

Fourth Session - Thirty-Eighth Legislature
of the
Legislative Assembly of Manitoba
DEBATES
and
PROCEEDINGS
Official Report
(Hansard)

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Speaker*

MANITOBA LEGISLATIVE ASSEMBLY
Thirty-Eighth Legislature

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WOWCHUK, Rosann, Hon.	Swan River	N.D.P.

LEGISLATIVE ASSEMBLY OF MANITOBA

Tuesday, November 29, 2005

The House met at 10 a.m.

PRAYER

Introduction of Guests

Mr. Speaker: I would like to draw the attention of honourable members to the public gallery where we have with us from Victor Mager School, Adult ESL Program, 10 students under the direction of Ms. Ann Tigchelaar. This group is located in the constituency of the honourable Minister of Labour and Immigration (Ms. Allan).

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

ORDERS OF THE DAY

PRIVATE MEMBERS' BUSINESS

DEBATE ON SECOND READINGS— PUBLIC BILLS

Bill 203—The Health Services Amendment and Health Services Insurance Amendment Act

Mr. Speaker: Resume debate on second readings, public bills, Bill 203, The Health Services Amendment and Health Services Insurance Amendment Act, standing in the name of the honourable Member for Emerson (Mr. Penner), who has four minutes remaining.

What is the will of the House? Is it the will of the House for the bill to remain standing in the name of the honourable Member for Emerson?

An Honourable Member: Stand.

Mr. Speaker: Okay, it has been agreed to and it is also standing in the name of the honourable Member for Radisson, who has three minutes remaining.

Mr. Bidhu Jha (Radisson): This is the best bill for my personal choice to speak on. I have not spoken so many times, Mr. Speaker. Let me begin this with saying that I chose Canada; my sister chose to go in the U.S. It is about 34 years of history that we compare our notes to say who is better off.

I think that Canadians have chosen. The Canada Health Act is one of the best, I would say, in the world. It looks after all people. It looks after all classes and it is a universal health care act that I am very proud to speak of. I would say that the debate

on this particular issue will keep on going and we know that in our entire political system that when you look at what people want, this is No. 1, the No. 1 issue for people from all classes, from all societies, from all ethnic groups.

So I would say, Mr. Speaker, that I very strongly suggest our government's record on health care is one of the best. We have improved a lot. We have reduced waiting lists. We have hired more doctors and more nurses and we are on the way to develop and make it much, much, much better. So I would say very strongly that our government and our Minister of Health (Mr. Sale) must be given a tremendous amount of support to carry on this particular act which we are very proud to be part of.

I do support anything in the health act that improves. I am 100 percent for it, Mr. Speaker. I would encourage all our members to support what we have been doing for a number of years and our record speaks for itself.

So with that note, I would say thank you for giving me the opportunity to speak on this particular act, which relates to universal health care, and our own record speaks much louder from this. Thank you very much, Mr. Speaker.

Mr. Andrew Swan (Minto): You know, as one of the more recent additions to this Legislature, some things never cease to amaze me, but here we are again with the Member for River Heights (Mr. Gerrard), who was part of a federal government from the 1990s that did nothing but slash health care funding to the provinces, that did nothing but make it more difficult for provinces of all political stripes to comply with the Canada Health Act, to suddenly appear as he would like to appear as the knight on a white charger to defend the Canada Health Act. Well, we do not need any lectures. We do not need any information from the MLA for River Heights on how to protect our health care system.

Tommy Douglas, our greatest Canadian, of course, introduced medicare in the province of Saskatchewan, and when the Liberals were pressed by New Democrats in the House of Commons, they then brought in medicare across this country. Of course, the Canada Health Act is based on five principles: No. 1, the public administration; No. 2,

comprehensiveness; No. 3, universality; No. 4, portability; and No. 5, accessibility. While the NDP government and New Democrats across this country support the principles of the Canada Health Act—and we are perhaps amused to hear the Manitoba Liberals now suggesting that they do too, because again we had cuts to transfers to provinces under Brian Mulroney and his Conservative government throughout the eighties—we then suffered through the same kind of cuts, perhaps even worse cuts, from Jean Chrétien's government with Paul Martin as Finance Minister and the MLA for River Heights apparently sitting on the Cabinet table, although I am not sure if anybody knows that really occurred.

So, indeed, we as Manitobans and Canadians interpret and we trust the Canada Health Act as the guarantor of our public medicare system. We certainly cannot trust Liberals of any federal or provincial stripe to take those steps to protect our health care system, unless, of course, as has been the case for the past year and a half, we have a healthy contingent of New Democrats in the House of Commons forcing the Liberals to actually do some of the things that they tend to campaign about every time there is a federal election.

Now, I had the pleasure the last time around—well, I should say two times around—working for Pat Martin, the MP for Winnipeg Centre. Of course, Mr. Speaker, I was a little bit busy last time there was a federal election, but I will certainly enjoy—*[interjection]*

The Member for Inkster (Mr. Lamoureux) just cannot stop me from putting on the record that Pat Martin defeated him in the federal election, but now the Member for Inkster always, always, always raises that, so there, we have put it on the official record again that, indeed, it was my pleasure to work with Pat Martin to have him re-elected, and of course the only negative impact from that was that the Member for Inkster then decided he wanted to rejoin this Legislature. However, that being said, Mr. Speaker, having the Member for Inkster at least for the next year or two until the next election does often make things a lot more fun in this House. So there we are.

But what was intriguing before I was interrupted by the Member for Inkster, again, wanting me to talk about his last defeat, was the fact that the opponent of Pat Martin chose the somewhat unusual campaign slogan of actions speak louder than words, and it is always interesting when that is something that a Liberal puts forward because, frankly, Liberals have

not been much in the way of action. Certainly this government has, and I would like to talk about some of the action that we have taken on health care in the province of Manitoba which affirms our commitment to our medicare system, that confirms our commitment to the Canada Health Act.

We have been, we are, and we will continue to reduce wait lists across this province. We know there is more work to do, but we have had some major successes which we need to celebrate. The number of Manitobans waiting for cardiac surgery in Manitoba has been cut in half since 1999. It is recognized across this country that Manitoba now has the shortest waiting list for cardiac surgery in Canada. The wait time for radiation therapy has been reduced to only one week. In 1998, wait times for radiation therapy were six to seven weeks. In fact, they were so long that one of the first things this government did when it came to power was to set up a special fund to send patients out of province.

* (10:10)

Now, unfortunately, both within my family and my friends, there has been need to deal with rapid treatment for cancer, and certainly I am very proud that our government has put resources into reducing those wait lists.

The number of MRIs being performed in Manitoba has more than quadrupled, and I know the opposition loves to talk about MRIs. So do we, because we are doing more of them in the province of Manitoba. We have increased the number of MRIs operating from two to six, not just in the city of Winnipeg, but across the province so that Manitobans can get those services closer to home.

The number of CT scans has more than doubled. It is now over 116 000 per year, more than double the amount of just under 51 000 in 1998-1999.

We recently opened two new state-of-the-art operating rooms at Concordia Hospital, dealing with orthopedic surgeries. We have expanded orthopedic surgeries in Boundary Trails on the highway between Morden and Winkler. We have doubled the number of hip replacements and added new knee replacements.

According to the College of Physicians and Surgeons, the number of doctors licensed to practise in Manitoba has increased each and every year that we have been in office. This is a reversal from the dark decade of the 1990s, when doctors left Manitoba year after year after year. Between 1994

and 1998, we actually lost 116 doctors in the province of Manitoba. Between 1999 and 2004, we gained 139 doctors and, in fact, the numbers for the year 2005 are even better.

In 2003, there were 879 more active practising nurses in Manitoba than in 1999. In fact, the number now is well over 1000 more nurses working in Manitoba than there were when our government took power in 1999. Between 1992 and 1999, 1573 nurses were driven away from Manitoba to practise elsewhere. Who shares the responsibility for that? Well, certainly the then-Filmon government, which did not invest in health care and certainly the Member for River Heights (Mr. Gerrard), riding on his white charger, could not figure out anything to say around the Cabinet table in Ottawa to stop Paul Martin and Jean Chrétien from cutting transfers to provinces.

Now, we have also announced the Aboriginal midwifery program. The Canada Health Council has described that as an innovative step forward in providing health services to Aboriginal people in remote communities in their homes, in their communities, reducing the need for travel and making birthing for those in northern communities more of a positive experience.

Now, there have been other steps that we have taken. We have opened the Manitoba Prostate Centre to double the number of procedures, less invasive ways to treat prostate cancer. Now, of course—

An Honourable Member: Brachytherapy.

Mr. Swan: Thank you very much. The Minister of Industry (Mr. Rondeau) has given me the correct term, "brachytherapy," for prostate cancer. Of course, this was something promised by the Tories when they were in government in 1994, but, of course, we are the ones who actually built it.

We now have 24 Telehealth sites. I had the chance to take a look at a Telehealth site in Ashern and I was quite amazed. It links up various health care facilities across the province. It allows doctors, technicians, nurses, to quickly send information back and forth. It is truly quite amazing.

We have now expanded our Health Links program. We offer medical advice in over 100 languages. It is, certainly, something important in the area of Minto that I represent in the Legislature and, indeed, Health Links became the first Canadian program awarded the international I Care award for health call centres.

Of course, the construction at Health Sciences Centre near the constituency of Minto has been very positive. It has been a \$100-million redevelopment of the Health Sciences Centre for the benefit of those of us in Winnipeg and also those across the province. Of course, it is not just in urban areas that we are building hospitals. We built and redeveloped the hospital at Gimli, at Beausejour and, of course, at Boundary Trails.

So, you know, the Liberals can sit around and say, "Well, actions speak louder than words." Well, indeed they do. Actions do speak louder than words. Here in this province we have a government which is committed to action, which is committed to working to protect our health care system, to improve Medicare and I am very proud of our efforts as a government.

Mr. Speaker, those would close my comments, my chance to speak on this bill. Thank you very much.

Mr. Kevin Lamoureux (Inkster): Mr. Speaker, I was not planning on speaking today, but being inspired to speak by the Member for Minto (Mr. Swan), I figured I would take this opportunity because it was interesting the way in which the Member for Minto tried to portray that this government knows what it is doing in regard to health care.

Mr. Speaker, not only do they not know what they are doing when it comes to health care, I do not think the Member for Minto really understands what history is all about when it comes to health care in our province. I could give the Member for Minto a tip as to maybe he should be looking at reality when it comes to the history of health care in Canada and the great service Paul Martin and the federal Liberals have given to build health care to what it is today. Instead of being critical of Ottawa, the member from Minto should possibly consider giving compliments and thanking Ottawa for doing the things that it has done.

When he talks about cutbacks in the 1990s, I would suggest to the Member for Minto that what he should do is read Hansard. If you go back to the 1990s, there were arguments inside this Chamber that were very critical of the government of the day, which was not Liberal; it was Conservative. What they were saying was, "Unless something is done in regard to the transfer of health care dollars, by the year 2010 there will not be any federal dollars coming towards health care."

Mr. Speaker, that is what his Leader, the Premier (Mr. Doer), today was talking about inside this Chamber. There was this great fear factor that Canada was losing its public health care facility. What happened, I believe, was you had the Prime Minister, a new Prime Minister in that of Prime Minister Chrétien and his Cabinet who, one of the first things they did is they established a floor guaranteeing that there would be ongoing health care dollars coming from Ottawa.

Now, the members from the other side can yap all they want. The reality is, Mr. Speaker, it was Jean Chrétien and his Cabinet that first established a health care floor which guaranteed to Canadians that there would be money coming from Ottawa throughout time. That was a very positive step. Were there cutbacks? Sure, there were cutbacks. I will acknowledge that, yes, there were some cutbacks, and, yes, it did make it difficult. But let us not forget that there was a potential greater threat to health care had the Chrétien government not acted when it did.

Well, Mr. Speaker, then we hear the member from Minto talking about MRIs and how wonderful the government is doing in some of the reforms. Well, let me tell you one of the more bizarre reforms this government entered into is when it made the decision to take obstetrics out of Victoria Hospital. We in the Manitoba Liberal Party believe that there is a role for community hospitals in the province of Manitoba, and one of those basic rudimentary services that could be delivered in our community facilities is obstetric services.

Where were the members from Fort Garry, Seine River, St. Norbert, when this government coldly, callously, took out the obstetric services from the Victoria Hospital? Where were those members? Where was the member from Minto? If you talk about the importance of community health care services or if you want to talk to Manitobans about health care and doing things positive in health care, well, I would suggest to you that they better start revisiting some of those ideas.

The member from Minto talks about the Health Links line, Mr. Speaker, and how wonderful it is. Well, the Health Links line was not a New Democratic idea. I remember sitting in committees in the nineties talking about the importance of making sure it is a 24-hour-a-day service, 24 hours seven days a week. This is not an idea from the New Democrats. This is an idea that was there from the

past, but they have a tendency to steal ideas, steal them and try and claim them as their own.

Look at what the Member for St. James (Ms. Korzeniowski) is doing. We bring in Good Samaritan legislation. Good. Makes a lot of sense. Virtually every other province has it. And we have this government trying to steal that idea. Remember the poppy on the licence plate idea? Again we get the New Democrats stealing ideas. One would think that if you are in opposition for so many years, you would have some good ideas of your own.

*(10:20)

Mr. Speaker, the Member for Minto (Mr. Swan) and others will talk about how wonderful health care is. Well, the reality is if you are going to spend \$8 billion, you better be able to spend some things right. You had better be able to deliver something with that \$8 billion. What you have demonstrated very clearly to Manitobans is you can spend money. Let there be no doubt they know how to spend money. There is no doubt about it whatsoever. They can spend money.

Having said that, Mr. Speaker, you have got to ask where it is that they are spending the money. Where is the greatest growth in health care under the NDP administration? The greatest growth is actually in the bureaucracy. It is the Winnipeg Regional Health Authority.

My good friend, the member from Russell, was talking about ambulance services in rural Manitoba and the injustices that are there. Well, Mr. Speaker, have they attempted to address issues of that nature? No. Instead, they would rather invest in the bureaucracy. Time and time again they believe that the best way to deliver health care is to provide more money to Winnipeg Regional Health Authority.

What is the real impact that they are having on the delivery of health care? How many more nurses are we seeing, bedside nurses are we seeing at the Health Sciences Centre or the St. Boniface Hospital or Seven Oaks or some of our health clinics? How much more are we seeing in these communities? What about rural Manitoba?

There are so many deficiencies in terms of health care delivery that this government has. It should not be a government that boasts because, Mr. Speaker, they do not really have that much to boast about. Anyone can spend billions more. Anyone can do that. The real challenge is how do you administer health care changes that are necessary so, at the end

of the day, there is going to be better quality health care being delivered? That is really what should be the measurement of this government. What they have demonstrated is failure, failure after failure.

Yes, sometimes they get a little bit lucky and they will act in some positive things. But, you know, I really do believe that the government needs to reassess itself in the way in which it is dealing with health care because the member from Rossmere is right: Canadians love their health care system. It should not be left up to Paul Martin and the federal Liberals to have to protect it by themselves. It is important that you get people, whether it is individuals like Jack Layton or provincial governments, to do what it is that they should be doing.

The greatest threat to health care and the survival of health care, Mr. Speaker, is not as much what is happening in Ottawa as it is in terms of a provincial government's inability to address the need for change. If you do not address the need for change, you are writing the future of health care or putting the future of public health care at risk.

Mr. Speaker, what we have seen is because this government has not been bold in its initiatives. Bold for this government means putting it off, putting things off. Do not make any major decisions that are going to have real ramifications. Instead, they would rather just put it off and throw money.

Mr. Speaker, I challenge this government to be more creative, more creative at having a vision that will ensure that the health care that Canadians value so much is going to be better than what it is today. Most Manitobans believe that health care is worse today than it was in 1999. Most people believe that, and this government has done very little in that period of time.

Federal dollars have increased dramatically since then, so they have had the opportunity to make a positive difference. Instead they have not. Instead of recognizing this bill as a positive bill, as the member from Rossmere implies, and allowing it to be voted upon and going into committee, they will filibuster it and they will not even have the courage to allow it to come to a vote.

I say that is a cowardly way of having to deal with proposed legislation from this Chamber. They should be shameful of who they are because if they had an ounce of integrity, I would suggest to you that they would at least allow the vote on this particular

bill. If they believed that there was any merit to health care in this province of Manitoba, they would allow for this bill to come to a vote because this bill is all about accountability.

What we have seen from the last six years is a government that is fearful of accountability. Why do they not respond to the need for more accountability on the issue of health care? The simple answer is because they do not treasure health care. They do not act as—

Mr. Speaker: Order.

Any other speakers? Seeing none, when this matter is again before the House, it will remain standing in the name of the honourable Member for Emerson (Mr. Penner).

* * *

Mr. Speaker: I would move on to Bill 201, but a recorded vote had been requested, and we can only deal with the recorded vote on Thursday. So I cannot call this bill until the recorded vote, once we have the recorded vote on Thursday. We will leave it on and we will have the recorded vote on Thursday at the scheduled time for recorded votes.

Bill 200—The Manitoba Public Insurance Corporation Amendment Act

Mr. Speaker: We will move on to Bill 200, The Manitoba Public Insurance Corporation Amendment Act, standing in the name of the honourable Member for St. Norbert.

Ms. Marilyn Brick (St. Norbert): Mr. Speaker, it is my pleasure to stand up and put a few words on the record in regard to this bill that has been brought forward by the Member for River East (Mrs. Mitchelson). I wanted to state that we are opposed to this bill. In particular, the issue for us is the fact that this bill, in essence, allows people to what would sometimes be called double-dip or double-recover in terms of this bill. So that is one of the main issues we have.

Mr. Speaker, we know that Manitoba Public Insurance provides comprehensive automobile insurance protection to all Manitobans and, unlike the private sector, Manitoba Public Insurance ensures that all drivers have the ability to purchase insurance, whether they be high-risk drivers or whether they be drivers who have excellent records. Everyone can register a vehicle and insure it here in Manitoba.

We find with Manitoba Public Insurance that our rates have been excellent over the last 34 years that Manitoba Public Insurance has been in place. Drivers in other provinces have been facing double-digit increases in automobile insurance rates, and that has not been the fact here in Manitoba. As a matter of fact, Manitoba Public Insurance has held the line or reduced insurance rates for the last five years. The premiums Manitobans pay for auto insurance work twice as hard for the benefit of its customers, not for the benefit of an investor.

Money put aside to pay claims works to benefit all Manitobans in two ways. The first way is that premiums collected by Manitoba Public Insurance are invested locally in bonds, and those bonds help to support the building of schools, hospitals, universities and many buildings that we have here that the municipality runs. Manitoba Public Insurance is the single largest municipal bond holder in Manitoba. There is virtually not a school built in this province in the last 20 years that has not been supported by Manitoba Public Insurance.

Income realized from these investments is returned to the benefit of all motorists. Mr. Speaker, we can see that very much by the fact that the average premium insurance has been lowered by \$75 every year in the result of seeing some benefits that we are getting. In the private sector, that money would have left Manitoba. It would have gone to investors who may have lived in Toronto, Montreal, New York, Ottawa or a variety of different cities, and that would have been paid as a dividend to shareholders.

Mr. Speaker, Manitoba has a unique system called the Personal Injury Protection Plan and it provides the best injury benefits plan in Canada. It ensures that people get the support they need for as long as they need, and it includes things like income replacement, where people would receive money back if they were hurt or they could not work.

*(10:30)

Mr. Speaker, it is quite amazing when we look at it that Manitoba Public Insurance is 34 years old. When it was created in 1971, it was given the mandate to be a leader in road safety, and I think that is something that bodes very well for Manitoba. Today, it invests more than \$7 million developing community programs, teaching young drivers and raising awareness about drinking and driving, speeding and seatbelt use.

Mr. Speaker, when I think back, there was a time when you would drive down the highway and you would see next to nobody using seatbelts. That is not the case anymore. I know for myself and my family members, we do not get in the car, we do not even start the car if we do not put our seatbelts on. I think that that can be directly attributed to the kind of public education campaign that Manitoba Public Insurance has undertaken.

I want to talk for a minute, Mr. Speaker, about Manitoba Public Insurance's driver's education program. That program provides instruction for about 13 000 young drivers every year. It gives them an opportunity to get experience, gives them an opportunity to be mentored under a supervised driver, and it makes sure that they have the skills that they need to be better drivers.

We introduced the graduated driving licence, which has been a huge success here in this province. I wanted to just talk a moment about the graduated driver's licence which, as the members know here, has three different stages: the learner stage, the intermediate stage and the full stage. When you are a learner, that actually goes on for nine months and, with that period of time, you have to make sure that you have somebody being tutored by a supervising driver. In the learning stage you get a Class 7 licence and, during that time period, it is very important that the driver has a zero blood alcohol content and that they are supervised by someone while they are driving.

Also, Mr. Speaker, nine months sounds like quite a period of time to have to wait to take your test, but it is actually not when you consider the types of weather that we have here in Manitoba. That is why we want to make sure that drivers have an opportunity to go through all different types of weather as they are learning the new skill of driving.

Mr. Speaker, when I take a look at this graduated driver's licence system, the maintenance of a zero blood alcohol content goes through right for the next four years, during the time that they are a Stage A driver in Class 5, where they have to maintain a zero blood alcohol content and they have to not carry a passenger and they have certain restrictions in terms of the times that they can operate their car. Also, Mr. Speaker, once you have a full licence, it is three years before you are able to drive as a supervising driver with someone else and you have to maintain a zero blood alcohol level during that period as well.

Mr. Speaker, we know that the graduated driver's licence has been a real success, but I just wanted to talk for a moment about the rates that Manitobans pay for their insurance. When we take a look at a 2001 Ford Taurus four-door, for example, with a 45-year-old driver, with a six-year record of having no accidents, having all-purpose insurance and a \$200 deductible and a \$1-million third-party liability, it is really interesting to take note of the rates that they would be paying across different cities. In Brandon, for example, they would pay \$970 for their insurance; in Winnipeg, \$1,006; in Saskatoon \$1,146. Then, once we get to Moncton, we see that they would have to pay \$1,434; in London, \$1,527; in Quebec City, \$1,538; in Calgary, \$1,554; in Vancouver, \$1,657; in St. John's, \$1,958. Once we get to Toronto, we see that the cost has more than doubled to \$2,234 and in Montreal, \$2,428.

Mr. Speaker, you can see that Manitoba Public Insurance has done an excellent job in managing the rates that we have to pay.

But, once again, I wanted to mention that our concern is that in some cases we would have people, if this bill was put in, actually receiving more money than they may have gotten in terms of their pre-accident income. There is the possibility that that would happen, Mr. Speaker, if they were receiving money from income replacement as well as receiving money from MPI. So you can see why we are so in favour of MPI continuing the great work that they do as well as why we are opposed to this bill. Thank you.

Mr. Ron Schuler (Springfield): Thank you very much, Mr. Speaker, for the opportunity to speak to this important bill. It is unfortunate that this issue was not dealt with by the government and that it had to come forward as a private member's resolution. However, I think it is important to put down some of the facts that have led to this motion coming forward.

The Manitoba Public Insurance Corporation Amendment Act allows an accident victim who receives an income-replacement indemnity to keep any part of a disability benefit that is paid to the victim under the Canada Pension Plan as a result of a division of pensionable earnings. Currently, the MPI corporation act is required to reduce an income-replacement indemnity paid to an accident victim by the amount of any disability benefit received under CPP.

Mr. Speaker, I pause there to point out to the House that taking, for instance, the case of a member of Parliament, Steven Fletcher, who is, I might add on to the record, an outstanding individual who works hard for his constituents and has proven himself incredibly worthy as a member of Parliament, he, through no fault of his own, was driving up North and, as the sun was rising, did not see the moose come out of the bushes and, tragically, struck the moose and ended up being a paraplegic.

An Honourable Member: Quadriplegic.

Mr. Schuler: Quadriplegic. I apologize. I stand corrected.

It is really a shocking experience. If you ever listen to the member of Parliament, Steven Fletcher, speak about his experience, he certainly had some very trying moments when he was struggling between life and death and has moved on, has received an amazing education, has proven himself to be an incredibly strong advocate for not just his riding but for all Manitobans in Ottawa and is deserving of the assistance that he needs to do his job.

We know that this is the first time in the history of Parliament that we have had a quadriplegic in the House of Commons who is allowed to have an assistant there with him. Well, Mr. Speaker, that all does cost money, and I would suggest that the cost is minimal compared to the benefit that Steven Fletcher brings, not just to the House of Commons but to his riding and all Manitobans. Under the current system that MPI has, they would claw back any other insurance or benefit that he received from his MPI disability payment and, Mr. Speaker, that is wrong. It is incorrect and is something that must be changed.

Again, this is something that this cold-hearted government should be dealing with and it should not have to come forward as a private member's bill. This amendment allows the accident victim to retain, rather than have clawed back, any money received from CPP as a result of a division of pensionable earnings from the victim's spouse, former spouse, common-law partner or former common-law partner.

This bill was introduced by the MLA for River East to address a case-specific issue that was brought to her attention by a constituent. A constituent had a sister that was severely injured by a car accident years ago. This woman was married to a disabled person who was receiving CPP disability. After the accident, she was compensated through MPI for her

disability. Following the accident, she and her husband were divorced, and she applied for income-splitting with her former spouse. She applied and was granted about \$160 per month.

* (10:40)

Let us be very clear on the record. We are talking about \$160 a month. After the fact, this woman found that the money was being taken from her husband, the \$160, was clawed back from her under no-fault insurance through MPI. Frankly, it is almost unbelievable that this kind of thing is even taking place. To use the term "shocking" is probably trite. It is actually horrifying that here is an individual that is trying to get herself back on her feet receives \$160 from her husband, and that is deemed as a benefit and is clawed back by MPI. It is one of those things that you hear about and that is just unbelievable. Two disabled individuals, one who was injured through no fault of her own and a disabled husband, two individuals living in very different circumstances that are being penalized. This amendment will address this issue and allow this woman to keep that \$160 per month. Again, we are only talking about \$160.

It is a very simple amendment, and we have no indication from the minister that this is a widespread occurrence and that there would be significant application or hurt to MPI as a result. I would just say on the record I cannot see where \$160 would hurt MPI when this NDP government was looking at taking tens of millions of dollars out of MPI and using it as a slush fund and yet cannot see it in their hearts to allow this woman and other individuals to keep \$160 a month. Ten million dollars, tens of millions of dollars for a slush fund to help all kinds of New Democrats and all kinds of people who are not as deserving as this individual and her \$160 they want to claw back. Shame on them. Rightfully so, they sit there with their heads on their desks. They should, Mr. Speaker, in shame hang their heads.

We have debated this bill twice in the House and encourage the Doer government, the Doer NDP government to move forward and support this legislation. I would hope that some members from the opposite side of the House would stand today and support this amendment. This bill is good for Manitobans, especially Manitobans who need our support, who need changes to this legislation.

I would look to that hero of Manitoba, Steven Fletcher, the member of Parliament, who has proven what he can do when he is allowed to with some

support from the taxpayers, from MPI, Mr. Speaker. It is important that he be given every opportunity to excel at what he wants excelled. Instead what this government does is they claw the money back. Shame on them.

I encourage every member on the government side of the House to search their souls and think of what this small amount of money would mean to a person who is just scraping by, a person who might need this money to buy bare necessities. If the opposite side of the House has any reason that they cannot support the legislation, I would ask them to have the courage to stand and speak because their silence is indicating that they are again not going to support this legislation.

Again, on a personal note, when I think of the kind of money that has been squandered by the federal Liberals in Ottawa, hundreds of millions of dollars, in fact there is \$40 million that the best auditors in the world cannot even locate that are missing. When I look at the kind of money that the Doer NDP government squanders on a daily basis yet denies this person \$160 a month, Mr. Speaker, we should all get up at this point in time and say yea to this amendment and allow these people to have that little bit of money so they can improve their standard of living. Thank you very much, Mr. Speaker.

Mr. Speaker: Any other speakers? Is the House ready for the question? No?

Mr. Doug Martindale (Burrows): Mr. Speaker, I am moving the adjournment of this bill. I move, seconded by the Member for St. James (Ms. Korzeniowski), that debate be adjourned.

Motion agreed to.

Bill 202—The Good Samaritan Act

Mr. Speaker: Bill 202, The Good Samaritan Act, standing in the name of the honourable Member for Rossmere (Mr. Schellenberg).

What is the will of the House? Is it the will of the House for the bill to remain standing in the name of the honourable Member for Rossmere?

Some Honourable Members: Stand.

Mr. Speaker: Stand? [*Agreed*]

It will remain standing in the name of the honourable Member for Rossmere.

It is also standing in the name of the honourable Member for Carman (Mr. Rocan), who has three minutes remaining.

Mr. Denis Rocan (Carman): Mr. Speaker, I will try and finish my remarks very quickly here this morning. I had previously spoken to Bill 202, The Good Samaritan Act.

Mr. Speaker, what I find astonishing, the contents of Bill 202, is when you talk about the explanatory note, it says, "This bill gives legal protection to a person." Legal protection, basically, I guess, prevents individuals from suing an individual from any wrongdoing. But what is most important is the fact that, if one takes a look at Bill 204, which was also presented to this House, it is called The Good Samaritan Protection Act.

Mr. Speaker, The Good Samaritan Protection Act, it seems to me, basically, is a twin to Bill 202 because the explanation for Bill 202 says that, "This bill gives legal protection to a person." Now, I guess we have got ourselves in a Catch 22, the Catch 22 being which bill will proceed. Well, whichever bill makes it, if you want, past the post, whichever bill gets a decision taken to it, such as a vote on Bill 202 or Bill 204, that will be the bill that will move forward onto third reading.

I guess that I would ask the government member, the Member for St. James (Ms. Korzeniowski), rather than to embarrass herself, because basically she has exactly the same bill as the Member for River Heights (Mr. Gerrard), who saw fit to bring this bill forward. Because if it is first past the post, and I am looking at the both of them, that Bill 202 has had several individuals speak to it in support of it, and because it does protect a person who voluntarily or gratuitously gives emergency help to a victim, and Bill 204 basically says exactly the same thing, why are we, let us use the terminology, wasting the time of the House dealing with a bill that is already being debated in this Legislature.

So rather than having Leg Counsel having to have a job to do, if you will, to make discussions on Bill 202 or 204 moving forward, I would venture a guess that 202, because it does exactly what the Member for St. James put up in her bill, there is no difference whatsoever in these two bills. Therefore, I would like to say that I will personally be supporting the Member for River Heights on his bill, as indeed members of my caucus have already put remarks on the record, where The Good Samaritan Act, as we

believe, fits exactly what we see should be available to the general public. I thank you very much, Mr. Speaker.

Mr. Kelvin Goertzen (Steinbach): I am enjoying hearing the comments from the Member for Carman (Mr. Rocan). I also enjoyed hearing the previous comments on the previous bill by the Member for Springfield (Mr. Schuler). I want to echo those comments regarding the Member for Charleswood (Mrs. Driedger), the Member for St. James (Ms. Korzeniowski), the Member for Assiniboia (Mr. Rondeau) and the strong representation he brings here in Manitoba as a leader and as somebody who has achieved a great deal more than many had expected.

On this particular bill, on the Good Samaritan legislation, certainly, I think members of this side of the House support the independent Leader of the Liberal Party for bringing forward the legislation in the House. The idea of Good Samaritan legislation in law is an important one because it does set the stage for a number of other things, Mr. Speaker. When we talk about the ability for a private citizen to go forward and to do an act of good will without having to rise to the legal standard of a professional who is doing a similar act and not having to face the liability if they, in fact, do not reach that legal standard that the professional would be exercising, is important.

*(10:50)

I know that there has been some protection in the past in common law, when we talk about Good Samaritan legislation, that there are individuals who could act in Manitoba and have some degree of protection through the common law, Mr. Speaker, so long as their actions were not grossly negligent or if they were not acting in the course of a professional.

I also recognize that there are certain special relationships in law that will not be covered or exempt under the Good Samaritan legislation brought forward by the Member for River Heights (Mr. Gerrard), where there is a dependent relationship, perhaps a teacher to a student, for example. There, there might be an obligation to act. There might be, in law, a specific obligation. We know generally, though, there is not an obligation to act for ordinary citizens, and this legislation brought forward by the Member for River East (Mrs. Mitchelson) would not change that. There is still no positive necessity for somebody to act in terms of helping another individual, but where somebody does choose to act, it is important to have in statute,

in law, to have that protection for the individual to ensure that when they go forward they will not be held to an unreasonable standard and that if they act in accordance with good common practice or act in good faith, they will, in fact, be protected.

When you look at other pieces of legislation that could come forward from Good Samaritan legislation, I look at public access defibrillator issues, where there is a need, I think, and a common recognition, a growing recognition, I would say, Mr. Speaker, that there needs to be more access to defibrillators within the public system. This is something where I have met with paramedics across the province and they have come and said, "You know, if you have a defibrillator system in an ambulance it is only helpful if, in fact, you get to the individual who is undergoing some sort of a heart seizure, if you get to them within the first two or three minutes." Otherwise, the defibrillator equipment essentially is not effective. So it is important that that particular kind of equipment be at the point where incidents do happen.

We saw the tragic case recently, fortunately it was not tragic in terms of fatalities, but we saw the case of the hockey player in Detroit who collapsed on the bench and was fortunate that within that arena there was a defibrillator system and there were trained professionals who could act quickly to ensure that that hockey player got the assistance that he needed, and we are all happy to hear that the final outcome of that situation was a positive one.

But if you are going to have this sort of equipment, whether it is at the Calgary Airport, which I know they have defibrillators set up, if we were going to have that on a broader scale here in Manitoba, the importance of Good Samaritan legislation is that it ensures that people who are acting with that equipment will have protection should, in fact, there be some sort of a situation where it is not successful and would otherwise open itself up to legal action because there was something less than gross negligence. Mr. Speaker, I think that it is important to look at the Good Samaritan legislation in conjunction with something like more access to public defibrillators.

I also know there are other pieces of legislation, Mr. Speaker. One could look at paramedics in Ontario who have been asking for legislation there and have now received permission from the Ontario government. There is legislation to be coming forward that says that if they come in contact with

blood or other kinds of bodily fluids, that that blood can then be tested to ensure that that blood does not have HIV or hepatitis C. The legislation that Ontario brought forward, and it is also in place in a number of other jurisdictions within Canada, is important to paramedics in particular. It would also be important to first responders of other kinds, police officers who have come in contact. There are times I know when police officers say they have been spit upon, for example, in the course of their duty and they want to ensure that these bodily fluids do not have HIV or hepatitis C, and rather than wait for a year to see whether or not they have contracted that particular disease, this legislation that is happening in Ontario and other jurisdictions allows the testing to happen if it is not done voluntarily.

Of course, we know, Mr. Speaker, that 99 percent of the time, individuals, for example, if they are in a car wreck and somebody, a paramedic, goes and helps them and in the course of their duty gets blood on them and they want to have the blood tested to ensure it is not infected blood, we know that 99 percent of the time those individuals would voluntarily do so, because they are just simply happy that somebody came and helped them out in a time of need. So they would voluntarily say, "Yes, go ahead and test that blood and I will give you the peace of mind," but we also know that there is a small handful of cases where that would not be the case.

I have been contacted by doctors in the last week who suggested that this would be a good idea here in Manitoba. Certainly other jurisdictions have gone forward and put forward that kind of legislation. I wonder why the government would be opposed to it. I certainly do not think there is a good case to be made. I heard the Minister of Health (Mr. Sale) try to spin some kind of a yarn about how the medical profession is not asking for this, but we know that that is not the case. We do know that the Paramedic Association, if the Minister of Health would speak to them, would be supportive, I think, of this kind of initiative, just like they were in Ontario and Alberta and other areas.

Having Good Samaritan legislation then is an important piece of that because one could look also, one can imagine the case where a Good Samaritan is at the scene of a car wreck and goes and helps somebody out and might, in the course of that Good Samaritan act, find themselves with blood or with other kinds of bodily fluids on them, and they in the course of that action may also want to have the blood

tested to ensure that they have not contacted HIV or hepatitis C. That, in fact, in other jurisdictions is what the legislation does. It does extend that protection to Good Samaritans, not just to first responders or to other emergency responders.

So when you look at the Good Samaritan legislation, there are a number of other complementary pieces of legislation that could also be put forward, Mr. Speaker. It is one of those pieces of legislation I think is positive, and I commend the Member for River Heights (Mr. Gerrard) for bringing it forward. Where I find it somewhat disappointing is that this government would not simply act upon the good initiative of the Member for River Heights, but instead has taken sort of a petty approach, a petty approach that they have taken on other pieces of private legislation, whether it is the veterans license plate legislation that was brought forward by the Member for Lakeside (Mr. Eichler), who brought forward this legislation and said, "This is something that we as a Legislature could do and embrace together on a bipartisan basis." Instead, the government scrambled and said, "Well, we have been working on something like that," and then quickly photocopied the legislation and brought it forward themselves, similar to what is happening now with the legislation from the member from River Heights.

I do not think that Manitobans would find that a respectful way to do government. I do not think Manitobans would find that to be a co-operative way to do things. *[interjection]* I see the Member for Selkirk (Mr. Dewar) does not agree, that he feels that the petty approach that this government is putting forward is something that Manitobans would support. I challenge him to go to his constituents and ask them whether or not they would appreciate this or whether or not they feel the government should work together on good pieces of legislation that come forward. Certainly, when the government brings forward legislation that we agree with, we do not deny it; we support it. I think that the same standards should be held for the government.

With those few words, I look forward to further debate on the bill. Thank you very much.

Mr. Speaker: Any other speakers? Seeing none, it will remain standing in the name of the honourable Member for Rossmere (Mr. Schellenberg) when this matter is again before the House. Eleven o'clock?

Some Honourable Members: Eleven o'clock.

Mr. Speaker: The hour being eleven o'clock, we will now move on to Resolutions.

* (11:00)

RESOLUTIONS

Res. 3—Diabetes Strategy

Mr. Gregory Dewar (Selkirk): I move, seconded by the Member for Flin Flon (Mr. Jennissen),

WHEREAS in 2001 the total number of Manitobans living with diabetes exceeded 63 000 with over 6000 new cases diagnosed annually; and

WHEREAS Manitoba's aging population has a higher incidence of diabetes than the rest of the population and will further drive up the number of people living with Type 2 diabetes; and

WHEREAS the rate of First Nations people living with Type 2 diabetes has reached epidemic levels, being approximately four times the rate for all Manitobans, and in some regions one in two First Nations individuals aged 50 and up live with Type 2 diabetes; and

WHEREAS the NDP government has recognized the devastation diabetes has wrought on many communities, particularly First Nations and elderly, as well as the accompanying strains on the health care system; and

WHEREAS the NDP government has recognized the chronic nature of diabetes and the necessity of formulating an integrated healthy living approach to properly prevent, care and control diabetes; and

WHEREAS Manitoba's diabetes strategy incorporates the Regional Diabetes Program Framework, the Renal Health Outreach Program, the Manitoba First Nations Diabetes Committee and the Chronic Care Prevention Initiative; and

WHEREAS six million dollars in new funding from the provincial and federal governments has been allocated to fight chronic disease in Manitoba and further supplement previous Manitoba Health and healthy living initiatives that focus on early detection, changes in disease patterns and improved health outcomes.

THEREFORE BE IT RESOLVED that the Legislative Assembly of Manitoba urge the provincial government to consider continuing to implement the Manitoba Diabetes Strategy by continuing to work with both the federal government

and community groups in combatting in an integrated manner the spread of diabetes; and

BE IT FURTHER RESOLVED that the Legislative Assembly urge the provincial government to consider continuing to support public education in the area of healthy living and diabetes prevention throughout the province of Manitoba as part of its comprehensive preventative disease initiative.

Mr. Speaker: Order. The honourable Member for Selkirk, when you were reading your resolution, you said "chronic care" instead of "chronic disease prevention initiative." Do you agree to the wording of the resolution?

An Honourable Member: Yes.

Mr. Speaker: Okay, it will read "chronic disease prevention initiative."

Motion presented.

Mr. Dewar: It is a great pleasure to rise to speak to this important resolution, I think affecting, as I said in my comments, over 63 000 Manitobans, with many more diagnosed annually. As members know, this is a terrible disease and it affects, I think, in many ways many, many Manitobans. I know that in my family, my mother has a minor type of diabetes. I have had friends and others that have lost limbs and family members that regrettably have died because of this illness.

So it is important that we debate this today, that we offer our suggestions as to what we could do, and we look forward to hearing from the other members in this Chamber as they can offer up solutions to help us that the government deal with this devastating illness, Mr. Speaker.

Last week, I had the honour of attending the First Ministers' meeting with national Aboriginal leaders in Kelowna, last Thursday and Friday. I was there as part of our Manitoba delegation, which included, of course, the Premier (Mr. Doer), the Minister of Aboriginal Affairs (Mr. Lathlin), the Minister of Culture and Heritage (Mr. Robinson), the Grand Chief Ron Evans and Chief Harper from the Island Lake region. At that meeting, I sat directly behind our Premier, and I was very proud to hear him state at this type of forum that we have to have a national diabetes strategy. He put forward that case strongly to all those in attendance.

One of the outcomes of that meeting was the federal government, under the leadership of Prime

Minister Martin, offered up \$1.3 billion over the next five years to deal with the challenge that is faced by this country to deal with the health situation of First Nations, Métis and Inuit people in this country, Mr. Speaker.

What was pointed out at that particular meeting, however, was, in 2004, during a meeting of First Ministers and national Aboriginal leaders, the Prime Minister then made a \$700-million commitment to deal with priorities related to the health care of Aboriginal people. Speaker after speaker spoke about, "Well, you know, Mr. Prime Minister, we appreciate what you put on the table at this particular meeting, but your previous commitment of \$700 million had not flowed in any way." None of the dollars, 14 months later, had yet been spent.

But, the Métis leaders, the First Nation leaders and the Inuit leaders, however, were pleased with the amount and they are taking the Prime Minister on good faith that they will deliver this. I am sure prime minister Layton will deliver this. He will deliver this amount, Mr. Speaker, after the election that we are currently in.

I listen to the members here, to the Member for Steinbach (Mr. Goertzen) and others speak about their Steven Fletcher, and they seem to have forgotten that his opponent in that particular race is one John Loewen who a few months ago was a hero to the Conservative cause in this Legislature. He was a hero to their Conservative cause and now they are hoping for his early political demise, which may be granted.

Mr. Speaker, I will start off with a quiz for people, and it deals with something I received in the mail from Health Canada, *Diabetes and Aboriginal People*, and as I have said earlier there are situations where half the population of communities of Aboriginal people have diabetes. It is simply just a true and false quiz. We will start off here. Foods that are high in fibre can help control diabetes. True or false.

An Honourable Member: True.

Mr. Dewar: Oh, I hear a true. That is correct. Yes, of course, they are. Foods that are high in fibre, like beans, whole grains, fruits and vegetables help your body by slowing the absorption of sugar into your blood, Mr. Speaker.

Number two, these are the top two, when you have diabetes it is all right to skip breakfast. True or false.

Some Honourable Members: False.

Mr. Dewar: Oh, you are absolutely right. It is false. That is when you need that bran muffin, as the Member for Steinbach (Mr. Goertzen) was alluding to in my earlier question.

Number three, it is not good to fry your food. True or false.

Some Honourable Members: False.

Mr. Dewar: Yes. Fried foods are high in fat, and our little friend, excuse me, our friend from Inkster, he heads to McDonalds every Thursday, and we asked him about that part. Well, I have to admit I have gone there myself, but, you know, you have to be worried about frying foods and the fat that is contained within.

Number four, potato chips and pop are a healthy snack.

Some Honourable Members: False.

Mr. Dewar: Well, that is false. You are absolutely correct, of course. Pop and potato chips have no nutrition and are called empty calorie foods. That is tough to take, because I was watching the football game the other night and I must admit I was having some chips watching that fantastic game.

A piece of fruit is a better choice than a glass of juice. True or false.

Some Honourable Members: True.

Mr. Dewar: That is true. Yes, it is.

And here, I think, this is an important one. People can be healthy if they have diabetes.

An Honourable Member: It is true.

Mr. Dewar: The answer, of course, is they can be healthy if they have diabetes, Mr. Speaker, but you have to look after yourself, and this actually is a fairly useful guide to tell you that, clearly, in some ways it is very preventable if you do eat right and, regrettably, the disease is becoming increasingly common, affecting millions of Canadians. Some of the risk factors of Type 2 diabetes, which are physical inactivity and overweight, are somewhat entrenched into the social fabric of our society.

I know that my colleague from the Interlake will be speaking about an initiative of this government and that was the Healthy Kids, Healthy Futures Task Force, which he was a member of, led by the Minister of Healthy Living (Ms. Oswald) and that he

will be talking about some of the findings of that report and some of the recommendations that I know will help deal with some of these matters.

Mr. Speaker, it is important, as I said, especially in First Nations communities, that we begin to deal with some of these issues. I am proud that our government established the first on-reserve dialysis unit in Norway House and Garden Hill First Nations, which I said was the only such dialysis unit on reserves in Canada. It was not a matter of jurisdictional complications. It was decided, and the government moved ahead, that it had to be done. I am proud that our government did it and it was something, again, that our Premier (Mr. Doer) raised at the First Ministers' meeting.

I see, regrettably, Mr. Speaker, that my time is just about out, but I do want to end if I could with a quote from an elder, Teresa Wildcat, who is an elder from Alberta, and I will just read some of the quote.

She talks about three points: our food, exercise and medicine. It is hard to keep everything in balance. We are only human after all. Treatment is good, but prevention is a key. I try to eat healthy foods like fruits and vegetables. I also avoid eating too many fatty meats.

I think it is important to have a positive attitude and kindness and compassion towards others, Mr. Speaker. So I think I will leave my discussion at that, and I look forward to others entering into this debate. Thank you.

*(11:10)

Mr. Cliff Cullen (Turtle Mountain): Mr. Speaker, I thank the member from Selkirk for bringing this very important resolution forward. As we know, November is Diabetes Awareness Month, and I think that is a very important thing that brings this disease forward. That is a big component that we are missing: the awareness part of it. It is a very, very serious disease and, unfortunately, many Canadians do not realize that they have the disease.

Mr. Speaker, our previous Progressive Conservative government recognized the very important nature of diabetes back in the 1990s. In fact, I have with me today a diabetes Manitoba strategy that was put forward in 1998, so we are hoping and we are kind of relying on today's government to really carry this particular initiative forward. I think at this point in time, it is really a time for action. It is time that we moved on past the

discussion and really got serious about the issue and make some positive steps forward for Manitobans.

Mr. Speaker, more than two million Canadians have diabetes and, as I mentioned, many, many of those are unaware of its presence. In fact, I do have family members who do have the disease. So, quite clearly, diabetes impacts their lives quite dramatically. When you get into a situation where you have to administer insulin on a daily basis, it is very, very important that people monitor this disease and monitor their insulin levels. My wife was involved in a situation where one of her fellow teachers suffered from diabetes and did not recognize that her levels were out of whack, and as a result, she was in a very, very significant amount of distress. Luckily, my wife and others were able to come to her rescue and they were able to level out her blood sugar level and everything worked out quite well, but it just goes to show that it is a very important disease, and if you are not closely monitoring it, it can very significantly impact your well-being.

Studies do show that some forms of diabetes can be prevented through healthy eating and regular physical activity, and it was good of the member from Selkirk to point out some of those very important pieces of information, so I think that Manitobans do get involved in physical activity and do eat healthy food.

Mr. Speaker, I will not speak too long because I think we all recognize the importance of our proper eating. As it gets closer to the lunch hour, we are looking forward to making sure that we do get our greens and veggies. One of the drawbacks, as Canadians we seem to be in this downward trend towards obesity, or should I say an upward trend towards obesity. As a result of this obesity, the incidence of Type 2 diabetes is on the rise and, quite frankly, we are seeing epidemic proportions in some areas.

Mr. Speaker, I had the opportunity to sit on the kids Healthy Living Task Force this past year, and it was quite interesting to see some of the staggering statistics in regard to diabetes, in particular, some of the northern regions and the first communities and the incidence of diabetes there—just incredible the numbers that are coming up.

Mr. Speaker, unfortunately, there is no cure for diabetes, and of course, if left untreated or not managed properly, the high levels of blood sugar slowly damage both large and small blood vessels of the body organs, and from there, it just generates into

very serious conditions. I think the clear thing here in bringing forward this resolution is we have to indicate to Manitobans and to this government that it really is time for action. We have to lay out a game plan of how we are going to address the diabetes issue, we have to make some progress in this regard, and then we have to really have a way of assessing what kinds of results we are getting through the strategy. So the time for talk, Mr. Speaker, is over. It is time to move on.

Mr. Speaker, the incidence of diabetes, in Manitoba in particular, continues to increase. Also, I think we have to look at down the road, too. When we have the diabetes incidence increasing, it really brings extra costs and burdens onto our health care system. We know what kind of money we are investing in health care in Manitoba and, quite clearly, if these diseases are left unchecked, there is not going to be any decrease in the amount of dollars we need to address them in the health care system. No, those figures and those requirements will just continue to expand.

Mr. Conrad Santos, Deputy Speaker, in the Chair

In talking about some of the statistics, some of these will really bring to light the urgency that we have to bring forward to deal with this particular issue. We have 67 000 Manitobans who live with diabetes today, and it is estimated by the year of 2016 this number will grow to over 100 000. So, quite clearly, Mr. Speaker, this incidence is on the rise, and unless we can do something to curtail these numbers, we will be faced with more and more costs to our health care system.

Manitobans spend over \$200 million each year to treat diabetes and, of course, the related complications. I am talking about issues such as heart attacks and kidney failure which are some of the prevalent issues that happen as a result of having diabetes.

Type 2 diabetes is now an epidemic among First Nations in Manitoba. One alarming statistic is that the diabetes rate in Aboriginal people in Manitoba is five times the national average. That, Mr. Speaker, is an alarming statistic. Clearly, it is time we moved ahead and tried to address some of those issues as it relates to our First Nations communities.

Just to get back to a little bit about the diabetes strategy. It was put together by the former Conservative government back in the 1990s, and it was as a result of consultations with the Aboriginal

communities and health care providers. The government of that day recognized the very important role that diabetes was going to be playing and, clearly, when it was that long ago, we should have some positive steps forward in terms of our diabetes strategy. This strategy was finalized and forwarded to the Minister of Health back in 1998. At that time, it was recognized as one of the best initiatives to deal with diabetes.

Unfortunately, I guess the current government must have dropped the ball because the incidence of diabetes seems to be on the increase here. Again, Mr. Speaker, this is a chronic disease that must be aggressively prevented and treated. We certainly salute the former administration for recognizing the important role that diabetes will play to many Manitobans. Again, I reiterate, it is time for action, time for action in Manitoba.

One thing that our side of the House has been putting forward is the suggestion of insulin pumps and covering the cost of insulin pumps. The insulin pumps cost over \$6,500. As we recognize, blood sugar, good blood sugar reduces or eliminates kidney failure by 50 percent. Furthermore, it can reduce blindness by 76 percent and decrease nerve damage by 60 percent. The other idea here with diabetes is the cardiac disease. So, if we can regulate the blood sugar, we can reduce the cardiac disease by 35 percent. I think another situation that we recognize, too, as a result of having diabetes, is the amputations that it causes. So, again, we have to recognize those significant results of having diabetes.

Mr. Speaker, I think we have to look at some of these costs and these preventive measures as an investment, an investment in Manitobans, because if we do not invest money in Manitobans and preventing diabetes and treating diabetes, we are going to have to pay the cost in the long run. The cost in the long run is going to be through an expense in health care dollars.

I see my time has just about run out, Mr. Speaker, so I just want to indicate that now is the time for action. The statistics before us are staggering. It is clearly a time for action. We urge the government to move forward on this diabetes strategy, to really move it forward to the best interests of all Manitobans. I thank you for your time.

* (11:20)

Mr. Gerard Jennissen (Flin Flon): I am very happy, Mr. Speaker, to be able to second the motion for the Member for Selkirk (Mr. Dewar). It is, indeed, true that diabetes, if not properly treated or dealt with, is a very serious and debilitating disease. It is a disease right across this country and right across this province. It is not just a disease in northern Manitoba, although it is endemic. Type 2 diabetes is endemic in northern Manitoba. It is also appropriate that we deal with this issue in November, as our previous member pointed out, because November is diabetes awareness month. I am estimating that somewhere between 75 000 and 100 000 Manitobans have diabetes. I do not have exact figures but it is roughly in that range, and approximately 6000 new cases a year. So that is quite worrisome, quite frightening.

There are three types of diabetes. Type 1 is a type of diabetes where there is little or no insulin produced in the body and, of course, that would require direct intervention. Type 2 is the type of diabetes where the body is not using insulin properly and Type 3, gestational diabetes, is the case sometimes when a woman is pregnant and that type of diabetes usually goes away once the baby is born. Ninety percent of all diabetes cases, however, are Type 2 and, as I said before, it is endemic in northern Manitoba but not just restricted to the North. In some places though, in some communities, one out of every two adults are stricken with diabetes, so it is a serious health challenge for all of us, certainly a serious health challenge to the regional health authorities.

I recall that two or three years ago I attended a meeting of the Norman Regional Health Authority in Flin Flon, at the Victoria Inn actually, and I remember one of the speakers saying that if the projected health care costs over 20 years, we are going to reach this point X, the cost for treating diabetes if the projected increase was also going to go that direction, that is, straight up, they would match at that point, at point X. In other words, he was suggesting in 20 years, 20 to 25 years, all the available money would have to go to treating diabetes. Now I do not know if that is 100 percent accurate, but that was what the speaker was suggesting and therefore, I think, highlighting to us the magnitude, the massiveness, of the problem.

I know that diabetes can lead to renal failure and that, of course, can lead to all kinds of complications including amputations. We should put that in context, particularly with regard to northern people

and particularly Aboriginal people who are suffering proportionately more than others, although the disease, shall we say, does not discriminate against a person anywhere in this country. First Nations people seem to be more prone to Type 2 diabetes and to put that in context, particularly with regard to premature mortality rates, life expectancy, potential years of life lost, diabetes treatment prevalence and amputation rates, I would like to quote a few of the statistics.

First Nations in Manitoba have twice the premature mortality rate, meaning poorer overall health status, greater number of symptoms and more illness. Secondly, life expectancy of Manitoba First Nations is eight years less than all other Manitobans. Differences will vary from tribal council to tribal council. The potential years of life lost is higher for First Nations than all other Manitobans, 2.5 times for males and 3 times higher for females. The high numbers mean that First Nations are dying at much younger ages. Diabetes treatment prevalence is 4.2 higher than other Manitobans and the prevalence of amputation related to diabetes is 16 times higher than other Manitobans.

So those are worrisome statistics, Mr. Deputy Speaker. We know that Type 2 diabetes, particularly, is related to healthy diet, active living, and there certainly is some connection between poverty and Type 2 diabetes, poor diet and Type 2 diabetes, and that may explain why there are such high rates in northern Manitoba where healthy and fresh food is sometimes hard to come by because of isolation. That is one major factor but also because of cost.

Now a traditional diet was a much healthier diet for northern people, but a traditional diet is not always possible, particularly with the larger populations. It just simply is not possible anymore to live on those healthier diets, which would include a lot of fish or caribou or deer or moose or rabbit, berries, medicinal herbs and so on. We would still very much recommend those traditional diets, but they are just not possible for everybody in northern Manitoba anymore.

Also, of course, it is of some concern that in some of the more isolated communities the price of milk is almost beyond reach. It is not unusual to see \$7 or \$9 or \$10 for a two-litre jug of milk and that puts it out of reach of many, many poor people. That is unfortunate and that is something that all of us have to address. That is a challenge, I think, that we need to work with.

There are huge challenges out there because the complications from diabetes can be devastating. I would like to put that into personal context, to mention some people that I have known with, not just diabetes, but renal problems and renal failure. I am thinking particularly of Joyce Bear from Pukatawagan because in Pukatawagan we cannot establish a renal unit or a dialysis unit for a variety of reasons. One of them is the purity of the water is not there, the training was difficult to get for the nurses and, of course, there is the cost of the equipment as well.

For a variety of factors, people from Pukatawagan then have to fly out either to Flin Flon or to other communities for dialysis. If you have to do that, let us say two or three times a week, that becomes extremely, not only costly, but it destroys your personal life. I know that Joyce Bear has gone through that. Sometimes she has moved, actually, from Pukatawagan into Saskatchewan because, I believe, she is connected with the Peter Ballantyne Band on that side. She would then travel by taxi to Flin Flon. But in the middle of the winter, sometimes taxis either do not travel those roads or you just cannot get a hold of a taxi. So dialysis is no simple matter for many northern people.

Flin Flon itself now has four units, thank goodness. It used to just have two units for dialysis and one backup unit. But the Premier (Mr. Doer) was there in early September for the official opening, doubling the number of units in Flin Flon, and we are all very happy to see that.

I would like to mention another friend of mine, Robert Brightnose from Cranberry Portage, who also had renal failure and has to have dialysis on a regular basis. Again, at the beginning, that was difficult because there were not enough spaces in Flin Flon, even though now we have doubled the spaces. I know, at times, he would have to travel with his wife, who was also ill, to places like Dauphin and stay in a motel in order that he could have the kind of treatment that he needed, the dialysis that he needed.

I remember also a Mr. William Brian Kent, who is actually from Creighton, but is very close to Flin Flon, who was seriously ill in Winnipeg. In fact, he was in palliative care, but he wanted to go home. He wanted to die at home. Again, he needed dialysis and the units were full. Those are heart-rending, tragic stories because a dying man wants to go home. We bent all the rules in the book to try and get him

home, and eventually we did. But it just shows you some of the horrible challenges, some of the personal tragedies involved when you are dealing with this disease.

Our government takes this challenge seriously. It is not going to be a battle that is easily won. There are no simple solutions out there. We do have a Manitoba strategy. We have a regional diabetes program. We have a renal outreach program. We try to partner as much as possible with First Nations people. It is really good to see on-reserve dialysis units in Norway House and Garden Hill First Nation. I would love to see one in Pukatawagan where it is much needed. Hopefully, that can be established in the near future.

We introduced Canada's first Prenatal Benefit program in 2001, by the way. That is indirectly very useful because young children will get the right diet. Over 20 percent of the women who receive benefit from that program lived on First Nations.

So, Mr. Deputy Speaker, diabetes is, indeed, a serious disease and we need to deal with it seriously. Some people have referred to it as an epidemic and it is perhaps close to that. It is going to take a lot of resources, but I think also a lot of education, a lot of lifestyle changes, which includes diet. There are a lot of economic implications for this and our government is working very hard on this. But, as I said before, there are no easy solutions. The challenges are in front of all of us. Together, I think, we can beat this monster called diabetes. Thank you.

Hon. Jon Gerrard (River Heights): Mr. Speaker, the very presentation of this resolution is the recognition of the enormous failure of the provincial NDP government to deal with diabetes over the last six years. Time after time, the previous Minister of Health, the MLA for Kildonan, rose in this Legislature to say the NDP had the best diabetes strategy in Canada. But when the present Minister of Health (Mr. Sale), the MLA for Fort Rouge, took over, soon after he took over as Minister of Health, he had to admit that the government had never implemented this diabetes strategy and that they had to start all over again and that, because of the failure of the first NDP Minister of Health, the second NDP Minister of Health was left far behind where he should have been.

* (11:30)

We now have an NDP MLA from Selkirk who has to bring forward a resolution to "Please,

government, continue to implement this diabetes strategy, because the government has been such an abysmal failure in acting on diabetes for the last six years and a couple of months."

The resolution urges the provincial government to continue to implement Manitoba's diabetes strategy. Clearly, the diabetes strategy has still not been implemented. Clearly. Why has it not been implemented? Where has this government been for six years? We have to ask this again and again. Now we at least have some help from the NDP MLA for Selkirk saying to his own government, "You have failed. Please, please implement this strategy." It is about time. We support, in the Liberal Party, the NDP MLA for Selkirk who recognizes the terrible performance of his own government. We need to act on diabetes. The NDP should have acted on this starting six years ago. They have failed miserably. It is now time to do something.

Let us look at the facts as we have, indeed, laid them out in our Liberal minority report which is available on our Web site on healthy kids. It is entitled *Six Lost Years*, to describe, in fact, the lost years when it comes to diabetes and a lot of other health care issues under the NDP. There is an epidemic of diabetes in our province and it is occurring in northern and southern Manitoba. In 1998, there were 5500 new cases of diabetes. By 2002, it had risen to 6800 new cases of diabetes in the year 2002, straight from the words presented by your own Minister of Health (Mr. Sale) in committee stage, but, sadly, there was not more recent data. If you are going to be on top of something, you should at least have up-to-date data.

It is very likely that this epidemic is continuing. There is no evidence at all that it has abated. The percent of the Manitoba population with diabetes has gone from 4.7 percent of the population when this government was elected up to 5.8 percent and climbing. There has not been an adequate plan or the implementation of such a plan to arrest this epidemic. There has not been an adequate plan or implementation strategy to reverse the trend. We need such plans and implementation which are going to make a difference.

Diabetes is associated with some pretty severe kidney disease, heart disease, stroke and pretty appalling amputations which are very sad to see. We need a much better approach to this epidemic than we are receiving from this government. We need much better quality of care. We need this because it

is important to manage better the costs so we do not have to be spending all of this horrendous amount of money on training people for a disease which could have been prevented if this government had acted quickly when they came into power six years ago to not only bring in but have an effective strategy which was actually implemented.

We need the implementation. We need the effective strategy. Even the Tories really cannot claim credit because it was getting worse under the Tories, and the NDP inherited a bad situation which has gone from bad to worse, but we should pass this resolution because it recognizes the failure of the NDP government. We had better get on with implementing and making the changes. At least it is a step forward, but the government should look, as well, at the recommendations in the Liberal minority task force because it will take them to the next step and be more effective in trying to bring some real action to decrease the extent of this epidemic, to reverse the trend and to improve the health of Manitobans.

Mr. Tom Nevakshonoff (Interlake): Mr. Deputy Speaker, it is a pleasure to rise to speak in support of this resolution and a pleasure to speak after the Member for River Heights (Mr. Gerrard), the leader of the independents in the Chamber here, saying that we need a new strategy and all this. I was waiting with bated breath to actually hear what their strategy was but, unfortunately, he never went into it, lots of criticism and so forth, but offered no solutions that I heard whatsoever.

So, you know, it is all fine and dandy to rise and speak in criticism but unless you have something positive, but be that as it may, really it is quite ironic to listen to the member, the Liberal Leader, speak about how little we have done when we only have to look back to when he was in the federal Cabinet and the current Prime Minister, who was then Minister of Finance, orchestrated the largest cuts to the health and social transfer payments to our province in the history of our country, I would think.

How he feels that was a positive force, how that helped the situation in Manitoba, I do not know, but I guess his reference is to doing things in a more efficient manner from a financial perspective, I guess. That is the Liberal mindset, it is cut money, reduce payments to the provinces for health and, somehow, that is supposed to translate into better delivery mechanisms here at the provincial level, Mr.

Deputy Speaker. Ironic, to say the least, but I will move on from that.

Mr. Speaker in the Chair

I would like to speak just briefly about our Healthy Kids, Healthy Futures Task Force which was put in place by our government. Just to add to that, our government went even further in creating a whole new Ministry of Healthy Living, Mr. Speaker, a new ministry. Not only do we have a Ministry of Health, but also a Ministry of Healthy Living now, because this really is the answer. We have to start looking at our lifestyles and trying to improve on primary health care. That really is the answer. Manitobans, Canadians, have to start living healthier. That is all there is to it. One thing I learned on the task force was, a very, very telling statistic as a matter of fact, that this generation of children, health indicators point to us that this generation of children could conceivably live shorter lives than their parents, for the first time in the history of humankind. The trend is reversed up until now. We have been living longer and longer lives. Each generation would live a longer life span, but now that trend is reversing for the first time in history. So I think that is pretty telling and we have to really look at the root cause of that and I think, in large part, we are victims of our own success.

We have mastered our environment in a sense where we have mechanized to the point where we are just not as active physically as we used to be. We have machines to do the work that formerly we had to go out and, by the sweat of our brow, achieve, so this is one of the factors that we are facing. Also, we are living in the computer age now and not only do our children have the Internet, but they also have satellite TVs with literally hundreds of television stations and there is just so much incentive to spend their time sitting on the chesterfield instead of actually getting out, staying active and so forth. So these are things that we as legislators and as parents and so forth have to address.

We have to promote physical activity. We have to start eating more healthy diets. Those things, which seem obvious, are not being acted upon or have not been by all governments, all of society, so this is our objective with the task force and also with the creation of a Healthy Living Ministry, to try and reverse these trends.

* (11:40)

I know a lot has been said about our First Nations people here, the rates of diabetes and so forth, and I agree with that, but I think there is also a lot that we can learn from our First Nations people. Their traditional lifestyle is really what we should be aspiring toward. Their hunting and gathering techniques are something that we should seriously try and emulate. Not only are you going out and harvesting natural foods without any chemical additives or growth hormones or all those things that we use today to grow food faster and cheaper, it is not necessarily resulting in more healthy foods. Whereas if you go into the wilds, then what you are harvesting is naturally pure. Not only are you getting the benefits of that healthy food, but in going out and actually pursuing game or picking mushrooms or berries or whatever, you are also exercising so you are getting the double benefit of the physical activity inherent in that strategy and also harvesting the healthy foods. This is something that First Nations people have specialized in, have epitomized and this is the model that they are making available to us.

Certainly, urban Manitobans, urban Canadians would benefit the most from this, to realize that the great outdoors there awaits them, to take advantage of that. Even rural people are falling behind. I know when we did the task force in Ste. Anne, we had a delegation of youngsters from the student council come forth with their presentation, I was kind of curious how much they knew about the natural skills of gardening, hunting, fishing, gathering, whatever. So I asked them three questions. I asked them: Have any of you ever made pickles? Have any of you ever gone out picking berries or picking mushrooms? Have any of you ever gutted a chicken was one of the questions I asked them, which is, for anybody who lives on a farm or rural Manitoba, not that unusual a practice. And yet, of the three students that presented to our task force, not one of them had done any of those three things, Mr. Speaker. Even in rural Manitoba, these skills which should be inherent are being lost. It was very enlightening.

Well, the members opposite keep referring to bear hunting. Hunting is something that is very important. We are losing those skills as well. Members opposite might have something to learn if they actually paid attention to things out in the rural areas.

But getting back to the Aboriginal side of things, one solution that I see is trying to instil pride in our First Nations people. This is something that they themselves are working on. The community of

Peguis has a pride conference that they hold every year to re-instil back into their people their pride in their culture and their heritage. That is taking place. Our First Nations people are on the road to recovery is what I see. This government certainly endorses that and is willing and more than anxious to work in conjunction with. So with those brief words, I thank you for the opportunity to speak today, and I urge all members to think seriously about passing this resolution. Thank you, Mr. Speaker.

Mr. Kelvin Goertzen (Steinbach): Mr. Speaker, I enjoyed hearing the words of the Member for River Heights (Mr. Gerrard), the leader of the independent party in the Legislature. I also enjoyed hearing the words of the Member for Interlake, somewhat of an independent member himself, even though he falls within a political party. I listened closely to the belief that inherent skills of chicken gutting and bear shooting now should be invested in terms of the young people of Manitoba. *[interjection]* Yes, I guess that is his new strategy for solving diabetes, to ensure that every child born in Manitoba has an inherent skill of shooting bears and gutting chickens.

I know that perhaps—*[interjection]*

Well, it is interesting because the Member for Minto (Mr. Swan) says, "Is that some kind of a shot at rural people?" If that is what the Member for Minto believes that all rural people do, is shoot bears and gut chickens, Mr. Speaker, then I would challenge that Member for Minto to leave the perimeter and to leave—

Point of Order

Mr. Speaker: The Member for Minto, on a point of order.

Mr. Andrew Swan (Minto): Yes, Mr. Speaker. I rise on a point of order. The Member for Steinbach (Mr. Goertzen) was talking about some of the findings and some of the evidence on the Healthy Kids, Healthy Futures Task Force, and, indeed, the Member for Interlake (Mr. Nevakshonoff) was talking about some of the evidence we heard about some of the positive things that rural people could do to provide traditional food sources and also promote their own health.

So, certainly, the Member for Steinbach is mistaken.

Mr. Speaker: The honourable Member for Steinbach, on the same point of order?

Mr. Goertzen: In fact, I think if you review Hansard, you will see that the comments the Member for Interlake made were not regarding diabetes at all or what the strategy would be, but he suggested that there was an inherent skill in rural Manitoba of gutting chicken and shooting bears. Clearly, this is a mistake in comments by the Member for Minto, and is also not a point of order because it is simply a dispute over the facts.

Mr. Speaker: Before dealing with the point of order, I want to remind all honourable members what points of order are intended for. Points of order are to draw to the attention of the Speaker a breach of a rule that is in the rule book that we use or a departure from Manitoba practice. Points of order should not be used for means of debate.

The honourable Member for Minto does not have a point of order.

* * *

Mr. Goertzen: Again, I encourage the Member for Minto (Mr. Swan) to come to rural Manitoba and see that it is not—he might think it is some sort of a hillbilly existence in rural Manitoba but, in fact, there are a lot of good things that are happening. Certainly we do have hunters in rural Manitoba, proud of them. We do have industry related to agriculture, Mr. Speaker, but we also have a lot of other issues going on in rural Manitoba, a lot of manufacturing that is involved. Some of the largest manufacturers are within my own constituency. I encourage the member to come forward to rural Manitoba and see those good things that are happening.

In terms of the resolution, Mr. Speaker, I think it is important to note that when we talk about diabetes, there sometimes is a focus on Type 2 diabetes which is important, obviously, in the context of the resolution, but, also, Type 1 diabetes which does not often get the kind of attention. It is not related to lifestyle in terms of how somebody is in contact with Type 1 diabetes.

One of the things that members of the Conservative Party in Manitoba have been bringing forward is the need for insulin pump legislation to have some coverage for insulin pumps within the province of Manitoba. For members opposite who have, maybe, not always been listening as acutely to the petitions that have been forward almost on a daily basis from members of this Legislature, of the Conservative side of the Legislature, the cost of an

insulin pump is \$6,500. That is a very, very significant cost for many, many Manitobans. It is difficult, then, for them to control their blood sugar levels, and it is difficult for many people living with Type 1 diabetes to go forward and have a good, high quality of life without these pumps that give regulated injections.

I have encouraged the government, if not to cover the pumps in their entirety at first, to certainly look at a partial coverage of the cost to provide some sort of assistance to those living with Type 1 diabetes. I know there are other jurisdictions in Canada where this is being considered, already have been gone forward in other jurisdictions, and they recognize that the costs for those living with Type 1 diabetes, to have a pump to improve their quality of life, is, perhaps, too onerous and is more than most people could bear.

So I would encourage members of the government. I know that the Minister of Health (Mr. Sale) has had presentations made to him. He is well aware of the petitions that have been brought forward here in the Legislature on a daily basis regarding this, and I would encourage him to look at creative alternatives, to look at solutions, whether that is in the form of tax rebates, whether that is in the form of direct assistance, or perhaps there are other creative ways which we could help to alleviate some of the costs of insulin pumps for those living with Type 1 diabetes.

*(11:50)

I want to pay special recognition to Leah Wiebe, who is a constituent of mine in the Steinbach constituency, who has really driven this issue and brought petitions right across Manitoba. I know some of the petitions that members of the Conservative Party have been reading over the course of the last number of months are really her creation. She has taken this on as an important issue, not just for herself, she does live with Type 1 diabetes, but also recognizing that it is good for Manitoba in general and those specifically living with this disease.

So I want to give her recognition, Mr. Speaker, because she has taken this up as an important initiative. She has said, I, as one person, can make a difference, and I think that that is truly noble when individual Manitobans say that as one individual I really can make a difference in raising awareness and, hopefully, getting positive change, and she has

been a good example of that, and I think all members of this House want to commend her for that.

I was looking through *The Globe and Mail*, as I am wont to do in the morning—

An Honourable Member: Were you looking for a job?

Mr. Goertzen: I was not working for a job yet, as the Member for Transcona (Mr. Reid) might suggest. He may, in fact, be looking for a job, given the fact that he is offside with his own government on issues like hog processing plants, but, certainly, on this side of the House where there is unity and accord, Mr. Speaker, we all sing from one song book and ensure that the good message of the Conservatives goes forward, but I digress. I looked at *The Globe and Mail* from today and it talks about the fact that there are many people who have diabetes who lose limbs because they do not do something as common as good foot care. They have loss of circulation.

It notes that there are two million Canadians who are living with diabetes within our country, and that is a staggering number of Canadians to be living with this disease. It also goes on to state that one million diabetics throughout the world will have an amputation each year as a result of the diabetes that they have. Those, I think, are staggering statistics for us to see and for us to recognize the seriousness of this disease, regardless of what type it is, whether it is Type 1 or Type 2 or other types of diabetes. I would encourage members opposite not simply to look for blame and to try to point to where the fault has been.

You know, I give some credit to the Member for Selkirk (Mr. Dewar), obviously, for bringing forward this issue. I wonder why he could not go towards his own caucus and try to encourage a more comprehensive strategy to be brought forward.

An Honourable Member: We ran out of time.

Mr. Goertzen: Well, he says that he ran out of time, I hear him say from his seat, and I guess it is certainly quite possible that there is no time in the NDP caucus for back-bench members to bring forward issues, that they are a closed door and they cannot be heard on these issues. I want to say that perhaps that is how the Member for Transcona (Mr. Reid) and the Member for Radisson (Mr. Jha) got off-side with their own party on such a significant issue. Perhaps it is because the Premier (Mr. Doer) did not inform them of these issues, although I recognize that the Member for Transcona, I think,

was actually at the announcement that was made and was, I think, at that time blowing up the balloons and clapping his hands. From those who were in attendance, he was quite happy until his phone started ringing and, I guess, then he had a sudden change of heart.

But I think that maybe the Member for Selkirk had a similar sort of experience when he was bringing forward these issues on diabetes to his caucus that have been kind of falling on deaf ears. There was not real action coming forward, so he said, "Well, I am going to bring forward a resolution," and he confirmed that this was what happened, "since my own Premier did not listen, since the Minister of Health (Mr. Sale) did not listen to my concerns on diabetes. I have no other recourse but to go to the Legislature and do it in the form of a resolution." Well, he should be commended for that.

I say it is a pox on the government. It is a pox that they will not even listen to their members of their party. We are accustomed to them not listening to members of our party. We know that that is just the way of this government, that that is just how they do business, but certainly I would expect from their own backbenchers, Mr. Speaker, that there would be some semblance of order within that party, that there would be some semblance of an open door by the Premier, but in the absence of that, I suppose, the Member for Selkirk did all that he could do in terms of bringing forward this particular issue, so I gather there will be more discord from the members opposite as time goes on, but we on this side of the party, we stand united to bringing forward a good, strong diabetes strategy. I look forward to hearing other presenters.

Mr. Glen Cummings (Ste. Rose): After listening to the member from the Interlake, I feel motivated to comment on this resolution.

Certainly, the motivation behind this resolution is not something that I would dispute. What the members on the government side so conveniently ignore and overlook is that there was a very well thought out and, I believe, well-positioned diabetes strategy in place when they came into government. Of course, as they are very much wont to do, much as they want to pretend that they are Conservatives in business suits, that leads to the type of derogatory remarks that we hear from the member from Interlake.

This was something that they just could not bring themselves to supporting or implementing or

pushing forward when they came into government because it was somebody else's idea. Always in this House we hear about we are going to join hands and skip off together into the sunset and Manitoba will be a better place. Well, get on with it. Get on with it. Talk to your Minister of Health (Mr. Sale). You do not need to reinvent the wheel. There is an increasing body of evidence that is being put to work around diabetes and the problems that we have with Type 2, let alone the problems of Type 1 diabetes.

For starters, I, in a joking mood, gave the Minister of Education (Mr. Bjornson) a shot a minute ago about what were we doing in our school system to influence lifestyle so that we can deal with the problems of Type 2 diabetics because very often that starts in school, very often that starts in school. I do not understand hand signals, be more vocal. *[interjection]* Me? Yes, I am probably pretty good evidence of how you can get into a situation with Type 2 diabetics. I do not want to personalize this, but sitting on your rear, not doing any exercising can lead to some difficulties. I do not mind admitting that.

But what I want to do is to point out that the Minister of Education and government as a whole and all of us in this Chamber have some responsibility to provide some leadership. I had occasion to have one of my family who attended school in Sweden, a hotbed of socialism as it turns out, but, nevertheless, the sports activities were not part of the school system. But do you know what? They were an integrated part of the community. They had moved forward to where lifestyle was important and athletic activities that were associated with a healthy lifestyle were ingrained in the community, or at least the community that he was part of. Do we need to keep pushing more into the school system?

Mr. Speaker: Order. When this matter is again before the House, the honourable member will have seven minutes remaining.

Is it the will of the House to call it twelve o'clock? *[Agreed]*

The hour being twelve o'clock, we will recess and we will reconvene at 1:30 p.m.

LEGISLATIVE ASSEMBLY OF MANITOBA

Tuesday, November 29, 2005

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