Government Action

**Mr. Stuart Murray (Leader of the Official Opposition):** Mr. Speaker, we have heard from one of the Premier's constituents who said he and his family are living in fear. They are concerned about the Hell's Angels club house located in the Premier's constituency, and they are concerned for the safety of his children. They are concerned the gang problem is growing and intensifying under this Premier's watch.

There have been a dozen shootings in the last eight months in Winnipeg. When will the Premier take action against the gang problem in Winnipeg?

\*(13:45)

**Hon. Gary Doer (Premier):** Mr. Speaker, the member is inaccurate in a number of his points. Having said that, the club house the member opposite is describing has been in the Elmwood area for a number of years. In fact, it was in that for a number of years when members opposite were in government.

It is our goal to increase with the Crown prosecutor, as the Minister of Justice has described, specifically targeted prosecutions in the area of gang-related offences. Support has been provided to the police forces in terms of gang surveillance and investigation.

We are also putting in place 21 programs for recreation and other programs to keep kids, keep young people out of gangs. Those announcements were made, and some of those centres are beginning their programs. We want to give young people in particular opportunities and

choices to stay out of gangs. Part of those Lighthouses will be operating some of our schools longer. Some of it will be operating programs in existing centres. The Beeper Spence centre in the Indian and Métis Friendship Centre is part of that.

I recall that the whole gang unit, street unit, was cut with the cut that was made to the Indian and Métis Friendship Centre in the mid-'90s by members opposite.

On the area, Mr. Speaker, of the Web site, as the Minister of Justice (Mr. Mackintosh) has said, we had a very unfortunate illness in the Department of Justice with the individual who had provided a lot of that work to former members and to us, a very expert person who could provide this service. It is a commitment that we will keep, and on the issue of the handbook, it will be out. The handbook has been prepared and it will be out next week.

### Illegal Drugs Reduction Strategy

**Mr. Stuart Murray (Leader of the Official Opposition):** On a new question, Mr. Speaker. Following a weekend of violent crime and gang shootings in Winnipeg, police made their largest ecstasy seizure so far in the city. Nearly 2400 of the pills with a street value of about \$60,000 were seized. Those were drugs that would have otherwise ended up in the hands of teenagers and young adults throughout this city and province. Can the Premier tell Manitobans, can he tell Manitoban parents what steps he is going to take? Aside from holding another photo op and issuing a press release, what is he going to do about the escalating drug problem in Manitoba?

**Hon. Gary Doer (Premier):** Mr. Speaker, this is a matter that we discussed fully at the Western Governors' and Western Premiers' meeting in Brandon last year. There is a considerable amount of flow of these materials across the border. We talked about a more co-ordinated approach with our law enforcement agencies across the border. Obviously the drug is illegal. It is illegal to possess it. It is illegal to sell it, and we should continue to educate our young people on the dangers of this drug in any form. Secondly, I am pleased the police did obtain this

material through their investigation and their raid yesterday.

**Mr. Murray:** Mr. Speaker, there have already been 24 ecstasy possession charges laid so far this year. Police are saying that yesterday's ecstasy bust is another sign, it is another indication that this drug has moved into this marketplace and is expanding in Winnipeg. In fact, in New York, possession of 100 pills requires a minimum three-year sentence. In Illinois, a bill passed by that state last month will require an automatic six to thirty years for selling as few as 15 pills. Our laws must be tougher.

Will the Premier (Mr. Doer) today commit to raising the issue with the other first ministers at the First Ministers' Conference and ensure that it gets on the agenda, because it is an important issue for Manitobans?

**Hon. Gord Mackintosh (Minister of Justice and Attorney General):** A good question, an important question about a matter of concern and not just with regard to ecstasy, which is the new challenge, but drugs and hard drugs in this province pose a particular challenge to law enforcement officials. However, I think the recent bust with regard to ecstasy and the other charges that have been laid with regard to that particular drug do provide an indication of some good level of success on the part of law enforcement in identifying the locations and the individuals involved with this. That is why it is important that government continue to provide the support to law enforcement that is necessary in order for them to do the job that they want to do and they must do on behalf of all Manitobans.

\* (13:50)

**Mr. Murray:** It is the classic all talk and no action. All we are asking is, rather than putting out yet another press release, rather than having another photo opportunity, rather than having those as the priority, when will this Premier show leadership and ensure that he starts taking a stand on an issue that is important? It is becoming part of the mainstream in Manitoba. When will the First Minister show some leadership and ensure that we toughen the laws up on these drug dealers?

**Mr. Doer:** Mr. Speaker, we are concerned about ecstasy and its spread, but there are thousands of young people in this province that do not take this drug. I think it is important, too, the fact that it is purported to be in such supply. I think in terms of the kids of this province, the majority of them would obviously not be involved, as the Leader of the Opposition was suggesting.

Having said that, Mr. Speaker, there are a number of issues we have and will be discussing on the premiers' agenda on safety. We are dealing with child pornography registries that we think are very important. Under the leadership of our Minister of Justice (Mr. Mackintosh), we are dealing with stalking that is taking place on the Internet. We also know that our Minister of Justice has been very vocal in dealing with consequences with other ministers of Justice. The member will know or maybe he does not know—

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

**Mr. Speaker:** Order.

**Mr. Doer:** Thank you, Mr. Speaker. There are a number of areas where provinces want improvements in the Criminal Code. The premiers' meeting that the member opposite referred to is a meeting of premiers. There are no federal representatives at that meeting. The ministers of Justice do meet with the federal Minister of Justice. Our Minister of Justice has put forward consequences for these issues, including drugs. We have also taken a stand that we want to give kids alternatives, positive alternatives to drugs, positive alternatives to gangs. We want an agenda, over time of jobs, educational opportunities and recreational opportunities for all our kids as alternatives of choice, as opposed to some of the despair we had in the past.

#### **Dealer Permits/Plates Fee Increase**

**Mr. Mervin Tweed (Turtle Mountain):** Mr. Speaker, despite taking in close to a billion dollars in new revenue since coming into office, we have to read in the paper that the Doer government is proposing raising the cost of dealer permits and dealer plate registration by over 160 percent.

Mr. Speaker, 5000 Manitobans are employed in this industry, and it contributes over \$80 million in taxes to the coffers of Manitoba. My question to the Minister of Transportation: Why is he targeting auto dealers in Manitoba by demanding close to half a million dollars in new fees?

**Hon. Steve Ashton (Minister of Transportation and Government Services):** Mr. Speaker, it is interesting that the previous government conducted a dealer licensing standards review committee in 1995. At that point in time, some very significant concerns were expressed about the program, not just in terms of the cost but in terms of use of the plates. What we have done is we have looked at the report. In this case, I point out that the plate fees and the permit fees will still be significantly lower than the Canadian average. In fact, at \$120, we are half of what it is in British Columbia, and it maintains the integrity of a very important program.

We are not targeting anybody here, but what we have done is we have acted on a review that the previous government did not act on back in 1995.

**Mr. Tweed:** It is nice to know that we are being competitive in fee increases with the rest of Canada but not in the tax reductions for the rest of Canadians.

Mr. Speaker, my question to the minister is: How can he justify an increase of 160 percent? How can you justify that to anyone?

**Mr. Ashton:** Mr. Speaker, what is interesting is that the previous government had increases of over 100 percent between 1992 and 1994, so the member may not want to get into that.

The bottom line is the stakeholder review that took place in 1995 indicated there were some significant concerns about the integrity of the program. We are maintaining that, and the rates will still be significantly lower than the Canadian average and a lot lower than some other jurisdictions, Mr. Speaker, particularly in western Canada.

\* (13:55)

**Mr. Tweed:** Again, Mr. Speaker, great comfort to the people trying to do business in the province of Manitoba.

Since the minister talked about the previous government meeting with the Auto Association, my question is: Since he has not met with them, will he commit today in this House to meet with the auto dealer groups of Manitoba to discuss and hopefully reconsider his 160% increase in fees.

**Mr. Ashton:** Mr. Speaker, I have received a request, as the member knows. Right now, for example, tomorrow I have committee hearings in terms of legislation, but I will be responding to the association as I do. The member will know, in fact, yesterday we accommodated a request from his colleague, the Member for Arthur-Virden (Mr. Maguire). We met with Hartney on a very important issue affecting that community.

I am more than open to meet with all Manitobans, although I want to stress again when we make these kinds of decisions—the review took place in 1995. The previous government did nothing to deal with the serious concern expressed about the integrity of this program. It is not an easy decision, Mr. Speaker, but we want to make sure we have the integrity maintained of the dealer plate licence program and still keep our fees lower than the average in the rest of Canada.

### **Arena/Entertainment Complex Business Plan**

**Mr. John Loewen (Fort Whyte):** Yesterday the Premier stated, and I quote: "We feel that the term sheet is very, very consistent with what we have said verbally." One day the Premier is saying there is a maximum amount of VLT revenue going to the True North project; the next day he is signing a term sheet that says there will not be a maximum. Now the Provincial Auditor is so concerned that he is even interested in looking at the details of this deal.

I ask the Premier: When will he release the full business plan to the public of Manitoba so they can see for themselves that the only consistency in his statements is his inconsistency?

**Hon. Gary Doer (Premier):** One would think, when a member in Hansard in this House makes a statement that it is a \$1.5-million minimum, he would not be talking about inconsistencies, and he would start to read the term sheet, Mr. Speaker.

**Mr. Loewen:** Mr. Speaker, my supplementary question to the Premier, who continues to refuse to put the accurate information on the public record, is: When will this Premier release the full business plan either to the public of Manitoba or to the Provincial Auditor so that he can do a full review to determine what percentage of this project is being driven by public funds?

**Mr. Doer:** The full terms of reference, which include all the public investment, has been tabled in this Legislature, has been tabled at City Hall, has been available to the media. Of course, the Provincial Auditor is entitled to and responsible for looking at all financial transactions, whether it is the Isobord plant that lost \$22 million under the former members, whether it was SmartHealth that lost \$30 million under the former government, whether it is looking at the fountain behind the Legislative Building, whether it is the frozen food fiasco. All those issues are available to the public, and I suggest we will have a lot more to show for our \$13-million investment on the infrastructure side than members opposite perhaps had on things like Isobord and SmartHealth.

**Mr. Loewen:** My question to the Premier is simple and straightforward. Will he release the full business plan to the Provincial Auditor so the Provincial Auditor can provide the people of Manitoba with an independent view on how much public money is in this project?

**Mr. Doer:** This is the individual that publicly stated up until April 25 in 1995 that \$30 million of public money was required to build a new arena, and there would be no operating loss agreement in place for the hockey team. We found out after that there was an application into Ottawa, February, before the April date, of \$85 million of public money.

I think, Mr. Speaker, this member should not lecture anybody in this Chamber—

**Mr. Speaker:** Order.

\* (14:00)

### Point of Order

**Mr. Loewen:** Mr. Speaker, I would hope the Premier of this province would take a little more responsibility to put correct information on the record and stop with this line of response. The question is very simple: Will he release the business plan to the Auditor? That is the question he needs to answer.

**Mr. Marcel Laurendeau (Opposition House Leader):** Mr. Speaker, on the same point of order.

**Mr. Speaker:** On points of order, I go back and forth. The honourable First Minister, on the same point of order.

**Mr. Doer:** Thank you very much, Mr. Speaker. I had not finished my answer to my question before the member opposite, who is bitter about his own involvement in 1995, rose with red face because of his involvement.

Mr. Speaker, he does not have a point of order, and I had not completed my answer.

**Mr. Speaker:** The honourable Official Opposition House Leader, on the same point of order.

**Mr. Laurendeau:** Mr. Speaker, *Beauchesne's* 484(3): Members will not be permitted by the Speaker to indulge in any reflection on or to impute on any member or members unworthy motives of their actions.

Could you bring the Premier to order.

**Mr. Speaker:** The honourable Government House Leader, on the same point of order.

**Hon. Gord Mackintosh (Government House Leader):** Mr. Speaker, with regard to the last issue just raised, there is no imputation of unworthy motive here. The Premier is simply offering Manitobans an explanation as to the member's conduct and approach on this issue.

In terms of the original point of order, clearly it was just an interruption. It was an obstruction. It was simply a dispute on the facts.

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

\* \* \*

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

**Mr. Doer:** Yes, thank you, Mr. Speaker. I have a great deal of respect for the office of the Provincial Auditor. We are pleased this year that the finances of the Province have received his blessing, if you will, of accurately reflecting the affairs of the Province's books.

Regrettably, in the previous years, two previous years, it did not. He stated it did not reflect the accurate financial picture. I was pleased the Provincial Auditor was able to find in the operating loss agreement when it was purported to be \$5 million over a period of time, the Auditor was able to determine the former Treasury Board in '92 approved a \$45-million operating loss agreement, and that was never revealed to the public.

All public dollars, including all provincial public money in this project, has the full authority of the Provincial Auditor to be reviewed. The VLT agreement has been referenced. The members opposite will know the VLT agreement they cut with Assiniboia Downs, with the Jockey Club, with the private horse-racing industry, part of it was modelled after that with a much smaller scale on a reallocation, but, yes, anything that has public money is available for public scrutiny.

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

**Mr. Mervin Tweed (Turtle Mountain):** The Premier seems to be very sensitive when questions arise about his honesty and integrity. Yesterday, he accused us of nitpicking when we presented evidence to the Premier that he quoted on television that the VLT money is up to \$1.5 million.

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

**Mr. Speaker:** Order.

**Mr. Tweed:** Thank you. He is on record as saying the VLT money is up to \$1.5 million. This morning in an interview, to a question, his answer was: It is a lesson in do not tell the truth, I guess.

It seems the Premier has taken this lesson to heart when it comes to the hidden agenda behind his new arena.

**Mr. Speaker:** Order.

#### **Point of Order**

**Hon. Gord Mackintosh (Government House Leader):** The member certainly has had time to come up with a question. We are obviously very eager, as always, to hear the questions from the member opposite.

Mr. Speaker, would you please ask the member to put a question? It is a new question, but I believe he is on his fourth sentence. He only needs one carefully constructed sentence.

**Mr. Tweed:** To lay out the platform that the Government and this Premier have misled the people of Manitoba, we need more than one sentence.

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

**Mr. Speaker:** Order. On the point of order raised by the honourable Government House Leader, he does have a point of order. *Beauchesne's* Citation 409(2): A preamble should not exceed one carefully drawn sentence. I would ask the honourable member to please put his question.

\* \* \*

**Mr. Tweed:** Thank you, Mr. Speaker. My question for the Premier is: Why did he misinform the citizens of Manitoba by telling them the VLT money is up to \$1.5 million a year when he knew full well it was an inaccurate statement?

**Hon. Gary Doer (Premier):** Mr. Speaker, I have said time and time again, in the verbal briefing of about 30 articles in a terms of reference sheet, that all the details would be released fully, in writing, within some of the announcements that were being made not formally in the media. We did release that. It is very consistent with what we have said all along about all the elements of the agreement.

We are very confident that the advice we are getting from the majority of people is they are glad that the Government has made a reasonable set of agreements to get this arena project going. They are pleased that City Hall is doing it. They are pleased that the federal government is proceeding. They are pleased that the private sector is showing leadership.

I think at the end of the day we are going to move forward. It is going to be very, very positive for downtown Winnipeg. There is still a lot of work ahead in downtown Winnipeg. There is still a lot of work ahead in all kinds of other regional challenges we have, but this is just another positive step forward in this community.

**Mr. Tweed:** We have asked the Premier time and time again to just tell the truth. Will he now admit that he misled Manitobans by stating publicly that the funds would be capped at \$1.5 million?

**Mr. Doer:** Mr. Speaker, in the same clip the member opposite alludes to, there is a reference. It says: All the details would be released. I was talking about the comparison between the Assiniboia Downs agreement and the agreement on VLTs—*[interjection]*

**Mr. Speaker:** Order.

**Mr. Doer:** Well, Mr. Speaker, the member opposite has stated "minimum" over and over and over again.

We used the Assiniboia Downs in a number of ways to talk about the model for downtown Winnipeg. We actually believe—I know members opposite did not believe. They put more infrastructure money into Headingley than they did in downtown Winnipeg. We are actually proud of the fact that a little bit of the investment

in Manitoba is finally going to downtown Winnipeg. Their vision may be downtown Headingley. Our vision is a balance between the rural communities, the northern communities and downtown Winnipeg, and I reject what members opposite are saying.

\* (14:10)

**Mr. Tweed:** The Premier can continue to attack us for asking these questions, but it is Manitobans who are asking: Why did the Premier lie?

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

**Mr. Speaker:** Order. Prior to recognizing the honourable Government House Leader (Mr. Mackintosh), I would like to remind all honourable members that members in this House are all honourable members, and the information that is brought forward is brought forward as facts. I would ask the honourable member to withdraw the word "lie."

**Mr. Tweed:** I withdraw it, Mr. Speaker.

**Mr. Speaker:** I thank the honourable Member for Turtle Mountain.

The honourable member, please rephrase your question.

**Mr. Tweed:** Will the Premier of Manitoba tell Manitobans the truth? Did he say he would limit it to \$1.5 million in the arena project?

**Mr. Doer:** You know, Mr. Speaker, during the same interview I said over and over again that all the details would be fully released in writing, because there were a number of questions.

I also said in the same interview there was something that was not being released in the public domain, as far as I understood it, and went and fully divulged what I thought to be a weakness of public information at the time, and that was the whole tax issue with the old Eaton's building and the new proposed entertainment centre. I reported on that fully. I believed everything was in the term sheet, and the members opposite I think are trying to pull on a thin reed.

### **Workers Compensation Expedited Surgery**

**Hon. Jon Gerrard (River Heights):** Mr. Speaker, my question is to the Minister of Health, and for this question I would like to table a letter to the Manitoba Chamber of Commerce from Craig Cornell, which provides evidence that Manitoba Workers Compensation Board is spending \$33 million to keep people at home and not working, rather than providing these dollars to employ health professionals to provide expedited surgical procedures. One may quibble with the precise amounts, but the results point to a rather extraordinary effort by the NDP government to support people at home, disabled and not well, rather than providing expedited surgery to get people healthy and back to work.

I ask the Minister of Health, who complains about not having enough funds, to explain why his Government is paying so much to keep people at home instead of providing better support to health care workers to do their job and to get people well quickly.

**Hon. Dave Chomiak (Minister of Health):** There has been a long-standing policy that Workers Compensation Board conducts expedited surgeries at both the hospitals and at places like Western Surgery and Pan Am Sports Medicine. One of the reasons we have indicated publicly that we want to purchase Pan Am Sports Medicine and increase the capacity is in order to do more of these services, which has been recommended by all bodies, particularly CIHI. In its most recent report, it indicates the trend is towards—I do not know if the member is aware, but the trend is towards day surgeries. We have doubled, and we are proceeding to do more day surgeries. That is the reason for the purchase and the expansion, and the fact that we are going to be doing more day surgeries in order to accommodate these kinds of services.

**Mr. Gerrard:** My supplementary, Mr. Speaker. I ask the Minister of Health why he is not following the B.C. model of surgical centres set up under an NDP government which last year saved the NDP there \$92 million, and why, instead, he is paying so many millions of dollars so people are staying home instead of getting well quickly.

**Mr. Chomiak:** First off, I question the member's figures with respect to his particular savings. In fact, Workers Compensation Board in Manitoba for a number of years has provided expedited surgery in order to deal with those services. The member wants a private entrepreneur who is flown in from Vancouver, for profit. He wants to have the services go there when we have Western Surgical that has been here for years, when we have Pan Am Sports Medicine that has been here since 1979, that was capped by the previous government in terms of surgeries.

We are opening those up, Mr. Speaker. We are doing more surgeries, precisely what is required. That is one of the reasons we are changing the way we do health care and not going with the status quo, although the member opposite seems to take both sides of that particular issue.

### **Private Health Care Clinics Overnight Stays**

**Hon. Jon Gerrard (River Heights):** My supplementary to the Minister of Health. I ask why the Minister of Health is reducing access to health care, introducing part-time health care, by limiting evening surgical procedures while at the same time his Government is expanding access to alcohol and expanding hours of service provision for alcohol, even while he is reducing health care access in this province.

**Hon. Dave Chomiak (Minister of Health):** Mr. Speaker, the member is inaccurate in a number of his statements. He is almost sounding like the Official Opposition in terms of the inaccuracies.

One of the reasons for the purchase of Pan Am is the ability to do more services. Members will not have to wait too long before we will be doing additional services as a result. It is also an ability to maintain surgeons here who have said publicly they would leave if they did not have the ability to do surgeries at Pan Am. So we are going to be doing more. We are going to be doing expanded, Mr. Speaker.

If I compare the costs of Doctor Godley's False Creek services to what is offered in Manitoba, in some cases it is double what we pay in Manitoba.

### **Arena/Entertainment Complex Business Plan**

**Mr. John Loewen (Fort Whyte):** Mr. Speaker, on this arena project we have seen inconsistency in statements from the Premier when he says publicly that the maximum VLT revenue will be \$1.5 million based on a 75% return. The term sheet says that if it does not reach a minimum of \$1.5 million, it will be a 90% return. We have inconsistency from the Minister of Culture, Heritage and Tourism (Mr. Lemieux), when he claims that he has not received a report from the Heritage Council, which has in fact been sent to him.

My question to the Premier is: Will he now do the right thing? Release the business plan. Release the report to the Auditor so that we can have an independent view on what this project is all about.

**Hon. Gary Doer (Premier):** Let me explain this to the member opposite. The Auditor has access to all documents dealing with public expenditure or public investment, all documents. Sometimes he takes a look at all the documents and all the financial sheets, and he says: These numbers accurately reflect the financial position of the province. Sometimes, in fact in 1997-'98, in '98 and '99, the Auditor says, that a government does not accurately—their financial statements do not accurately reflect the financial situation of the province.

Regrettably, Mr. Speaker, their last two years in office, the Auditor said that the members opposite in government did not accurately portray the numbers and financial statements in a way that would be satisfactory to the Audit.

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

**Mr. Speaker:** Order.

#### **Point of Order**

**Mr. Mervin Tweed (Turtle Mountain):** I wonder if that would be the same Auditor that suggested that the Minister of Education asked the employees to break the law in his department.

**Mr. Speaker:** The honourable Minister of Health, on the same point of order?

**Hon. Dave Chomiak (Minister of Health):** Yes. On the same point of order, Mr. Speaker. I suggest the member opposite does not have a point of order. It is not even a dispute over the facts insofar as the member opposite's case is so weak with respect about what the Auditor said about that government that it is not even worthy of talking about it, except to compare.

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

\* (14:20)

**Mr. Speaker:** Order. On the point of order raised by the honourable Member for Turtle Mountain, he does not have a point of order. It is a dispute over the facts. The honourable First Minister, to continue with his answer.

\* \* \*

**Mr. Doer:** Mr. Speaker, continuing on. So the Auditor has full access to all the information, as he reiterated publicly today, and that is as it should be. Secondly, the member opposite asked the second question about the heritage designation. As I understand it, there was a question asked in the House in early June. The committee I think met on June 14 or so, or June 9. In fact, one of the media asked us about the committee's recommendation to us which was not unanimous, but it was that the building was in their view a Class 2 building. That was transmitted to the Government I believe late last Friday. The report I think has been received just recently, if not in the last few hours, by the minister. There is a difference—[interjection] No. Let me explain. The members opposite may or may not—

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

**Mr. Speaker:** Order.

**Mr. Doer:** There is a recommendation from the committee and then there is a report prepared by the deputy minister. I think that is in place now.

#### **Private/Public Sector Funding**

**Mr. John Loewen (Fort Whyte):** Mr. Speaker, I would ask the Premier simply if he still stands



by his statement where he has said publicly on a number of occasions that funding for the arena is 70 percent from the private sector and 30 percent from the public sector? Does he still stand by that statement?

**Hon. Gary Doer (Premier):** Well, Mr. Speaker, I said yesterday there is a difference between the operating revenue of a new arena and a capital—

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

**Mr. Doer:** Oh—capital investment. On the capital side, let me say that we spent \$10 million directly and \$3 million in terms of an urban grant, \$10 million out of the infrastructure. We get \$11 million. Our calculations from Stats Manitoba indicate there will be close to \$11 million of the \$13 million returned. So on the capital side you could even argue in a different ratio, less certainly for the provincial government.

Having said that, there is an operating side to this as well, and on the operating side we have said time and time again that—

**Mr. Speaker:** Order.

#### Point of Order

**Mr. Marcel Laurendeau (Opposition House Leader):** Mr. Speaker, *Beauchesne's* 417: answers to questions should be as brief as possible, deal with the matter raised and not provoke debate.

On many occasions I have risen and I have stated that it is leader to leader when it is the leaders' latitude. This was the honourable critic who was asking the question.

**Mr. Speaker:** The honourable Minister of Transportation, on the same point of order.

**Hon. Steve Ashton (Deputy Government House Leader):** In fact, the member raised *Beauchesne's*. I do not think it is a question here of leaders' latitude, because quite frankly the Premier was responding directly to the question, which asked about a very specific point in regard to the public-private share. He was giving a detailed answer. I thought members opposite

would appreciate what is a very detailed answer to what was a very focussed question. So our leader is not only not using leaders' latitude, he is answering the question. So, bottom line, there is no point of order.

**Mr. Speaker:** On the point of order raised by the honourable Official Opposition House Leader, I will have to reiterate that my understanding of Manitoba practice of leaders' latitude is whether it is leader to leader, or first question, fourth question, when in this House, the leaders are leaders, and I will continue recognizing both leaders and allow the leaders' latitude, unless I am given directions that have been jointly agreed to by both House leaders.

#### Voice Vote

**Mr. Laurendeau:** Mr. Speaker, regrettably, I must challenge your ruling.

**Mr. Speaker:** All those sustaining, say yea.

**Some Honourable Members:** Yea.

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

**Some Honourable Members:** Nay.

**Mr. Speaker:** In my opinion, the Yeas have it.

#### Formal Vote

**Mr. Laurendeau:** Yeas and Nays, Mr. Speaker.

**Mr. Speaker:** A recorded vote having been called, call in the members.

The question is the following: Shall the ruling of the Chair be sustained?

#### Division

*A RECORDED VOTE was taken, the result being as follows:*

#### Yeas

*Aglugub, Allan, Ashton, Barrett, Caldwell, Cerilli, Chomiak, Dewar, Doer, Friesen, Korzeniowski, Lathlin, Lemieux, Mackintosh, Maloway, Martindale, McGifford, Reid,*

*Robinson, Rondeau, Sale, Schellenberg, Selinger, Smith (Brandon West), Struthers.*

### Nays

*Cummings, Derkach, Driedger, Dyck, Enns, Faurshou, Gerrard, Gilleshammer, Laurendeau, Loewen, Maguire, Mitchelson, Murray, Penner (Emerson), Penner (Steinbach), Praznik, Reimer, Stefanson, Tweed.*

**Madam Clerk (Patricia Chaychuk):** Yeas 25; Nays 19.

**Mr. Speaker:** I declare the motion carried.

\* \* \*

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

**Mr. Doer:** Mr. Speaker, carrying on, on the question asked. In conclusion we think the terms of reference are publicly disclosed and therefore available to the Auditor.

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

## MEMBERS' STATEMENTS

### Dealer Permits/Plates—Fee Increases

**Mr. Mervin Tweed (Turtle Mountain):** Mr. Speaker, while provincial governments across Canada are cutting taxes, the Doer government is intent on grabbing extra dollars from Manitobans wherever they can. Provincial revenue has risen by almost a billion dollars in two years, but increased fees and other hidden taxes are still the order of the day for this Premier (Mr. Doer) and his greedy colleagues. The Manitoba Used Car Dealer Association, which represents the car dealers of Manitoba, has demanded that this Doer government reconsider its planned fee increases for dealer permits and dealer plate registrations. This Government wants to increase dealer permit fees by 166 percent and dealer plate registration fees by 160 percent.

Graham Cameron, who is president of the Used Car Dealer Association, has indicated that this staggering increase in cost may mean one

less staff member at his own dealership. Mr. Speaker, when asked today, the Minister of Transportation (Mr. Ashton) justified his reasons by saying it brings us in line with the rest of Canada.

How odd it is that the Government, when it comes to increasing fees, wants to be in line with Canada, but when it comes to offering tax relief to Manitobans they want to be at the other end of the scale and be the highest taxed province in Canada.

My question, Mr. Speaker, and everyone is asking how this Doer government can justify doubling or tripling fees for this group and this industry. How can this Doer government justify the reduction of staff at dealerships that may occur due to this greedy hidden tax grab? How can this Doer government justify the increased costs that will ultimately have to be paid by the consumers of Manitoba?

With the revenue being reaped by this Government and our already dwindling competitive advantage, Manitobans need and deserve a fair and competitive tax break and fair and competitive rates of service, not hidden taxes and fee increases to the tune of 166 percent.

### River East Collegiate

**Mr. Harry Schellenberg (Rossmere):** Mr. Speaker, I rise to recognize the good work of the Modern Languages Department at the River East Collegiate.

The Modern Languages Department has a strong French language program that has been recognized for many years, but it is also known for strong Spanish and German language programs. The Spanish language program has an enrolment of 175 students, and the German language program has 135 students. The language programs offered at River East Collegiate reflect the cultural make-up of the people that live in the surrounding community. The ethnic mix of the student body is the result of immigration from Europe since World War II, and from Central and South America since the 1970s.

\* (15:30)

Marcel Matte, the department head of Modern Languages, states that one of the basic goals of the language programs is to prepare students to participate in the global economy. Students have the opportunity to participate in student exchange and do work experience in other countries. The aim is to make students fluent in languages and to develop a global mindset that is so very important today. France, Germany, Spain, Mexico and Paraguay are places over 60 students go annually for language experience. The time they spend in each country varies from three weeks to six months.

Mr. Speaker, I would like to recognize the dedicated teaching staff that fostered an interest in languages and have made the Modern Languages Department a success story. I would like to list the teachers as follows: Erica Ens teaches German and Spanish; Brian Schroeder, French and Spanish; Eva Barmeier, German; and Marcel Matte, French and Canadian history.

The community appreciates the important work of preparing our youth for the 21st century. Thank you.

### Nursing Shortage

**Mrs. Myrna Driedger (Charleswood):** Mr. Speaker, I would like to read today's *Winnipeg Sun* editorial into the record.

Seven Oaks General Hospital's emergency ward was forced to shut its doors between midnight and 8 a.m. three days in a row over the weekend. The reason? Manitoba's severe nursing shortage. Apparently, there simply were not enough nurses to fill the midnight shifts at the hospital, leaving the facility with no choice but to re-route ambulances to other hospitals.

The province's nursing problem appears to be getting worse rather than better under the NDP government, strange considering all the NDP promises we heard during the 1999 provincial election. After more than a decade of complaining about the previous government, the NDP said they had a realistic plan to fix health care and solve the nursing problem.

During the election, the Member for Concordia (Mr. Doer) held a press conference across the street from the Misericordia Urgent

Care Centre to reveal his nursing plan. He trotted out disgruntled nurses who lamented that they desperately wanted to work full time but could not because there were not full-time positions available. It was a no-brainer, the now-Premier (Mr. Doer) crowed: Give them full-time jobs.

So what happened to this simple, common-sense scheme? Nearly two years later, the nursing shortage is worse. The recent numbers available show that the system is short 1100 nurses, up from 700, when the now-Premier took office. When asked why the NDP could not turn part-time positions into full-time ones, the Health Minister (Mr. Chomiak) has said that it is more difficult than he thought. We think that is baloney. The NDP knew from the outset they could not fix the nursing shortage overnight. If it was that easy, the previous government and other provinces would have done it.

The NDP deliberately deceived voters. Not only has the Doer government reneged on its election promise, they seem to be doing a worse job managing health care than the previous government. Under an NDP government, the nursing shortage is worse and waiting lists have grown, and there are still patients in ER hallways. So much for improved health care under this NDP government.

**Mr. Speaker:** Order. Prior to recognizing the honourable Member for Burrows, I would like to remind all honourable members about newspapers in the Chamber.

### Burrows Central Steering Committee

**Mr. Doug Martindale (Burrows):** Mr. Speaker, I rise to congratulate a newly formed organization, the Burrows Central Steering Committee.

It began by volunteers knocking on doors in the Burrows central area, over 2000 doors, and they invited people to a community meeting on June 7 at King Edward School which I had the pleasure of attending. Approximately a hundred people were in attendance. They identified issues and prioritized them, and also gave a mandate to the Burrows Central Steering Committee to work on these issues on their behalf. Five committees were formed, with 10 volunteers on each committee.

The Burrows Central Steering Committee is a co-operative effort, and I would like to thank, Mr. Speaker, the City of Winnipeg, the Community Education Development Association, the North End Renewal Corporation, Councillor John Prystanski, the Youth Opportunity students, King Edward School, businesses who donated to a raffle, and especially the residents of Burrows central area who came together out of their concern for problems in their neighbourhood and a desire to work on them collectively and co-operatively to resolve these problems.

Some of the problems identified on June 7 were housing, prostitution, graffiti, the need for youth programs, safety, autobins, the sale of Old Exhibition land to the Lotteries Corporation, resources for the elderly, cars speeding, sniff houses and drug houses, safety and traffic, vandalism and arson, abandoned property, the rebuilding of Flora Place, slum landlords, a lack of a police presence, the lack of community input, cleanliness, grass cutting, traffic and police foot patrols.

We look forward to the residents working co-operatively on these problems and making a difference in improving their community. Thank you.

### **Antigang Strategy**

**Hon. Jon Gerrard (River Heights):** Mr. Speaker, I rise to say a few words about the gang situation in Winnipeg and in Manitoba at the present. Today, we had a march to the Legislature led by people from a variety of community groups, including those involved with Thunderbird House. This march came to the Legislature to make the point that there is a real and a continuing problem with gangs and violence in Manitoba. They came to the Legislature to meet with legislators.

I went outside to hear their story. Quite clearly, their concern is having significant sustainable support for community activities, which will provide for individuals in communities the kind of activity-based programming that will make a difference, that will provide for young people opportunities, that will provide an alternative to gangs.

It is very sad in the time that the NDP have been in office they have failed to deliver the kind of sustained support that is necessary. This point was made very clear by the marchers who came today. Sadly, there was not an NDP minister out there to meet them, but I was there, Mr. Minister, to receive them and to assure them that their efforts on community support were heard, that this was an important initiative, and that even though the NDP was disregarding their interests, there were people in this Legislature who were there to listen. Thank you, Mr. Speaker.

### **ORDERS OF THE DAY**

**Hon. Gord Mackintosh (Government House Leader):** Mr. Speaker, would you please call concurrence on Bills 8 and 10.

### **CONCURRENCE AND THIRD READINGS**

#### **Bill 8—The Mines and Minerals Amendment Act**

**Hon. Gord Mackintosh (Government House Leader):** Mr. Speaker, I move, seconded by the Minister of Transportation and Government Services (Mr. Ashton), that Bill 8, The Mines and Minerals Amendment Act, as reported from the Standing Committee on Law Amendments, be concurred in and be now read for a third time and passed.

#### ***Motion presented.***

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

**Some Honourable Members:** Question.

**Mr. Speaker:** The question before the House is third reading of Bill 8, The Mines and Minerals Amendment Act.

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

**Some Honourable Members:** Agreed.

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

\* (15:40)

**Bill 10—The Safer Communities and Neighbourhoods and Consequential Amendments Act**

**Hon. Gord Mackintosh (Government House Leader):** Mr. Speaker, I move, seconded by the Minister of Transportation and Government Services (Mr. Ashton), that Bill 10, The Safer Communities and Neighbourhoods and Consequential Amendments Act, as reported from the Standing Committee on Law Amendments, be concurred in and be now read for a third time and passed.

*Motion presented.*

**Hon. Jon Gerrard (River Heights):** Mr. Speaker, I ask that debate be adjourned on this measure.

**Mr. Speaker:** Does the honourable member have a seconder? [*interjection*] It has been moved by the honourable Member for River Heights (Mr. Gerrard), seconded by the honourable Member for St. Norbert (Mr. Laurendeau), that debate be adjourned. Agreed?

**Some Honourable Members:** Agreed.

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

\* \* \*

**Mr. Mackintosh:** Mr. Speaker, I understand that this afternoon we can deal with further concurrence and third readings, and then debate on second readings with the following bills. In terms of third readings, would you call bills 16 and 41. Under debate on second readings, would you then call Bill 25.

**Bill 16—The Farm Practices Protection Amendment Act**

**Hon. Gord Mackintosh (Government House Leader):** Mr. Speaker, I move, seconded by the Minister of Conservation (Mr. Lathlin), that Bill 16, The Farm Practices Protection Amendment Act, as reported from the Standing Committee on Municipal Affairs, be concurred in and be now read for a third time and passed.

*Motion presented.*

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

**Some Honourable Members:** Question.

**Mr. Speaker:** The question before the House is Bill 16, The Farm Practices Protection Amendment Act.

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

**Some Honourable Members:** Agreed.

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

**Bill 41—An Act to Comply with the Supreme Court of Canada Decision in *M. v. H.***

**Hon. Gord Mackintosh (Government House Leader):** Mr. Speaker, I move, seconded by the Minister of Transportation and Government Services, that Bill 41, An Act to Comply with the Supreme Court of Canada Decision in *M. v. H.*, as reported from the Standing Committee on Law Amendments, be concurred in and be now read for a third time and passed.

*Motion presented.*

**Hon. Jon Gerrard (River Heights):** Mr. Speaker, I rise to speak on Bill 41, the act to bring Manitoba in compliance with the Supreme Court decision of two years ago.

I want to indicate right at the start that I am in support of this measure. I believe that this measure has all-party support. But, at the same time, I want to comment and to indicate quite clearly that I believe that the NDP, on this bill as on a number of other bills, really have not done the job properly. This bill amends some 10 statutes when quite clearly we can see, and we have heard, that if you are really going to bring this province into compliance with the broad framework of the Supreme Court ruling, then one needs to address not just 10 statutes but probably about 50 statutes. What we can see is that the NDP have done about 20 percent of the job that they should have done.

The response of the NDP government has been to set up a committee of two to look at all

the other areas that they forgot to attend to when they started this process. It is too bad that there was not a committee or something similar set up when the NDP was first elected to get the job done properly in consultation with Manitobans.

Clearly, in this example as in a number of others, the NDP have failed the people of Manitoba. They have failed because they have only done 20 percent of the job that they should have done. They failed because they did not go out and do the consulting and committee and all this stuff first, instead of contriving and bringing this in house, a solution which addresses probably about 20 percent of the problem.

Mr. Speaker, on this bill we heard many presenters over a period of two long evenings. I think it is important that in light of the interest in this bill there is at least somebody who stands up at third reading and makes some comments. I think that it is important because this is an important measure. For a party which has claimed to be on the side of social justice the NDP has done a disservice to social justice in Manitoba. They have done a disservice to all people in Manitoba by doing 20 percent of a job instead of doing the whole job.

Why did they do this? I do not think any of us really understands except that this seems to be a government which is full of tinkering, full of half and partial measures instead of the measures which are really needed to address fully the problems and the issues of today.

I hope that the NDP, from this session of the Legislature, has learned or will learn something of a lesson: that they need to learn instead of doing things part of the way, that they need to address the whole issue instead of doing 20 percent of the work; feeling that they have done enough that they should complete the job and do it properly.

Twenty percent of a dike is not enough to protect Winnipeg and 20 percent of a law and a bill is not good enough for Manitobans. Manitobans expect much more from this Government. It is sad that this Government did not do the whole job, did not do a complete job when they started out, and, in fact, will now leave a lingering situation where the issues are not fully

resolved, where they have not done the job properly. They will have to go back and do the other 80 percent of the work that should have been done to start with.

So, Mr. Speaker, I will close my remarks. I am in support of this bill, but I think it is important to recognize that there is much more work to be done. I think it is important to recognize that this Government is a tentative, half-measures, partial government and that the voters of Manitoba will remember the NDP government for being part of a government, not a full government.

\* (15:50)

**Hon. Drew Caldwell (Minister of Education, Training and Youth):** I just wanted to put a few brief words on the record about this particular issue that has been a very important matter before the people of the province of Manitoba over the last number of months and to say how proud I am of my colleagues and those who have contributed to this debate in the province of Manitoba over the last number of months to bring greater social justice and greater equality to all Manitobans. Thank you.

**Mr. John Loewen (Fort Whyte):** I also want to put a few words on the record regarding this bill. I sat through two nights of presentations, some very emotional presentations, some very well thought out presentations, some very logical presentations from a wide cross section of our community. While I will be supporting this bill, I also concur with what has been said previously in this Chamber, that this Government has shown that it lacks courage and has taken a very, very timid approach on this bill.

**Mr. Marcel Laurendeau (St. Norbert):** As we sat in committee, Mr. Speaker, we heard a number of people who put their views on the record. You could see that a lot of heart and soul came from both sides on this issue. It is not always easy to speak to matters that some people are actually scared of. People on both sides of this issue were scared to put their words on the record, but this is about human rights. This is about the rights that we have here in Canada that we should be proud of and support. So I am behind this bill.

**Hon. Steve Ashton (Minister of Transportation and Government Services):** I have the distinction in this House of having been part of the House in 1987, when we brought in, with some debate, the fact that sexual orientation would be a prohibited ground of discrimination.

I remember saying at the time how it would I think significantly change the experience of many Manitobans who told us during that debate in 1987 that, in many cases, they were afraid to even go public, because in those days you could have your job lost, you could have direct discrimination on that basis.

I attended part of the hearings. I know other members in this House attended all the hearings. I think what was very significant is how far we have come, even in terms of the public debate. It is still very difficult, I know, for gays or lesbians in society. There is still a significant amount of personal discrimination, but there was a lot of courage shown by people at that committee.

I do want to indicate that I am certainly proud to be supporting this legislation. I think it is important to note, and I think our House leader, the Minister of Justice (Mr. Mackintosh), has noted that, in moving towards a society in which there is no discrimination and there is complete equality, I do see that as being the goal that we are all pursuing in this case, particularly in regard to sexual orientation.

I think it is important to note that we have come a long way since 1987. Over the next period of time perhaps there is more that can and will be done. The review, I know, that the Minister of Justice has put in place is obviously a very important part of that. But I can say that I was proud in 1987 to support human rights for all and I am proud to stand here today.

As much as people may debate other issues and where we go in the future, I think it is important for all of us to make a stand for human rights and make a very clear statement I think, as we are doing through this bill today, that all Manitobans, regardless of sexual orientation, do have human rights and that we are committed in this Legislature towards moving ahead in implementing that. This is part of that.

I look forward, I think, to the process the Minister of Justice has put in place to make sure that we do review other issues, but the bottom line is that this is about human rights. This vote today I hope will be unanimous, because we should all be supporting human rights. That is what this *M. v H.* bill is all about.

**Mr. Speaker:** Prior to recognizing the honourable Attorney General, who will be closing debate, are there any other speakers?

**Some Honourable Members:** No.

**Mr. Mackintosh:** Mr. Speaker, the context of this bill is, of course, a society that has many challenges and indeed shortcomings and faults. I think one of the most significant faults of communities and individuals is prejudice. In the context of that challenge, changing laws can have a very important role in reducing and countering prejudice. It is one way to achieve that goal. This bill is, of course, part of the struggle for greater justice, but changing laws alone have to be as well accompanied by a process of dialogue, education and awareness to deal with the attitudes that prevail, unfortunately.

Changing behaviour and changing attitudes is the formula in moving towards a society where prejudice is disdained and where we have a community where everyone knows their own dignity is respected by the person next to them.

In bringing in this legislation we made it clear, we certainly attempted to make it clear that this Bill 41 did not solely represent this Government's commitment to dealing with the significant and serious challenges that remain in the area of ensuring non-discrimination and moving towards an attitude of acceptance in the area of sexual orientation. Last session, Mr. Speaker, two bills and many provisions were changed. It was our first time since 1987 to express our commitment to the goals of equality and dignity. This session we have several provisions in The Highway Traffic Act that are being changed.

I know that the debate of course has largely taken the form of discussion about what is not in Bill 41. For one minute, Mr. Speaker, I do want to say this because, as I have said many times in

this discussion, every time there has been an advancement in law to respect human rights and acknowledge human rights, natural rights, one is entitled to either say it did not go far enough or it went too far. That is the nature of the debate. That is the nature of the evolution of human rights.

It is always a development, hopefully always ceaseless, Mr. Speaker. As we move along that path and along that development, we have to recognize and celebrate sometimes too the steps that are taken along the path. This step says that Manitoba, for one, will not tolerate discrimination against same-sex couples when it comes to support, when it comes to death benefits, when it comes to pension benefits. Manitoba is in a minority among provinces in Canada, I believe, still, unfortunately. But we have moved in this area, which as well speaks not just of dignity but in particular to financial security.

Having said that, recognizing the debate about what is not in this bill, the Government has made an important commitment to all Manitobans. We have said we would deal with the other outstanding issues as policy issues were developed and as acts were presented to the House.

The issue of adoption by same-sex couples jointly is one that was front and centre in this debate. In the committee we heard presenter after presenter bring forward, often very bravely, I would say, Mr. Speaker, still, tale after tale of injustice. Practical examples from the daily lives of Manitobans as to how the current state of our laws not only does not ensure equal treatment, but is currently ensuring unequal and unfair treatment, which more than anything has a negative impact, it appears from so many anecdotes on the children of those families, as well, though, on the adults.

Mr. Speaker, the education and the dialogue has been very important, I think, not just to MLAs but to all Manitobans. This is not any debate on a theoretical level, certainly not anymore. It is a discussion now and a recognition of how laws affect individuals. So, from that, I was very proud to be able to begin a process of a panel opinion. They will consult

with stakeholders, I understand, and will put together an opinion which is largely legal but will also contain an analysis of some policy issues and, as well, procedural issues. We have asked them to do so by the end of this year—we are just a few months away—with a view to bringing in legislation next session. At the same time, we do have an analysis of many statutes—I believe there are at least 40—done in the Justice Department that will, as well, serve us next session.

\* (16:00)

The panel has been asked to look at three specific issues; one, of course, the adoption issue. The second issue is one that I wrestled with. I understand, from the presentations, that there are two very different and apparently opposing views in the gay and lesbian community or the legal community, and that is with regard to conflict-of-interest statutes. When one is required to declare a conflict interest, should one be required to declare their common-law, same-sex partner?

We heard one view from the Manitoba Association of Women and the Law. We heard from another presenter, in particular, maybe more, that when one comes into public office there is a greater public interest at stake, and the disclosure is important. I guess the question in my mind is, if there is to be disclosure, surely it should be made in the context of the community where the laws protect those who are in same-sex common-law relationships, at least as a prerequisite.

The third issue will be with regard to the difficult one of property, property interests, one that has arisen in Nova Scotia. They have provided an answer which, in their view, complies with the Charter. I do not know if that is the view of others, and that is a registration process. That is a new and emerging issue, and Saskatchewan, as well, dealt with that, at least in part, but that is an issue that most provinces in Canada have not even begun to look at.

So, Mr. Speaker, there is much more to do. We recognize that. We are committed to moving ahead with this one. I think that the bill that is before the House, while not the first bill



introduced to deal with this issue, is a good first step. I am confident that next session we will be here, once again, dealing with this matter that must be dealt with. Again, I think that this is an important step in our struggle toward a greater fairness in the province of Manitoba. Thank you.

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

**Some Honourable Members:** Question.

**Mr. Speaker:** The question before the House is third reading of Bill 41, An Act to Comply with the Supreme Court of Canada Decision in *M. v. H.*

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

**Some Honourable Members:** Agreed.

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

#### DEBATE ON SECOND READINGS

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

**Mr. Speaker:** Resume debate on second reading on Bill 25, The Health Services Insurance Amendment and Consequential Amendments Act, standing in the name of the honourable Member for Portage la Prairie, who has six minutes remaining.

**Mr. David Faurshou (Portage la Prairie):** Mr. Speaker, yesterday I was reading into the record a quotation that was made by former Premier Roy Romanow. I would like to make that quotation in its entirety as I was interrupted by six o'clock yesterday.

Former Premier Romanow said that his commission will look at the experience of other jurisdictions for ideas. He also said Canadians have spent too much time fixated on the U.S. system as the only possible alternative. We need to get out of the box.

Mr. Speaker, Premier Romanow is referred to on many occasions as being a leader in this

country by our First Minister (Mr. Doer). Our First Minister looks to Premier Romanow for inspiration, as he does the Prime Minister of Great Britain, Prime Minister Tony Blair. That is why I am left wondering when these two gentlemen, with the quotations to which I have entered into the record, have stated time and time again that we have to look at a partnership between the private and the public sectors in the provision of health care to those of us who look to the health care system for service. It is with that combination that we, as legislators, can get the best benefit of the tax dollars which we are entrusted with by the constituents that have elected us.

Mr. Speaker, I look at this government that currently is sending thousands of Manitobans south into the United States for care, and I speak very specifically of the cancer care treatment facility that is in Grand Forks, for which a neighbour of mine in Portage la Prairie had his wife attend to for many months of treatment. Throughout that time, they had first-hand experience of meeting Manitobans that are attending those facilities for cancer treatment. They asked the administration, while they were there, as to the percentage of patients in that facility that came from Manitoba in relationship to all the patients that receive care at that facility. The administration responded that more than 85 percent of the patients receiving care in this Grand Forks facility came from north of the 49th.

Mr. Speaker, this was hard for me, as a legislator here in Manitoba, to comprehend. This Government that made so much in the last election campaign of making use of U.S. facilities to deliver health care to Manitobans and that they were going to put an end to it—in fact, they have expanded it. Furthermore, I ask the question: Why is this facility in Grand Forks and not here some place in Manitoba? We are not only sending individuals down there for cancer care treatment; we are also providing for individuals to travel with persons taking that treatment at significant cost. If that facility was here in Manitoba, that additional cost would not exist. That is why this piece of legislation, which contributes to this situation, which, I believe, was one that cannot be sustained—and we have to look outside the box, as Premier Romanow said,

and get away from this fixation on the U.S. system as being all that we do not want in the Canadian system.

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

**An Honourable Member:** How come you are quoting an NDP premier all the time?

\* (16:10)

**Mr. Faurschou:** The question has been asked as to why I am referring to an NDP former premier. Well, I am hoping to encourage that members of the Manitoba New Democratic Party can, at the very least, identify, because I believe that they are at times inspired by other New Democratic Party leaders outside of Manitoba. That is why I appeal to them to take to heart some of the commentary that myself and other members of this Legislative Assembly have placed upon the record, asking that reconsideration be given to Bill 25 and in fact to leave it on the Order Paper, as this legislation will ultimately have to be repealed. In other words, I am attempting to save the government members the embarrassment of repealing their legislation, because it will happen in very short order, because it will be within their current mandate. Otherwise, it will have to be our responsibility, Mr. Deputy Speaker. Thank you.

**Hon. Jon Gerrard (River Heights):** Mr. Deputy Speaker, I rise to speak to Bill 25, and I will say, at the outset, that I am opposed to Bill 25.

While this bill has many clauses, the key amendment in this bill is to be found in section 64.2(1). It says: "No operator of a surgical facility, and no medical practitioner, shall provide a surgical service in a surgical facility if the person receiving the service would normally require post-operative care in the facility after 11 p.m. on the day the service is provided."

Sometimes the government introduces changes which are clearly departures from best practices in health care, which are clearly the thin edge of the wedge in introducing changes which will have unfortunate and deleterious effects on health care delivered in Manitoba in

poor Manitobans. This indeed is the case here. The Government is introducing poor practices in health care by introducing this bill.

This change introduces part-time health care to Manitoba. What was the NDP thinking when they arbitrarily decided that critical health care services should be only available at certain times of the day? As a physician providing care for children with cancer, I know how important it is to be there for someone when care is needed and when care can be best given. By preventing care when a patient would normally require post-operative care after 11 p.m., the NDP is limiting the delivery of surgical procedures in the evenings. Patients who receive different types of surgical procedures need different lengths of time in the post-operative recovery room. For any given surgical procedure, the length of time in the post-operative recovery room may depend on the length of time for a patient to recover, to the point where close observation is no longer necessary.

For the NDP to enact laws which are designed to limit the ability of clinics to keep patients under observation as long as needed for good, safe health is foolish. For the NDP to enact laws which are designed to limit the ability of clinics to deliver optimum health care is ridiculous. The NDP, through this measure, is introducing part-time care to Manitoba, and I suggest that this is not a good practice. This is a silly practice to introduce in Manitoba. It is not necessary. It is poor health care. It is poor service to Manitobans.

The NDP approach to Bill 25 and to health care is indeed a recipe for low quality, high cost, part-time health care. Under the smoke screen of arguments over public versus private health care, the NDP is, in fact, introducing part-time health care. Let no one be fooled. This is the critical issue, not a question of public versus private. This is an issue of part-time versus full-time health care. The NDP has come down on the side of part-time health care. I, as a Liberal, stand for full-time health care in this province.

Let us examine the smoke screen that the NDP has tried to put up, the smoke screen of the arguments of public versus private health care. Under its original proposal, The Maples Surgical

Centre would have been providing health care to Manitobans under a public payer, the Workers Compensation Board. This service is within the public system just as the Workers Compensation Board has provided publicly paid service to Manitobans at dozens of clinics in Manitoba for many years. When did the public complain about the fact that the Manitoba Clinic and Winnipeg Clinic buildings are not publicly owned or many, many other dozens of clinics that exist today in Manitoba? Did the NDP try to buy out or shut down the Manitoba Clinic or the Winnipeg Clinic or many of these other clinics? No. They would be run out of town and out of the province if they tried to do this. Well, quite frankly, the NDP should be run out of the province for their attempt to introduce part-time health care in Bill 25.

In making the argument that provision of care in The Maples Surgical Centre, when funded through the Workers Compensation Board, is private care in a private hospital is a mistake. This is a misnomer—totally incorrect view of the circumstance. If the Health Sciences Centre or the St. Boniface Hospital or the Winnipeg Regional Health Authority rent space instead of buying space, is that space any less public space? The answer is no. If the Health Sciences Centre rents a surgical instrument, is this any less a public operation because it is conducted with a rented surgical instrument? No.

The NDP is trying to raise a straw man, a bogeyman. They are trying to raise a ridiculous proposition, and trying to suggest that they are the standard bearers for the public system. This is just totally wrong. What they are, are the standard bearers for part-time health care. The real situation emerges. They are the standard bearers for part-time health care. That is what this bill is about. The people of Manitoba will not be fooled. Manitobans want full-time care, not NDP part-time care.

Is the NDP, to take this situation a little further, going to set limits on what public hospitals and health authorities in Manitoba can do to rent space or instruments? Surely not. If the Workers Compensation Board rents space and services at The Maples Surgical Centre, is this any less a publicly funded surgical service? No. The NDP is trying to put forward smoke

screen propositions which take away from the fundamental reality of what they are trying to do, and that is introduce part-time care.

In making the suggestion that care funded by the Workers Compensation Board might be in some way private care, is the NDP implying that they are going to privatize the Workers Compensation Board? I do not think so. I doubt it. It would not be responsible to do that. But I do not see any other way that they can make the case that this is indeed private care if it is being publicly administered and publicly funded through the Workers Compensation Board as it exists today.

Let me explore this area a little bit further. To pretend that the public health care system does not engage every day of every year in commercial transactions of one sort or another is absurd. Manitoba's public health care system does not work in a vacuum independent of the commercial world. Renting space or equipment or contracting for services are a normal part of the day-to-day business of the Winnipeg Regional Health Authority. The NDP, in suggesting that some of this is actually private health care, are like ostriches with their heads in the sand, blind of the normal realities of what happens every day in Manitoba. To pretend that the public health care system is no longer a public system, if it rents space or instruments or contracts for services, is ludicrous. Manitobans know this.

The criterion of the Canada Health Act is that there be public administration, that there be a public payer administering those funds and making sure they are well spent. That criterion is met by the Workers Compensation Board. That criterion is met by the provincial medicare system. Now it will not be changed if some services are contracted or delivered through clinics.

In a rather interesting assessment of the effect of timely, quality care, the Workers Compensation Board of Manitoba indicates on page 89 of their 1999-2000 annual report that a one-day reduction in average claims duration would reduce program costs by approximately \$1.15 million annually. This is very relevant to

the current situation because what we are talking about is timely access to quality care.

\* (16:20)

I will give a second example pertinent to this situation. In a letter tabled earlier from Craig Cornell of The Maples Surgical Centre to the Manitoba Chamber of Commerce, he outlines the potential to save the Workers Compensation Board of Manitoba about \$33 million in a year through the provision of expedited surgical services. In essence, by getting people back to work earlier, by getting them through surgery more quickly, we can save \$33 million of public expenditures—\$33 million that can be much better used in other ways or returned to the businesses who made those contributions. The businesses now are being taxed for wasteful expenditure of dollars. Efforts in British Columbia, interestingly, brought in by an NDP government for the Workers Compensation Board there to work with surgical centres, have saved \$92 million to British Columbia Workers Compensation Board. Why is the Manitoba NDP hesitating?

The Minister of Health (Mr. Chomiak) earlier today suggested that he is working to try and expedite surgical services for patients who are being looked after through the Workers Compensation Board. I heard a report today that, in Brandon, a patient being looked after by the Workers Compensation Board needing arthroscopy has a waiting time of a year. Is this an expedited surgical service? Not at all. The wait for a year is a ridiculous waste of time and money by the patient, by the board, by this Government. Expedited surgical services, where they have worked in British Columbia, have been four weeks to consultation and four weeks to surgery and home and back to work.

Calculations in Manitoba made by Craig Cornell based on waiting list data from the Canadian Institute of Health Information show that the average wait, I think the figures are about 20 weeks to consultation and then 24 weeks to surgery—suggest that savings of \$33 million a year are possible in Manitoba if the Manitoba government were to use in Manitoba the model brought in by the NDP government in British Columbia. These calculations estimate

that the Manitoba government pays \$33 million to injured workers to stay at home with their injuries in a disabled state instead of getting them into surgery quickly and back to work quickly.

Have you ever heard of anything so absurd as a government keeping workers injured and disabled at government expense instead of saving dollars and getting them back to work quickly—healthier quickly? This is the most ridiculous operating government that this province has seen in some time operate in this fashion.

One of the differences in British Columbia to Manitoba is that in British Columbia you do not have this part-time medical system where services can be delivered in the evening for surgical services. It is curious that the \$33 million is being provided by Manitoba's businesses. The NDP government is spending the hard-earned money of Manitoba businesses to keep people at home rather than getting them back to work and saving dollars. There can hardly be a worse way to spend money than to keep people at home sick and injured and disabled. The NDP, unfortunately, is in a very bad and unfortunate trajectory.

I ask: What kind of government is the NDP government we have in Manitoba today? If Manitobans realized what was really happening under this Government in this province, they would send the NDP packing just like the voters in B.C. did.

My prediction is that the voters in this province, as they get to understand this better, will send the NDP government packing and on their way. We do not need part-time health care in this province. Manitobans want full-time health care.

It is important that the Winnipeg Regional Health Authority and other health institutions in this province—public hospitals can work in flexible ways, renting as well as buying services, contracting for services, providing quality, timely service. That is really the bottom line: the quality of care. It is the ability to provide timely, quick access to health care services which are critical. The Winnipeg Regional Health

Authority, the other regional health authorities, hospitals within our system should have that flexibility to work within the public system in ways that will deliver the highest quality and the lowest cost health care system in this country. Sadly, what the NDP is doing is operating the highest cost system per capita in Canada, and, as we are seeing by the long waiting lists, it is one of the lowest quality.

\* (16:30)

Let us move to look a little bit more at this issue of part-time health care as it is being introduced by the NDP. Preventing patients from occupying a bed in a surgical facility like The Maples Surgical Centre after 11 p.m. in the evening is a recipe, as I have said, for part-time health care. Why limit health care based on some arbitrary time of the day? If a patient can occupy a bed in a post-operative recovery room between midnight and 1 a.m., as they can under this act, between 1 a.m. and 2 a.m., as they can under this act, between 8 and 9 a.m. as they can under this act, or between 9 and 10 a.m., as they can under this act, why not between 11 p.m. and midnight? What sense does it make to prevent patients from occupying a post-operative recovery bed between 11 o'clock and midnight in the evening? None. Surgical centres may have to send patients to hotels where they do not have the facilities or the backup support, if there were problems. That does not make sense. This is a recipe not only for part-time care but for hotel care.

What a ridiculous proposition Bill 25 is. That is why I am going to vote against it.

Let us look at the standard of practice in other jurisdictions, where surgical centres have been set up to provide service for patients, where the funds for the operation are coming from the Workers Compensation Board. Mr. Deputy Speaker, in British Columbia, for example, at the False Creek Surgical Centre, surgical operations frequently occur between 5 p.m. and 11 p.m., for convenience of the patients and for the convenience of the surgeons, to be able to accelerate the process to provide rapid access to quality care when it can be best delivered.

The Manitoba rules will make many evening surgery procedures impossible due to the fact the

beds must be vacated by 11 p.m. This means that surgeries starting at 6 p.m. may not be possible for some operations. Surgeries starting at eight o'clock may not be possible for some operations, because you cannot occupy the post-operative bed between 11 p.m. and midnight.

I am a health care professional, a physician. I was taught and believed in the Hippocratic oath, providing services when they are needed and where they are needed. I do not believe in part-time medical care, as the NDP is proposing in Bill 25. I believe this is a mistake. This is a bad mistake. It is higher cost; it is lower quality; it is part-time care. That is not the direction Manitoba should be going.

As I understand what happened in the case of Dr. Mark Godley in his Maples Surgical Centre, Doctor Godley's clinic performed some surgical procedures for Manitoba Workers Compensation Board patients, Mr. Deputy Speaker. Manitoba Workers Compensation Board was pleased with the service and the short waiting time, because each day shorter in terms of waiting time means one less day in providing compensation to the person to stay at home injured and disabled before their operation. Recognizing there was potential for significant savings, the Manitoba Workers Compensation Board approached Doctor Godley to talk about the possibility of setting up a clinic in Manitoba similar to the clinic he set up in British Columbia. Doctor Godley made a presentation to the Manitoba Workers Compensation Board in January of 2001 and as a result of an assessment estimated that operation of the clinic in Manitoba in a similar fashion to that in British Columbia would provide many millions of dollars of savings a year to the Manitoba Workers Compensation Board, plus, would provide faster and better quality service to Manitobans and to workers of Manitoba, since the costs are largely borne by Manitoba employers.

This is a significant saving to Manitoba businesses, important advantage to Manitoba businesses from a cost and performance perspective when implemented—an important benefit to Manitoba workers not only providing faster care, better care, earlier intervention, which means the long-run results are going to be

better operative care in the sense that it can be delivered quickly.

Access delayed is access denied instead of workers sitting home fussing, getting sicker because they are not getting the attention and the operative care that they need. This Government is not doing what it should do to provide full-time care. This Government is a half-time care government.

As I talked earlier on to another bill, this Government is only a part-way government. It is too bad. That is not what Manitobans want. Manitobans want a full-time government which can do the real job, the job that is needed to be done.

Nurses in Manitoba are concerned about low wages. The Government says it does not have the money and yet here the Government is wasting \$33 million, plenty of money if they operated the health care system in a timely, higher-quality fashion instead of a higher-cost, lower-quality fashion. Quality of care is critical. We need people within our health care system who are determined to create centres of excellence which will be recognized in Manitoba and elsewhere for the high quality of the work that they do.

To this end we need to do everything we can to provide regular reporting of outcomes and open reporting of audits which are up to date, which does not have the information gap that I talked about the other day which is timely.

The NDP is to be given some credit here. The regular reporting of patients, the number of patients in hallways in Manitoba hospitals on the Web site is important, providing quick, timely information as to the performance of our system, timely information so people will know what is happening.

As another example, False Creek Surgical Centre in British Columbia puts the results of its regular audits on a timely basis on its Web site. Efforts like this are important so the general public can have open access to information to allow informed judgements about the quality and timeliness of the services being provided.

Access to facilities like The Maples Surgical Centre for Workers Compensation Board services can dramatically shorten waiting times, provide high-quality outcomes. Early intervention, prevention of later complications and facilitation of early return to work can help to improve health and save dollars and provide better compensation for nurses and other health professionals.

Because the NDP is instituting part-time medicine and not using facilities like The Maples Surgical Centre for Workers Compensation Board patients, the net results are longer delays in receiving health care and millions of dollars in extra costs for Manitoba patients. The result, put bluntly, is part-time care which is high cost and low quality. That is what the NDP is instituting for Manitoba. There is no other description of this than mismanagement of health care. The NDP is demonstrating clearly their own incompetence in instituting part-time, high-cost, low-quality health care for Manitobans. This is a sad day for Manitobans when we have a Government which is pushing part-time care.

At the time of the 1999 election the NDP seemed to promise the world in terms of improving health care. The bloom is off the NDP rose. They are showing in Bill 25 what they really stand for: part-time, low quality, high cost health care. It is extraordinary that the NDP is reducing access to health care while, at the same time, they are expanding access to alcohol. In this same legislative session, where we are looking at a bill to reduce the access to health care to make it part time, we are expanding access to alcohol on Sundays. This is what this Government stands for: more booze and less health care.

What kind of a government is it? I would say it is an awful government. Mr. Speaker, I am opposed to part-time health care. I am opposed to Bill 25. I am opposed to the NDP approach, which is to waste Manitobans millions of dollars. I oppose NDP Bill 25. It is because I am opposed to the NDP approach to introduce low quality health care, high cost health care, delayed health care, poor access to health care that I oppose Bill 25. Thank you.

\* (16:40)

**Mr. Jim Penner (Steinbach):** I am very pleased to rise today to put on the record comments related to Bill 25. We see so much the efforts of governments today just taking piles of money and trying to throw money at problems. As I have said in this House before, we need good management. We noticed that there are countries in this world that can manage their health care systems better with spending less money per person than we do, and we are among the highest spenders in Canada.

Besides being frantic spenders and irresponsible spenders and bad managers, we have to ration the health care. Part of the rationing system shows up in Bill 25, when we have to disallow procedures that people are waiting for and disallow the shortening of waiting lists. It has been my privilege, over the years, to visit a number of countries, particularly involving their health care systems.

I have seen these health care systems, such as Brazil, going up and down the Amazon River, a hospital boat. This hospital boat was run by proficient medical people who looked after the people from village to village. The small villages full of people got a visit every so often from the hospital boat, and that was driven by volunteers.

I have worked with MCC and with MEDA in India, driven again by volunteers and compassion. Somehow money does not replace the compassion and the concerns, the caring that is probably needed to manage a health care system in Manitoba. Then again, when you come back to Manitoba, the people of Manitoba have real and legitimate concerns about the current state of health care in Manitoba.

They elected the current government based on false hopes. Some have gone so far as to say deliberately false hopes promised during the last election. Of course, it is well known today that the promises made by the Government during the last election were promises broken. Regrettably, members opposite put forward promises and played upon the hopes of Manitobans without having a plan to deliver what they were promising.

Bill 25, Mr. Deputy Speaker, takes the broken promises made during the election

campaign one step further. During the election, we all remember the promise was to fix any and all problems in the health care system in six short months with only \$15 million. That is like a Wal-Mart special on health care. Get it quick, and get it cheap. Well, for many, it seemed too good to be true, and in fact it was too good to be true. Today we know that the promise has not been fulfilled. Some would argue that members opposite never truly believed that it could be met, but it made for a nice election slogan, and it fit on a billboard, so they used it.

In fact, the current Minister of Health (Mr. Chomiak) has gone on record as saying that he does not really have a plan for the health care system. The bill which we are debating today is really the result of an absence of a plan or direction by the current government, and will place the future of Manitobans' health care in a very dangerous position.

This bill takes aim at private clinics. Yet private clinics performed, get this, 3500 surgeries last year. This bill takes aim at patients' ability to access care in our health care system, and it threatens to delay procedures and increase waiting times. Mr. Deputy Speaker, by changing the definition of a private hospital so that private clinics with overnight beds are considered to be private hospitals, this Government has decided to limit the health care options of Manitobans for reasons that are not based on the needs and well-being of Manitoba's patients.

What about the NDP ideology? You know, when debating legislation, it is always a good starting point to determine what is driving a bill and why is it being put forward. An examination of Bill 25 leaves a clear indication that it is nothing less than outdated NDP ideology to maintain the status quo that motivates members across this Chamber advocating this legislation. In fact, today, perhaps at more than any other time in recent history, we are seeing governments and policymakers indicate that we need to approach the health care system in this country with new vision and with an open mind.

In fact, last year, Québec completed an extensive review of their health care system. The Clair report made several recommendations, including having the Government encourage

private sector investments in areas such as long-term care accommodation, diagnostic laboratories and day surgery clinics while ensuring appropriate regulation of these services.

Recently, the chair of the Romanow commission indicated that Canadians need to look at countries around the world for ideas and solutions to the challenges facing health care. Mr. Deputy Speaker, even in Britain, the Blair government acknowledges the need to do away with ideological barriers when it comes to issues of health care. Prime Minister Blair noted, and I quote: There should be and will be no barrier to partnership with the private sector, where appropriate, as the private finance initiative hospital building program has shown. Where the facilities of the private sector can improve care or help to fill gaps and capacity, we should use it.

Countries such as France have a system that is based on competition and the freedom of patients to choose their own doctors and treatment centres. They have created a framework for health care in which public and private hospitals co-exist to provide the population easy access to required services. Yet, in France, there are government controls as well. Both public and private hospitals and clinics are subject to government approval for their location, their development and major medical equipment. What have the results been of this system which the World Health Organization ranks as No. 1 in the world? There are virtually no waiting lists, and it costs about \$200 less per person per year than the Canadian system. This is only one example. There are others that could be cited as well.

The Italian health care system was ranked No. 2 in the world. So there are lessons to be learned by looking overseas and in other jurisdictions. I recognize that not every system could be exactly paralleled in Manitoba, but the point remains clear. There must exist an open mind to look at other initiatives that have been successful and to develop a long-term, made-in-Manitoba plan to strengthen our system.

\* (16:50)

Mr. Deputy Speaker, many individuals and organizations from a variety of political view-

points have expressed the same opinion. Of course, members across the way immediately tried to end debate on new and innovative ideas by shouting about two-tier medicine. They fail to recognize, or, more likely, fail to admit that there has long been a mix of private and public health care provision. In fact currently in Manitoba nearly 30 percent of health care services are provided through the private sector. Most disturbing, by attempting to scare the public into believing that any debate on health care is an attack on the medicare system, they eliminate any chance for improvements and development of our system.

You know, in the *Winnipeg Free Press* editorial on April 5 it was well stated by saying, and I quote: As the federal election last fall so clearly demonstrated, we do not need fear-mongering or sloganeering about two-tier medicare. That leads only to division, zealotry and paralysis. When it is informed consensus, we get creativity and reform that is required.

Mr. Deputy Speaker, the recent Fyke report, entitled *Caring for Medicare, Sustaining a Quality System*, also reiterated that the status quo is simply not acceptable. Across the country and around the world it appears that people are recognizing that the difficulties being experienced in the health care system are not going to go away without new ideas and new approaches.

However, what Bill 25 does is tell the rest of Canada and the world that rather than look to new ways of approaching the problems that exist in the health care system, we are going to entrench the status quo, to hunker down and hope that the realities that are present throughout the globe do not affect us here in Manitoba. The so-called made-in-Manitoba approach that members opposite trumpeted appears to be an approach rooted in thinking of a bygone era.

Unfortunately, this Government's approach to health care is not unlike its approach to a number of issues. Rather than see the benefit of the public and the private sector working together, they attempt to drive a wedge between private business and the public sector. We saw a similar approach used last year in the debate on labour legislation where the Government introduced legislation that isolated and



undervalued the private sector. It is part of a mindset that the private sector has a very limited role to play. In Manitoba that role is slowly being reduced to simply paying taxes towards this Government's out-of-control spending habits.

Manitobans are left to wonder why this Government is determined to close the door on new ideas and new approaches in health care. Is it that they have no ideas? Is it that they are scared to attempt to implement them? Why are they so eager to get out in front of the report of the Romanow commission and shut the door to new ideas despite the Premier's former assurances that all options should be examined. It is an irresponsible approach and one that does not serve the best interests of Manitobans. The only interests it serves are those driven by ideology. That is truly regrettable.

As I said in my opening remarks, we also need to deal with the issue of efficiency. Bill 25 is a good synopsis of why this Government is failing to make improvements to the health care system. It is not a bill about increased efficiency, it does not bring forward initiatives on doing things better, and it does not provide hope that we will be able to retain our health care professionals. Quite the opposite, Mr. Deputy Speaker, it is a bill that threatens to reduce capacity within the health care system and ensure increased waiting times. It reduces patient choice when it comes to meeting their health care needs, despite the fact that publicly funded private clinics are allowed under the Canada Health Act and helps to provide patients with health care options and choice. Instead of increasing bed capacity within the health care system, the bill reduces the number of overnight beds private facilities can have from four to zero by prohibiting overnight stays in surgical facilities.

Inspectors will be named who can take their jackboots into the facility and demand to inspect it to see if anybody is there after 11 o'clock. Threats of huge fines up to \$30,000 will be made, and that will ensure that someone needing another hour of treatment in a facility would have to be booted out at the risk of damaging their health. Certainly, this does not sound like a democratic government or a caring government.

To date, this Government's record on health care is one of spending health care dollars to buy facilities that are already serving Manitobans, increasing the number of patients in hallways, increasing the waiting time, underfunding and strong-arming the rural health authorities. Now they can add to that list reducing the capacity of our health care system. You know what is lacking in this bill or any other initiative of this Government is an indication of how the health care system could be improved through efficiency. This Government clearly thinks that money alone will improve the current system. Maybe they have not had enough money to manage to learn how to manage money. It believes this in the face of reports and experiences in other areas that contradict this notion. Money alone does not solve problems. Mr. Deputy Speaker, we need some intelligent thought, some intelligent planning and a good made-in-Manitoba solution to a very challenging system.

The Fyke report stated that, and I quote: The claim that health care must have more money to do more good assumes that all of the money is being well spent. This is lamentable. Public funds are being wasted, often in large quantities, at the same time as some people are truly suffering for want of access to timely quality services. The report goes on to state that the culture of health care has to change, and warns that blindly pumping money into medicare will merely perpetuate the system's inefficiency.

Mr. Deputy Speaker, others right here in Manitoba have recognized the problem. An editorial in the March 28, 2001, edition of *The Winnipeg Sun* notes that, and I quote: In Manitoba, more than \$300 million in additional money has been injected into the health care system over the past year. Yet we still see patients in emergency room hallways and hospital waiting lists continue to grow.

I heard of a patient being treated in an ambulance and one treated in a vehicle on a parking lot, trying to keep the people out of the hallway by keeping the rural Manitobans out of Winnipeg hospitals when they need special treatment. We see all kinds of games being played, and still there are people in the hallways. We notice now that they are being named avenues. We notice now that the stalls in the

hallways are being numbered. Certainly, we still have not got an intelligent solution to the problems that we are facing in Manitoba, and throwing money at it does not seem to be doing much good.

If the Government needs proof that additional money alone will not solve the challenges facing health care in Manitoba, it need only to look at *Maclean's* health report published earlier this month. In *Maclean's* annual report ranking the accessibility to health care services Canadians have in different regions, Winnipeg dropped from an overall ranking of 15 to 16, despite a 22% increase in funding over two years to the health care system in Manitoba, which already spends more per capita on health care than any other province in Canada.

Clearly, Mr. Deputy Speaker, the government of the day will not be able to tax and spend its way out of this difficulty, a tactic it feels most comfortable with. It has to develop concrete ways to improve the efficiency of the system and to look outside the ideological NDP box on how the system operates.

Mr. Deputy Speaker, shutting down beds, as has happened in the area that I represent, and buying bricks and mortar, is not the type of reform and vision that Manitobans need, and it certainly provides little comfort regarding the future of our health care system.

\* (17:00)

Mr. Deputy Speaker, I would like to talk a little bit about patient safety, because another aspect of Bill 25 that provides reason for alarm is that it may put the safety of our patients at risk. Members on this side of the House believe that patient safety needs to be considered in all matters affecting the health care system. The care and safety of patients is, after all, the primary goal of the health care system, yet this bill does not seem to recognize the value of patient safety.

It seems clear that allowing a few overnight beds in clinics would help to ensure a patient's safety in the event that post-operative recovery ends up being longer than anticipated. Each of us knows from experience, either personal or

through family and loved ones, that the recovery time for procedures differs from person to person. We also know that complications can arise in any recovery period, yet Bill 25 seems to indicate that the current government, for reasons of ideology, is willing to gamble with the health and safety of patients by opposing a probably needed overnight stay.

The minister should pay attention to a June 16 editorial in *The Winnipeg Sun*, which said, and I quote: And we remind the minister that running a health care system based on ideology is reckless and irresponsible.

Mr. Deputy Speaker, we know that there are good and sound reasons that private clinics may need overnight beds. This minister's willingness to toss patients, who may still be feeling the ill effects of a surgery and who could benefit from an extra overnight recuperation time, on to the streets is not a decision made with the patient's best interests in mind. The willingness of the current government to reduce beds and to jeopardize the safety of patients is simply not acceptable, and is another reason why this Government needs to step back and re-evaluate the way it is approaching the long-term direction of health care in Manitoba.

Mr. Deputy Speaker, we all remember in this House that most famous of photo opportunities last year, when the Premier (Mr. Doer) placed a closed sign on a highway marker indicating the distance to an American city which offered a number of health care procedures. Well, of course, since that time, we have taken the Premier's promise to put these American facilities out of business and have thrown it into the pile of broken promises issued by this Government. It is a pile which seems to be growing every day. My family and relatives living in the United States, a brother and my in-laws, have found the system quite adequate for their purposes. Certainly, they are able to get treatment quickly, and although they do not pay for the treatment through their income tax, they pay through their insurance plans which basically allows them the same privileges that we have.

Mr. Deputy Speaker, we often criticize the Americans for their health care system, but is it

not surprising that the Canadians get sent over there to get their procedures done? Probably they could teach us a few things about health care. In fact, today, waiting lines are as long as ever and Manitobans are seeking to have services done in facilities south of the border. Despite this, the Government seems intent on making the problem even worse by passing this current bill, which will reduce the number of choices patients have by discouraging other private operators from coming and offering services to Manitobans. It may also cause doctors to stop scheduling surgeries later in the day for fear of violating the 11 o'clock deadline, should a patient require longer than anticipated recovery time.

Mr. Deputy Speaker, the Minister of Health (Mr. Chomiak), who, I understand, used to spend a great deal of time prior to the last election discussing waiting times for diagnostic and surgical procedures, today seems content to have Manitobans wait for these medical services. Again, we are left to wonder why this Government is determined to eliminate choice in the health care system, why they are looking to intimidate and eliminate clinics which are operating legally under the Canada Health Act. When every other jurisdiction in the country is trying to find ways to eliminate waiting times for health care services, why is the NDP putting forward legislation that will, at best, make it more difficult to reduce waiting times and, at worst, make it even impossible?

Mr. Deputy Speaker, we know the impact of waiting times for surgical and diagnostic treatment. Dr. Richard Davies, a cardiologist at the University of Ottawa, recently wrote in the *Canadian Medical Association Journal* that: "Canadian patients are being forced to wait much longer than is really necessary" for heart bypass surgery.

Using figures from the Cardiac Care Network of Ontario, he showed that more than 1500 patients were on the provincial waiting list at any given time in a typical year, and that some die while waiting for surgery or are taken off the list because they become medically unfit for surgery due to the extended waiting time.

Clearly, Mr. Deputy Speaker, any initiatives that reduce the waiting time for procedures should be welcome and encouraged by this Government and not looked down upon and discouraged.

Talking about people not having a choice, much of Bill 25 is simply geared toward reducing patient autonomy and choice. It is about trying to obtain monopolistic control of a system when the price may be the quality of care that is provided to patients. While most of the world is examining ways to expand patient choice in health care, often through a public-private collaboration, the Government of Manitoba is pulling the handle on its time machine and heading back to another time. It is trying to wrestle away any choice patients may have.

As noted by a columnist in the May 27 edition of *The Winnipeg Sun*, Bill 25 is designed to, and I quote, ensure government retains its monopoly on the delivery of health care. It has nothing to do with quality and efficiency in the health care system. Goodness knows it is not designed to promote innovation. End of quote.

I guess the basic problem is that we need a plan. What has become clear, Mr. Deputy Speaker, is that the Minister of Health is right when he says that he does not have a plan for health care. He has shown that since the election of this Government that what ideas may exist are only those, it appears, that further an ideological belief and are not designed with the best interests of patients in mind. The current government is embarking upon a path that will be difficult to correct and that we fear will not benefit the health care needs of Manitobans.

It is time for today's NDP to enter into the new millennium of health care and to join governments across Canada and around the world in seeking new and innovative ways to provide a quality of care that Canadians have earned and expect. Manitobans deserve to have hope regarding the future of their health care system. They deserve a government who can develop and implement a plan that will ensure that the health care system will overcome its present challenges and meet the needs of future generations.

I am proud of the many members on this side of the House who were contributing to the growth of improved health care before the last election. Quick-fix election promises which are broken almost as quickly as they were promised do little to comfort the many Manitobans who are waiting for surgical procedures and other medical treatment.

We hear so often that an act has to be introduced because it was an election promise, but, really, what does an election promise mean in Manitoba? Ideological blinders do not provide the long-term plan needed in today's health care environment.

I say to the members opposite that it is not too late to step back and to take the time to develop legislation that will satisfy the needs of patients in Manitoba. In fact, I would suggest, for the benefit of all Manitobans they must do so.

In conclusion, Mr. Deputy Speaker, throughout Canada there is an awareness that the health care system is facing enormous challenges. In most regions policy makers are looking at ways to meet these challenges and to provide quality care to Canadians. To achieve this goal and more, more and more Canadians and governments of all stripes are recognizing that a full and open debate on how health care services are provided is needed. Today more than ever there seems to be a willingness to look at reforms to better the health care system. For that to happen, two things must be present. There must be a willingness, No. 1, to debate and examine all the options available, and, No. 2, there must be a willingness to move that debate above the level of political fear-mongering and political tactics and ideology.

\* (17:10)

Mr. Deputy Speaker, many members opposite seem determined to shut down honest and open health care debate and to make it an issue of private versus public service, to talk about two-tier when that in fact is not on the boards for discussion. They seem unwilling to accept that there may exist ways in which the two sectors can work together to provide Manitobans with better care while still protecting the principles of medicare Canadians

value. As long as that narrow mentality persists, patients will suffer.

Bill 25 is not about improving health care. Quite the opposite, it will place Manitoba in a position where its options to improved care will be limited and narrowed. It does not promote efficiency. It compromises patients' safety. It removes patients' rights to choose, and it may increase waiting lists. Worst of all, it appears driven slowly by ideological considerations. The residents of Manitoba deserve and expect much more. Thank you, Mr. Deputy Speaker.

**Mr. Jack Reimer (Southdale):** Mr. Deputy Speaker, it is a pleasure for me to rise and put some words on the record in regard to Bill 25, The Health Services Insurance Amendment and Consequential Amendments Act.

I can say right from the onset that I will not be supporting this bill. I think it is best that the members opposite know right off the start that this is a bad bill. It is a bill that has been brought in strictly for ideological reasons of the old NDP philosophy of knowing best, to know when to do things for the public. It is something that, I think, when you look at in the overall sense of debate, or between the various political philosophies, I think this one here goes closest to the NDP philosophy of wanting to have control—wanting to have a say, wanting to be the purveyors of everything and all things in regard to the so-called public good.

They set themselves up as the guardians, if you want to call it, of the social equalities and the social justices of looking after the people of the province. I think that this is where this bill comes from. It comes from the old socialist ideology that the minister has brought forth and that he has sprinkled into his Cabinet and into his caucus, with the belief that anything that has a private or a profit connotation to it is bad, bad, bad, as I believe has been mentioned a few times. I think that it is something that is worthy of debate in the sense that it is odd that, when we look at health care not only in Canada but throughout the world, it has become a very major issue in the sense of what the governments are spending their money and their effort and their time at.

It has been reported that in other jurisdictions of comparison, when you look at what is happening with health care throughout the world actually, that there is always a ranking system as to where Canada stands or where the Province stands in Canada in relation to spending, and I must say that here in Manitoba we do have the distinction, I believe it is still the distinction, of being the highest of spending per capita of any provincial government for health care.

One would surmise that, if there is that analogy of high spending, there is a high degree of satisfaction with the health care system here in Manitoba. We do not seem to notice that because we get more and more phone calls or letters or complaints from people that are unfortunate, that have to partake of the health system, not only because of the waiting, the long delays in getting treatment, being on a waiting list for months for various types of surgery, the hallway medicine that is still very, very prevalent.

I have to put on the record I was in the St. Boniface Hospital yesterday, in fact in the morning, for a reason. I was in the emergency ward and talking to the nurse there, and she says they had 16 patients waiting for beds to be transferred upstairs at the emergency ward at St. Boniface. At the same time when I was walking down the hall, the emergency hallway, I counted nine people in the hallway at St. Boniface Hospital. That was just yesterday morning.

The minister keeps saying that hallway medicine has been cured, the fix for Manitoba Health is in, and that everything is starting to look rosy and more positive. At the same time, we see the shortage of nurses rise up to almost 1200 from I think it was 700 just a little while ago. We have seen the shortage of space in hospitals. We have seen the increased traffic down to Grafton for MRIs and CAT scans because they cannot be accommodated here in Manitoba or Winnipeg. We see patients going outside the province for treatment. It has gone from hallway medicine to highway medicine, if you want to call it that, Mr. Deputy Speaker.

It is only because this Government here and this minister feel that if you throw money at the

problem, it is going to go away. But, somewhere along the line, the reality of looking at innovative ways or change or a different approach to health care is lost on this minister and this Government. You have to look at the ideological sentiment and the ideological background of the NDP to see that this is not uncommon, and it should have been expected in regard to their approach to health care here in Manitoba.

They offered the people of Manitoba a quick fix, a \$15-million injection of cash, and everything would be cured in six months. It is amazing how they felt that they could do this. They would eliminate the waiting in the hallways. They would eliminate the nursing shortage. I remember the Premier (Mr. Doer) stating: If we need them, we will hire them. What is wrong with hiring them?

Actually, one of the things that has come about with this Government is that there has been no increase in the number of full-time nurses in Manitoba. There has been a shortage of nurses in Manitoba growing. Nurses are becoming more and more frustrated because of the workload, the time that they have to put in, the shifts that they have to perform, the double shifts that they have to perform, the fact that they have to be on call at times. We are putting a tremendous strain on the nursing profession, and all we get out of the minister is rhetoric and a promise that things will change.

\* (17:20)

Mr. Deputy Speaker, this Government has been in power for almost two years now, and yet we are seeing those same problems, not only from before that they promised to all fix, but they have been compounded by the fact that they have grown. With the introduction of this bill, Bill 25, we see that from time to time the minister has touted out the fact that when questions are asked of him, well, do you want the U.S. system or are you talking about the two-tier system? We are not talking about a two-tier system. We are talking about a true comparison of what we as Canadians expect and what we as Manitobans expect from our Government and from our ministers that are in charge of the purse

strings, if you want to call it that, in the various departments.

In health care, there has to be a willingness to look at innovative change to new directions that are being brought forth to other models of efficiencies throughout the world and throughout Canada where we can take the best of these efficiencies and utilize them here in Manitoba. I would rather see this minister spend money on sending a delegation over to France and study their approach to medicine and their approach to hospitalization and their treatment of people in need. I would support him on that.

I would support the Minister of Health (Mr. Chomiak) spending money that way because I think that the report that would come back would help all Manitobans. If they came back with innovative changes and innovative ways to look at fixing up health care in Manitoba, I would support that. I would support that type of approach to health care because I think that is what is needed in Manitoba, and we are not getting that. We are getting the same old, same old and even the old rehashed approach to health care, where he knows best because of the rhetoric and the philosophy that he feels is what is good for Manitobans.

We are not advocating a U.S. system. Why would we advocate a system that in ranking is further down the line than ours? Canada is ranked No. 30 in health care delivery in the world. France is ranked first. The United States is ranked 39th, I believe, so why would we want to model ourselves after a country that is further down in the rating? I said 39. I should have said 37. I am sorry, Mr. Deputy Speaker. We should be looking at France. We should be looking at Italy. We should be looking at these countries that have far, far surpassed us in their approach to health care and what they do with the various models of delivery. They look at a combination of public and private but still publicly financed. There is nothing wrong with that. There is nothing wrong with looking at these models and going to try to find the best of what we can supply to our residents of Manitoba.

The French health care system is based on competition and the freedom of patients to choose their doctors and their treatment centres.

It is the society, the compulsory insurance health plan, finances are reimbursed for health care or pharmaceuticals. The French government has created a framework for health care in which public and private hospitals co-exist to provide the population easy access to required services. Both the public and the private hospitals and clinics are subject to government approval for their location, their development and major medical equipment. There is an accreditation and evaluation project, which results are published. The results are virtually there are no waiting lists in France. The system costs about \$200 less per person per year than the Canadian system. Actually, if you are going to look at the longevity of people, life expectancy, in Canada it is 72 years and in France it is 73.1 years.

The system is fairer to the poor as French citizens personally pay less through private insurance or out-of-pocket payments. So these are some of the things that this minister and this Government can learn as they look at changes here in the Manitoba system, but what have they done? They have brought forth a bill that actually limits and slams the door shut on any type of innovative approach to looking at a modernization of the medical system or the delivery of medical practices here in Manitoba.

It is only because of what the minister has repeatedly said: private and profit. They just do not mix in his vocabulary. It is a shame because there are other areas that are looking very, very aggressively and progressively at changes in their health system. The First Minister (Mr. Doer) has mentioned from time to time and has stood up in the House here and talked about the British system and the new election of Tony Blair of the Labour government in Britain. I applaud Mr. Blair for his initiatives and some of his changes, because he has also taken on the idea that there has to be room for innovative changes and approaches to medical practices in Britain.

I quote from Prime Minister Tony Blair: There should be no organizational or ideological barriers to the delivery of high quality health care. There is the difference between what our First Minister says and what the prime minister of Britain says. There is an ideological difference of who is in control.

The First Minister here in Manitoba lauds the prime minister of Britain on certain aspects. When the prime minister of Britain is looking at the most innovative and the most sensitive area of spending in his government, he looks at the innovative approach of making changes and making things happen for the betterment of his citizens there. I think that is something that our Premier here in Manitoba—if our Premier in Manitoba wants to be known for anything other than the buffoonery and some of the statements that come out of him. We would like to see him be known as possibly looking after health care and changing health care in a more positive way, not in the regressive way that he has decided.

Mr. Deputy Speaker, it is not that we speak alone on this. We hear the media, we see the print media and even some of the other media also recognizing that the road that the Minister of Health (Mr. Chomiak) is going down is a one-way road. It has no forks in it, it has no detours; it is a one-way road of ideologically driven philosophies that he wants to bring forth on behalf of his Government and his caucus and his members. I believe that a lot of his members in his caucus do not support this bill, and I believe that they are there. I believe that there are members over there, if they had the choice, they would say to the Minister of Health: Why not look at a different way to approach it? Why not look at the ability to see if we can make partnerships with the, say, the Godley clinic that is being proposed here in Manitoba, and how we can utilize that clinic to shorten the waiting lists—how we can give Manitobans the best access to the best care, at the best price?

I think that a lot of the members in the NDP caucus are also saying the same things to the Minister of Health, but he will not listen. He has got his own way, and it is going to be my way or the highway, as he says, and he has used the highway, as I mentioned earlier. I remember the Premier (Mr. Doer) in the last election having a big photo op down there on Pembina Highway, Highway 75, with a sign to Grafton. He was going to close it, out of business. He was going to put the big sign up there: out of business. No more people going to Grafton. Mr. Deputy Speaker, what a total—*[interjection]* Well, I have to be careful in the Chamber here. I have to be careful, you are right.

What an abuse of visual optics, if you want to call it, because if you really think about it, how many people are going down to Grafton now? Then we see in today's paper, a clinic in Grand Forks is opening up and they are going to be advertising here in Winnipeg for people to come down to get their MRIs and their CAT scans because they have the facilities there and we have the waiting lists here. So the out-of-business sign, I think it got blown away about a week and half after the NDP got elected because the people realized that they still have to go down to the States, they still have to go into the other provinces to get delivery of service. The Premier misled the people in the sense of what he promised and what he delivered. The biggest promise was \$15 million and the health care of all Manitobans would be cured in, I believe it was six months he said they were going to do that.

I have to refer to some of the media and some of the things that they are saying about this minister and what he is doing. They are referring to the Minister of Health (Mr. Chomiak), and I quote what it said in the paper: He knows better than anyone that providing the same old health care with the same old philosophy is what is best. How the Minister of Health knows this is unclear. It likely, however, was a conviction he acquired during those many long years that he sat in opposition benches and decried every effort to reform health care in Manitoba on the basis that change is dangerous compared to doing everything the same way that it has been done but with more money. I have to give him credit, Mr. Deputy Speaker, he has spent money. He knows how to spend money. He spent millions and millions more dollars than we did. He spent hundreds of millions of dollars more than we did, and that is only in 18 months.

I think that if you look at the amount of money that has gone into health care since we have been—I wish I had the figure, but I am going to guesstimate it; it has to be well over an extra half a billion dollars more into health care since we left office that he has pumped into the system and the results are the same. If not the same, they are worse than they were before. So I have to ask the minister: Where is that accountability of the dollars that are going into health care? Where is the improvement? Where

are the waiting lists that are going down? I have to admit, they did do one thing, they renamed hallway medicine to avenue medicine. Now, when you go into the hall the decree came out to the hospitals, you change it to avenues. When I went into the St. Boniface Hospital yesterday they have these signs up there. They have these reassessment rooms they are called now. So they move the patient out of the hallway, into this room, they put a curtain around him, and he is in a reassessment room. That is the patient's room, a curtain. They are all along just off the hallway, not in the hallway, just off the hallway.

\* (17:30)

So this is how they have ended hallway medicine. They said, oh, there is nobody in the hallway, but they just move them into a room right next to it. It is an innovative way, very creative, very sneaky. You know, he can stand in the House here and say, oh, there is nobody in the hallway. They are not in the hallway. They may be in the avenue-way or they may be in the waiting room or they may be in the reassessment room or the assessment room, but they are not in the hallway, Mr. Deputy Speaker.

So I will give him credit for that. He has moved along the way of being very creative with the definition and the terminology now. So they will spend more money like that. It was just like he is getting surrounded by too many spinners. You know the people that like to spin everything in the right text. Well, he is picking up on some of these ways of doing it.

But I would like to just go on with another quote in regard to the Health Minister how the people and how the press and how the media are seeing this minister. It goes on to say here, and I am again quoting out of one of the media papers: Unable to win the debate on private health care, he has chosen—and he, they are referring to the Minister of Health—the Minister of Health has chosen to simply cut it off, to make it illegal for anyone to practise anything other than what the Minister of Health best preaches. In so doing, the Minister of Health is making Manitoba the Canadian bastion for doing the same old things the same old way at increasing costs in the absence of competition to the monopoly model that has failed to meet the expectations both in

quality of service and value for money spent and spent. He is blocking off the potential for reform or innovation in any terms other than the terms which he thinks are familiar. It may eventually prove to be that the Minister of Health, alone among health ministers, has all the answers. Right now, however, stifling debate and outlawing competition are not what is best for Manitobans, only what is best for the Minister of Health and his worn-out theories.

Mr. Deputy Speaker, I have got to give the media the credit for looking at this in a more global sense. Granted, we here in the Chamber sometimes get into our political rhetoric and our political foreplay between each other in regard to the way we interpret our philosophies and our policies of the political parties, but when you see the media coming out with such strong statements against the philosophy and the direction that the minister is taking, you would think that he would take to heart that maybe these people that buy public opinion by the gallons of ink that they write on that they may know something that he does not know. But he feels that his own philosophy, his own background is what is going to dictate how he is going to approach this bill. It is also a very strong statement when it says: We remind him that running a health care system based on ideology is reckless and irresponsible.

I believe that is the road that this Government is going down. It is unfortunate that the lessons that they did not learn last year in their ramrodding of the labour legislation and how it brought forth a lot of very, very strong concerns by one segment of the population in regard to the labour legislation that the minister steered through, that they did not learn that there are certain things that the public will not tolerate. This is one of the areas where you see everything changing around you in regard to the approach to health care. We even see it in Saskatchewan, which is an NDP province. We saw what happened in British Columbia where you had an NDP government that just literally got decimated because of its locked-in philosophies of what they felt was best for the people. The people of British Columbia, they woke up and they just said, hey, we will not tolerate this anymore, and they kicked them out. They are down to I believe it is only two seats in British Columbia right now.



This might happen in Manitoba. I am not saying that they are down that road to that degree yet, but it is the chipping away of the people's confidence that I believe that this Government is now starting to do. I get comments made by, not only my constituents, but other people that I talk to, that the Government seems to be barrelling down a road with its own agenda. It has got its own philosophy. It has got its own direction. It, at one time, had the great distinction or liked to be thought of as listening to the people, but they stopped doing that in such a short time. It is shame. It is a shame that a government that was elected and worked hard, you know, to get into government now has got an arrogant attitude of we-know-best; we-know-best.

As an opposition, we in opposition now, we like to see that. We like to see that arrogance. We like to see that arrogance that is starting to come across the way there where they sit there smugly and say, well, this is the way we are because we are government now and we will do it our way. Mr. Deputy Speaker, the Minister of Health (Mr. Chomiak) is, unfortunately, in that box—you know, that stovepipe mentality of knowing what to do, a silo of ideas.

I guess I should be careful, because if I get into too much of a debate along here, they may wake up and realize my wisdom and they may change their philosophies. I may come back and say I should not have said that. I should not have said that, because they may wake up and say you know that speech that Member for Southdale (Mr. Reimer) gave? He is right. We are getting very arrogant. We are getting very much to the point where we feel that we are too good for our boots. I think that maybe they are very close to that.

So maybe, Mr. Deputy Speaker, I should not be pointing that out to them because they still think that they are the Government of the people and for the people, and they have all this great momentum behind them. Listen, they got elected, and I will give them credit. They got elected, but, you know, it is creeping in there and it is good to see. Oh, I should not have said that; I should not have said that. Now they are going to know that we know about that

arrogance in their attitude. But I digress. I should be back on Bill 25.

So, Mr. Deputy Speaker, there are a lot of things that I would like to put on the record in regard to what has been said about Bill 25 and the handling of this bill by this Minister of Health (Mr. Chomiak), but I will say that it is shame. It is a shame that they have set up this block mentality of looking at things, because the world is changing. I refer back to the old Liberal Prime Minister Pierre Trudeau: The world will unfold as it shall.

Unfortunately, I think that this Government here, the NDP government, is not looking at the pressures and the changes that are coming about in regard to one of the most important areas of spending in government. It is changing dynamically day by day. We hear of machines. At one time I guess x-rays were a great intervention in health care. Then we got CAT scans. Then we got MRIs. We have machines now—we do not have them here in Manitoba unfortunately—that will do a total body imaging where they see your internal parts and can diagnose any type of problems you might have. They have them in the United States. They have had them there now for at least five to six years. These are the type of machines and equipment we should have in Manitoba. We should have the best here in Manitoba because we want to look after our people in our province.

You cannot have that type of debate and that type of innovation if you have the silo imagination of the Minister of Health (Mr. Chomiak). If he will not open up his mind to any type of innovative change or creativity, or at least look at the alternatives, we are going to be the poor cousins, literally, in Canada and possibly right here in Manitoba. I believe that is shameful. The opportunity to make changes is more readily available now, through the advent of information and the Internet communications. The ability to move information and instruments, and the delivery of quality products and competitiveness is more readily available now in today's society than it ever has been.

\* (17:40)

This minister has the ability to tap into that huge, huge resource of change and availability

of creativity now. He can do this. He could be a great Health Minister, Mr. Deputy Speaker. He has the ability to do that, because we left him gobs and gobs and gobs of money to spend. They are spending it, but it is not going in the place where you are getting results. What has happened to that \$700 million or \$800 million that we left them?

**An Honourable Member:** They are building casinos with it.

**Mr. Reimer:** I could go on about what they are doing with all their money.

**An Honourable Member:** Luring children.

**Mr. Reimer:** They are trying to lure children into casinos now. We see that in their advertising at prime time during the funny cartoon time, but I digress again. I digress. *[interjection]* I agree, the Member for Inkster—

**An Honourable Member:** Burrows.

**Mr. Reimer:** Burrows, pardon me, yes, Burrows. Inkster is in the Chair, pardon me.

**Some Honourable Members:** No.

**Mr. Reimer:** That is Becky now.

**An Honourable Member:** That is Wellington.

**Mr. Reimer:** Wellington. Yes, I will get it right yet. Anyway, I digress. I should be on Bill 24–25.

**An Honourable Member:** Are you suffering from dedigression?

**An Honourable Member:** Are you suffering from indigression?

**Mr. Reimer:** Indigression, that is right.

**An Honourable Member:** I think you got him, Jack. Keep going.

**Mr. Reimer:** Yes, keep going.

Mr. Deputy Speaker, I do want to sum up a bit by saying that I believe that the Minister of Health (Mr. Chomiak) has a wonderful, wonderful time—or an opportunity, I should say, to be creative, to be innovative, to reach out to Manitobans, to make truly a great change in the medical system and the medical delivery of health care here in Manitoba, but he is not doing it.

We left him the money. We left him the ability. We left him the people. We left him the resources. We left him the facilities. Everything was there to be utilized, but they have not done it. They have gone back to the philosophy of we know best, and that is not going to sell in the public.

The public is demanding a change. The public is demanding the ability to be able to access, the ability to do things differently, and I believe that that is what the people want.

So, as I mentioned at the beginning of my speech, I will not be supporting this bill. I think it is a wrong bill. I think it is the wrong way to go. With that, I will sit down and let some of my other colleagues have some time to speak.

**Mr. Mervin Tweed (Turtle Mountain):** Thank you—

**Mr. Peter Dyck (Pembina):** Mr. Deputy Speaker, is there a will in the House to call it six o'clock?

**Mr. Deputy Speaker:** Is it the will of the House to call it six o'clock? *[Agreed]*

When this matter is again before the House, the bill shall be under the name of the honourable Member for Turtle Mountain (Mr. Tweed).

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

# LEGISLATIVE ASSEMBLY OF MANITOBA

Wednesday, June 27, 2001

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