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DEBATES
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PROCEEDINGS

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MANITOBA LEGISLATIVE ASSEMBLY
Thirty-Eighth Legislature

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LEGISLATIVE ASSEMBLY OF MANITOBA

Thursday, May 11, 2006

The House met at 10 a.m.

PRAYER

ORDERS OF THE DAY

PRIVATE MEMBERS' BUSINESS

SECOND READINGS–PUBLIC BILLS

Bill 206–The Liquor Control Amendment Act (Fetal Alcohol Spectrum Disorder Prevention)

Mr. Kevin Lamoureux (Inkster): Mr. Speaker, I would move, seconded by the Member for River Heights (Mr. Gerrard), that Bill 206, The Liquor Control Amendment Act, be now read a second time and referred to a committee of this House.

Motion presented.

Mr. Lamoureux: Mr. Speaker, I do believe that all members of this Chamber at times bring forward ideas that merit a response from the government, and I truly believe that this is one such case in which all parties, I believe, could get behind this bill and support it and ultimately see passed into law in the province. The idea, of course, is that no one owns a good idea; let us just take advantage of it.

I must say that, in regard to fetal alcohol syndrome, this is something which my leader had discussed with me. We have a very wonderful, dynamic individual who works with us, and she had taken the initiative in doing a lot of the background work, and the more that I read the better understanding that I received, made me that much more supportive of this piece of legislation to the degree in which I was more than happy to be the individual to bring it before us for second reading.

Mr. Speaker, I do think that the Province of Manitoba really needs to act on this issue, and suffice to say in terms to give you a sense of what this bill purports to do, and you can read it yourselves or I will make reference to it, on the bill it states that this bill prohibits anyone from selling or serving any beverage with more than 0.5 percent alcohol content without a warning about birth defects caused by consuming alcohol during pregnancy. The bill requires two forms of warnings: (1) warning labels on bottles, cans and other sealed containers of alcoholic beverage unless they are sold by the case or carton; and (2) warning signs posted in places where alcoholic beverages are sold or served.

Mr. Speaker, I do not think that this has to be earth-shattering. I do believe that it is a responsible way at education and would go a long way in communicating a very positive message and hopefully prevent some pregnant moms from drinking and ultimately through that drinking pass on what is a very disturbing disorder, that being FASD.

Mr. Conrad Santos, Deputy Speaker, in the Chair

The only way in which someone can actually acquire FASD is if, in fact, their mother drank while she was pregnant, Mr. Deputy Speaker. So the simple thing here is that this is a disorder that could be wiped out completely. All we have to do is ensure that mothers that are pregnant are aware of the fact that by drinking alcohol they are causing damage to their baby. We know the passion that mothers have in regard to their babies, and making it that much more known in terms of the negative impact of FASD I believe would go a long way in getting rid of this particular disorder.

Some of the common problems that FASD include, Mr. Deputy Speaker, are issues in dealing with adding, subtracting and handling of money, thinking things through or reasoning, the ability to learn from experience, understanding or finding it difficult to understand consequences of actions, remembering things, getting along with others. These are some of the things that occur when someone is diagnosed with FASD or unfortunately has to live with FASD. As I say, this is all preventable and there is a role for government to be involved.

In Ontario, as of February 1, 2005, licensed restaurants and bars, LCBO stores, beer stores, beverage alcohol manufacturers' stores and licensed brew-on-premise facilities were required to post a fetal alcohol syndrome warning sign in a prominent location where it can be seen by all patrons, Mr. Deputy Speaker. Well, that was something that was brought in in terms of the Ontario Legislature back in 2004, and it is best known as Sandy's Law.

One of the things which we want the Province of Manitoba to do, Mr. Deputy Speaker, is ensure that there are warning signs in premises where alcohol is being consumed. Again, we are not doing something

that has not been done elsewhere, and that is why I believe that there is precedent to support that particular requirement in this proposed law. I would hope that the government would seriously look at that in terms of the warning labels because, as I say, there are two parts to it. One is the warning signs and the other is the warning labels.

Mr. Deputy Speaker, we have seen a dramatic decrease in smoking, and the mindset of smoking has changed dramatically. You know, I can remember watching TV programs 15, 20 years ago and the actors and actresses would be having cigarettes in hand. Promotion of smoking was very real and it is not that long that the Member for Carman (Mr. Rocan), on his initiative, made it today where it is banned in terms of smoking in public areas which was a good initiative then.

***** (10:10)

Another initiative in terms of cigarettes is they have those warning labels on the cigarette containers. Again, these are all things that really contribute to sending a very positive message, and that is the second part to this particular bill. What we are saying is that there needs to be labels put on some of these containers and so forth. Now, I am not aware of any place in Canada where that is happening. I do know that in certain areas of the United States it has been acted upon. It has been suggested that it is a little bit too wordy in some areas, that you need to have a short and concise message. Mr. Deputy Speaker, you know with the Manitoba Liquor Commission, we have an excellent opportunity to insist that there be labels, and we can control that here in the province.

So putting on warning labels, I believe, would go a long, long way in education. Education is so critical. We have to do what we can in order to fight this brutal disorder because, and I am going to conclude by briefly just saying, if the opportunity for government to take action is there I believe that they should do it. It should not matter where the idea comes from, Mr. Deputy Speaker. What is first and foremost important is to recognize the idea, and if there is value to it to take some action.

I would suggest to you that in this particular bill there is great value in the government acting on it to the degree in which both of these points will have a very positive outcome because we all need to recognize that this is a disorder that can be wiped out. All we have to do is communicate a message to pregnant moms that it is not in the baby's interest for you to be drinking while you are pregnant because by drinking–and it is not a question of quantity of alcohol that is being consumed. The best way to prevent FASD is not to drink while you are pregnant. That message needs to be communicated. This bill communicates that message in two different ways.

I would appeal to members to act on this idea and to, in fact, pass this legislation because it will have a positive difference. I will save the other types of comments, as a result of some of the causes that FASD in terms of crime and many other aspects in our province have for another speech. But I appeal to members to do what is right on this bill and at least advance it to committee. Give it the chance to see the light of day. Let us not hold up a bill that could really make a positive difference in our province.

So I encourage all members to get behind this bill and ultimately see it pass and adopted and become law in our province. Thank you, Mr. Deputy Speaker.

Ms. Kerri Irvin-Ross (Fort Garry): Mr. Deputy Speaker, I want to assure the member opposite that we are taking action, that there are a number of initiatives that we have supported through our government to support public education and awareness on the dangers of alcohol during pregnancy. It is happening. We are spending over $5 million this year on a variety of FASD prevention and intervention initiatives. There is 1.1 million of this from Healthy Child Manitoba, which alone represents an increase of over, I am saying this again, over 1,000 percent since 1999 when there was only a $10,000 investment for FASD.

Our Healthy Child Committee of Cabinet has also developed an interdepartmental working group that is working on developing a strategy paper for outlining a provincial FASD strategy which will include a comprehensive prevention component. I think it is very important, also, that I say that we are not doing this in isolation. We are working very closely with the stakeholders and the community to make sure that when we do develop this strategy and as we develop this strategy it will be one that will be implemented and will address those issues of prevention and intervention.

Mr. Speaker in the Chair

Currently in Manitoba there are a variety of public awareness initiatives to increase the awareness of effects of alcohol use during pregnancy. There is a particular campaign through MLCC, With Child Without Alcohol campaign. It is well known

through these programs that this will help decrease the incidents.

It is really important that we in this House know that we are internationally known for having one of the largest and most well-staffed clinics for the diagnosis and treatment of FASD. In the 2003-2004 budgets, for the Fetal Alcohol Family Association of Manitoba, we provided them with an increase of 50 percent to their funding. This is what we do to make sure that we continue to work with our partners to make sure that we have a grass-roots strategy that supports and prevents this from happening.

Manitoba is part of the Canada Northwest FASD. It is a partnership with four provinces and three territories. Through that we are also using the research that is being developed nationally to make sure that that can maximize our efforts, expertise and resources, and also develop research approaches to evaluate the strategies that we will implement. Partnerships with organizations such as the Coalition on Alcohol and Pregnancy, and as I said before, the Fetal Alcohol Family Association are essential to making sure that we continue to develop this strategy.

I think it is important that we put on the record that not every Manitoban is aware of FASD and what it is. So I just want to take a few minutes and describe that FASD is an umbrella term describing the range of brain injuries and birth defects caused by prenatal exposure to alcohol. Unlike fetal alcohol syndrome, FASD, fetal alcohol spectrum disorder, is not a diagnostic term, but an effective way to indicate the spectrum of associated physical, cognitive and behavioural characteristics. And they are broad, and there is a whole continuum for the individuals that are affected by fetal alcohol syndrome. Some of the characteristics are impulsivity, learning disorders, sometimes there are mobility issues as well.

I have had the opportunity, within the school system, in Louis Riel School Division, to work with children and with their families that have the diagnosis of fetal alcohol syndrome. Through the support of the school systems, we have been able to provide them with an education, an integration to socially appropriate activities, and they have been successful.

The Manitoba Education Citizenship in Youth have also continued to work diligently to ensure that children within our schools with that diagnosis are receiving the education and support that is necessary for them to be successful. But they have taken it one step further. They have developed promotional packages to be used in the high schools to talk about FASD, and once again to talk about prevention strategies, making sure that alcohol is not consumed during pregnancy.

I would like to take a few minutes and outline specifically what MLCC initiatives and their awareness campaigns are really addessing. Also, it is important to put on the record, Mr. Speaker, MLCC spends approximately $300,000 to $400,000 annually on the development and promotion of programs to address alcohol education issues. Approximately $220,000 is directed annually to the awareness and prevention of FASD.

In March 2002, as I spoke about, With Child Without Alcohol is the strategy that they are using. It is an education and awareness program. I imagine that people have seen it on the TV. But also, we have taken it further than that, using other forms of media. There are radio ads. There are print ads, as well as there is information put on transit shelters. These are powerful pieces of part of the prevention strategy. These are tools that address these concerns specifically, that are able to use the different media outlets and grab people's attention and make sure that they know that drinking alcohol during pregnancy can cause certain issues for children.

***** (10:20)

The program was developed in assistance, again, with Manitoba's Healthy Child Initiative, the Interagency on Fetal Alcohol Syndrome/Effects, Health Canada, the Addictions Foundation of Manitoba, the Coalition of Alcohol and Pregnancy and, again, the Fetal Alcohol Family Association, New Directions, youth and families and the Manitoba College of Physicians and Surgeons, again, working with our partners to make sure, Mr. Speaker, that we have a comprehensive strategy that everybody can support and agrees with. This program is comprised of information kits that are distributed through a toll-free number to make sure that they are being given to all Manitobans, and once again this strategy goes way beyond the Perimeter. We are working with rural and northern communities as well to make sure that we can have the fullest strategy for everyone.

I think it is important to know that since this program has been launched 10,000 kits have gone

into the hands of service providers and families. As well, there is a Web site that has been developed.

In conclusion, Mr. Speaker, I want to say that our government continues to address public education and intervention for all Manitobans around this issue, and we will continue to work with our partners to ensure that effective strategies are developed and implemented at the grassroots to support all Manitobans. Thank you.

Hon. Jon Gerrard (River Heights): Mr. Speaker, in seconding this important bill and working closely with Kevin Lamoureux on an initiative–

Some Honourable Members: Oh, oh.

Mr. Speaker: Order.

Mr. Gerrard: I withdraw that. I meant to refer to the MLA for Inkster. Working with the MLA for Inkster (Mr. Lamoureux) to put forward this important measure, I would hope that the Conservative and the NDP members would also support doing something about preventing fetal alcohol spectrum disorders.

I think it is worthy of note that the Member for Fort Garry (Ms. Irvin-Ross) says that they are still developing a comprehensive strategy. They have been government for six and a half years, and it is not there yet. Such an important item as this, that is pretty disappointing. I think that the Member for Fort Garry is proud of the fact that there is the largest clinic for diagnosing and treating fetal alcohol spectrum disorders in Manitoba. It reflects the fact that there is a big need here because this condition is not being prevented because there are far too many children being born who need treatment, and so the sad fact of the matter is that it would be better, you know, if we did not have to have this because we are preventing the condition, and what is happening at the moment is that we are spending hundreds of millions of dollars a year to treat and to cope with the presence of a preventable disorder in Manitoba.

Fetal alcohol spectrum disorders are clearly a major concern. They have lifelong effects on individuals, impairing their normal functioning in society and making it more difficult to learn, to be employed and to do many things. There has been a lot of progress in treatment, but clearly this is a condition which has lifelong effects, and it would be far better to prevent it. It is very clear that fetal alcohol spectrum disorders have huge costs to the provincial government, costs in health care, in education, huge components of family services and housing, justice costs. For a government which says that it is concerned about decreasing crime they should have paid more attention to preventing fetal alcohol spectrum disorders.

The statistics suggest that 60 percent of those with fetal alcohol spectrum disorders will get into trouble with the law; 50 percent will go to jail or be confined in an institution; 30 percent will abuse drugs or alcohol; and 80 percent will have employment problems.

Now, it may be, with early diagnosis and appropriate treatment, that those numbers may be much less than that, but, nevertheless, this has a striking and very detrimental effect in terms of the increasing crime in our society, increasing societal problems and costs to the provincial government for people in the court system, in the justice system, in the correctional system, a huge cost that can be prevented. It would be far better to be preventing these.

What we are proposing are two measures which have been tried and implemented in other jurisdictions that would have effect to prevent fetal alcohol spectrum disorder. These two measures are: putting signs in bars and other places where, in fact, liquor is being sold. This approach is already in effect in Ontario with their Bill 43, what is called Sandy's Law, passed in 2004. Liquor store outlets in Ontario, beer stores, alcohol manufacturers' stores and licensed brew-on-premises facilities, restaurants and bars are required to post a fetal alcohol syndrome warning signs in a prominent location where it can be seen by all patrons.

Well, it is a sad testament to the lack of effectiveness of the government's educational campaign that the Member for Fort Garry (Ms. Irvin-Ross) has to get up and say, well, not everybody in Manitoba knows what fetal alcohol spectrum disorder is. After six and a half years, they still have not been effective in what they have done. This is a measure which is being done in Ontario, can be done here, should be done here.

The second measure is to put on alcoholic beverages labels which are warning labels in terms of warning of the potential for fetal alcohol spectrum disorder when these are consumed by women who are pregnant or who are getting pregnant. The concern here is the severity and the lifelong impact of fetal alcohol spectrum disorder on the child and on society. It is preventable. We can do this. It is being

done in many states in the United States. Such labels are already there.

It is interesting that our measure has strong support from the NDP M.P. Judy Wasylicia-Leis. She is onside with us, but the NDP MLAs in this Chamber are clearly, from the speech we have heard, offside in trying to prevent fetal alcohol spectrum disorder in Manitoba.

This is a measure that should be proceeded with. It is part of an effort to improve the health of Manitobans. It is part of an effort to improve the social function of our society, to decrease crimes like auto theft, to decrease a whole variety of other crimes, to improve the productivity and employment of people and the overall social functioning of our society.

This government, this NDP government, unfortunately has been delinquent in screening people at or within the first year of life for fetal alcohol spectrum disorder. As a result, we do not even know what the real incidence of this condition is in Manitoba. We know that although it varies in terms of different parts of the province that it can affect everybody in Manitoba and that all of us should be concerned about it for our children, grandchildren and for our neighbours' and friends' and fellow citizens' children and grandchildren. It affects us all.

There should be such screening in place, but the NDP government, indeed the Tories before them, were delinquent in not having a screening process there so that children would be identified early on, and we know that such identification has actually improved significantly the lives and the outcomes of these children.

***** (10:30)

So this is a part of what needs to be done in terms of preventing fetal alcohol spectrum disorder. The steps that are part of this bill is important. They need to be complemented by improved screening and screening of all children in Manitoba within the first year of life which can be done by family physicians in consultation, where necessary, with specialists in the area. This is where we are now.

There are things that we can and must be doing to do better in terms of preventing fetal alcohol spectrum disorders. These are two fairly simple and straightforward measures which have been used in other jurisdictions and should be used here. We need to be much more effective than the current government has been in preventing fetal alcohol spectrum disorders. After six and a half years, we do not even know if there is any decrease in the incidence of fetal alcohol spectrum disorders in Manitoba because no one actually is measuring the incidences. It is a sad commentary on the state of affairs.

What is important is that we start knowing what the outcomes are, the incidences, and that we start taking measures which are actually going to make a difference. These kinds of measures are making a difference in other jurisdictions. We need to be employing them here so that, in fact, we can be making a difference and preventing fetal alcohol spectrum disorders here in Manitoba. Thank you.

Hon. Jim Rondeau (Minister of Industry, Economic Development and Mines): I am proud to put a few words on the record about this issue, and I would like to inform all members about some of the things that we have done as a government.

When I was Minister of Healthy Living, we took the FAS, FASD and FASE as very, very serious issues. In fact, we spent a meeting between Manitoba, Saskatchewan, Alberta, B.C., Yukon and Northwest Territories. We talked about it, and what we did was not just put labels on bottles, but what we did was we worked together with all those jurisdictions to come up with a comprehensive program. Again, I say a comprehensive program, resource sharing, information sharing, so that we would, in fact, have a program, again, a developing program working with other jurisdictions to make sure that we would move this issue forward.

I am pleased to think that the member opposite thinks that labels on a bottle and posters are the entire answer for the FASD and FASE issue. I think, yes, what we want to do is to have public relations, but that is not the whole program. The whole program deals with a comprehensive strategy.

I will deal with some of the things that have happened that the member might not be aware of. The first thing that the member might not be aware of is his answer is to put labels and posters. The member might be aware that I do put on a literacy barbecue which promotes literacy, et cetera. One of the factors that we do find is that with literacy, you want to make sure–we have supported provincial literacy programs more but what you want to do is you want to make sure that information is provided not in just one format but multiple formats. So when you talk about the $300,000 to $400,000 spent annually–development programs to address alcohol

education issues and about 220,000 is directly supported to promote fetal alcohol spectrum disorder information–this material is provided through radio, television, print, transit shelters and posters. The posters are supplied to different organizations and to schools. I would also let the member know that there have been over 10,000 kits that were distributed to different organizations about FASE and FASD cause and effect.

It is also interesting to note that there is a curriculum, and the curriculum was started in the year 2000; 1999 it was started to be piloted. It has been promoted through the year 2000. It was promoted in Frontier School Division, et cetera, and provided to Senior 1, Senior 2 students. It has been branched out to many, many schools where the kids are given the information to make sure that they understand the effects of alcohol and other drugs, et cetera, on babies. That is delivered in Grade 9 or 10, Senior 1, Senior 2, as part of a comprehensive strategy.

There are also cases where you take the Healthy Baby program, where we actually have visitors who go into prenatal with mothers who are about to have their babies. We have visitors who go to home visits in homes that might need some special assistance. These people talk about the effects of fetal alcohol spectrum disorder and how to avoid it.

We also have assistance so people who might be at risk of having children with FASE or FASD have supports where we have people go work with them to make sure that their behavioural changes occur.

Another important part of the plan is to get people to work with people. Not just government delivering a message but people supporting and helping to work with other people, and that was an important part of our prospect and a program delivered through the Healthy Child Committee in Cabinet. There are teachers' resource kits that have been available, manufactured and shared. There is public relations information that has been shared throughout the entire western Canada, northern Canada.

We have worked with the Fetal Alcohol Spectrum Disorder family group to make sure that they have support, and also, we have doubled the support and more in the last few years.

We also worked, not only with schools, not only with the families affected, not only families at risk, we worked with First Nations to make sure that they have appropriate information and made sure that it was at appropriate literacy levels. I am happy to say that the information that we provided was sent to Literacy Partners of Manitoba to make sure that the appropriate language, appropriate information was provided. That was used and actually was shared as a good example of low literacy material so that it could be provided to any age group throughout the school system or outside the school system for people who had challenges with literacy or ESL second language issues.

So that all happened in 1999, 2000, 2001 and continues to this day.

The other interesting thing I find is that, when you are talking about something simple like this, it is not dealing with the issue after it happened; it is truly prevention. So when the Member for River Heights (Mr. Gerrard) says you have got to prevent it, you have got to count those people that have FASE, FASD, we do not look at just the treatment. We look at prevention in the truest sense. So you work with kids, you work with families, you work with communities, you work with health care providers, you work with community visitors, family visitors, you look at day care providers, and you also look at making sure that the appropriate information is presented. But you also do not want to label people, so you want to work with people. I think that that is what we continue to do.

Manitoba Liquor Commission's With Child Without Alcohol campaign has been effective. I know I have seen posters in the various establishments. I have seen the bags that the bottles are put into. I have seen other things that have been very, very effective. It is a very good campaign. It has been a consistent campaign as part of our strategy. I think what you want to do on this is you want to make sure that it is not a one thing where you have a label and it solves a problem.

I know the Liberals often come up with very simplistic solutions. They say we do not have a plan. I say that we do have a plan. It is a multifaceted plan. It is delivered in multi-areas. It is meant for targeted audiences. It is meant through the whole community. So I know it is a simplistic thing to say oh, you do not have a plan. The reality is it has been a comprehensive plan. It has been a plan that has been worked with in other jurisdictions, including six other provinces, and it has been a very effective plan.

So it is interesting to see how that has been done in co-operation with multiple stakeholders. I will give you a few small examples.

The Thompson Grass Roots Mentoring Program for women with substance abuse issues continues to be supported by this government, and there is a co-ordinator that is working with people who are at risk. We have a 1-800 line on FASD that provides confidential information on alcohol use during pregnancy. We have a universal screening program to improve knowledge and incidence and the effect of alcohol used during pregnancy. We have a home visitors program. We have the Senior 1 and 2 curriculums. We have a school package. We have pamphlets and literature that have been provided through students, through health clinics, through First Nations, et cetera.

We are part of the Canada Northwest FASD Partnership, with four provinces and three territories who are moving forward with the resources, expertise, approaches and strategies in co-operation.

***** (10:40)

The other thing that was interesting is, when I was Minister of Healthy Living, we agreed to share resources between all jurisdictions. So, rather than recreate the wheel, Yukon would share with us, we would share with them. Alberta worked with us. So everyone worked on different parts of the program so we had a comprehensive strategy without duplication of resources. The interesting part was, when we were having our meeting, the jurisdiction that said that they did not really have this huge issue was Ontario, which has decided that what they have as the solution to their problem of FASD and FASE is labels.

If you ask whether they have many other support systems out there, they do not. We have a comprehensive strategy that deals with multiple groups, gets the information to many, many different sources and makes sure people understand it and know the whole system. So it deals with mothers before they have a baby, not afterwards. We deal with at risk people. We deal with students. We deal with health providers. We deal with teachers. We deal with all the people in the First Nations who are working with young mothers. So this is a comprehensive strategy that I am pleased with.

When the member opposite starts talking about just labels being the problem, well, we talked about labels. We mentioned that the fact is that we have a multicultural country. So what we did was we developed resources for multiple languages. It does not help if you just deliver one message in one way. You have to be very comprehensive.

Then we have the 10,000 kits that were provided to people. We have Web sites. We have pamphlets. I think we have a comprehensive strategy.

Mr. Speaker: Order. The honourable member's time has expired.

Ms. Bonnie Korzeniowski (St. James): Mr. Speaker, I am really pleased to speak on this because having carried four babies over a span of 20 years I am acutely aware of the kinds of information I had in each generation. It is only in retrospect that I quite appreciate my total naivety, and knew nothing of FASD at the time, was blessed with a physical aversion to alcohol for which I am really grateful for what I know now. So I have a deep appreciation for the kind of education that is required to provide our not only pregnant, but our planning to become pregnant mothers.

Warning labels and posters are one way of educating the public about the effects of alcohol use during pregnancy, but we need a broad comprehensive approach to public education and awareness that is based on practices that have proven effective in reducing alcohol consumption. Research into the effectiveness of warning labels indicates that they only have a modest impact on the amount of alcohol consumed by women, who typically drink very little, less than one drink a day, and no impact on women who drink more than one drink a day. Some experts in addictions have expressed concern that public awareness signs posted where people are drinking, such as those adopted in Ontario, are likely to foster an environment of public judgment and blame which then leads to women hiding their drinking.

Our Manitoba government strategy ensures that the education reaches all in different ways to be effective. We support public education and awareness on the dangers of alcohol use during pregnancy. We are spending over $5 million a year on a variety of FASD prevention and intervention initiatives; $1.1 million of this is from Healthy Child Manitoba, which alone represents an increase of over 1,000 percent since 1999 when there was only $10 million invested for FASD prevention.

Our Healthy Child Committee of Cabinet has established an interdepartmental working group that will develop a strategy paper outlining a provincial

FASD strategy and which will include a comprehensive prevention component.

Currently in Manitoba we have a variety of public awareness initiatives to increase awareness of the effects of alcohol use during pregnancy such as MLCC's With Child Without Alcohol campaign. Now I know I am repeating some and probably a considerable amount of what my colleagues have already said, but I do not think that we can state often enough the good things that are being done in this very, very important issue.

HCM provides advice and direction to MLCC on public awareness of FASD, and as of June 2005, in partnership with MECY, MLCC now provides Manitoba high school teachers with a teacher's resource kit which includes education on FASD targeted toward Senior 1 and Senior 2 students. We are noted in the North American context as having one of the largest and most well-staffed clinics for the diagnosis and treatment of FASD and associated syndromes.

In '03 and '04 the budget for the Fetal Alcohol Family Association of Manitoba, which provides support to families, increased 50 percent. Budget '05-06 again increased funding by $3,000. We have significantly expanded the STOP FAS program found in Winnipeg, Thompson and The Pas–people do get pregnant outside of Winnipeg–which is an intensive visitation support mentoring program for women who have used alcohol during pregnancy. That is an increase of $135,700 since the year 2000.

Healthy Baby**,** created by this government, provides community-based support and education across Manitoba for the prevention of FASD. The prenatal benefit is an important tool to promote mother and fetal health throughout pregnancy. We have fully restored the National Child Benefit, putting $13.7 million in the hands of low-income Manitobans.

An FASD diagnostic clinic, established in Thompson, called Fetal Alcohol Support Team or FAST, provides services to the entire Burntwood region. After staffing disruptions were quickly resolved, the clinic in Thompson is reopening. The Brandon health has appointed a general practitioner to administer the program, Dr. Jurrie Botha. Brenda Dawduk, nurse practitioner, is the primary contact for patients on the caseload and is seeing patients on a regular basis. Four new referrals have been reviewed and have been accepted into the FASD program as of November 2005. Thompson Grass Roots Mentoring Program for women with substance abuse issues continues to be full with 30 clients and a new co-ordinator about to be appointed.

This government introduced a 1-800 line on FASD that provides confidential information on alcohol use during pregnancy and links people affected by FASD to community-based services.

Universal screening introduced by this government to improve knowledge of incidence and effects of alcohol used during pregnancy will also help to target initiatives more efficiently. Support in classrooms for students with FASD in WSD1 and Manitoba is part of Canada Northwest FASD, a partnership with four provinces and three territories to maximize efforts, expertise, resources, research, approaches and strategies. Partnerships with organizations such as the Coalition on Alcohol and Pregnancy and the Fetal Alcohol Family Association of Manitoba advance goals.

As my colleague from Fort Garry was saying, partnerships are the key to the success in getting the education that is needed out on this serious, serious issue. I believe that our government has been providing the best, most effective strategies possible and will continue to keep on developing new strategies and confident that we will be very successful in fostering approaches to FASD public awareness that effectively reach women at risk. Thank you.

***** (10:50)

Mrs. Mavis Taillieu (Morris): I would just like to also put some comments on the record in regard to the Member for Inkster's (Mr. Lamoureux) private member's bill. I do believe this is a good idea, provides some good ideas and I think that we all should support that.

When we have a bill that is directed at trying to help and prevent such a terrible disease, or it is not a disease, but a condition, fetal alcohol syndrome disorder, I think we need to look at anything that will be of help. The bill prohibits anyone from selling or serving any beverages with more than a 0.5 percent alcohol content without a warning about birth defects caused by consuming alcohol during pregnancy. It requires two forms of warnings: warning labels on bottles, cans and other sealed containers of alcohol beverages unless they are sold by the case or carton and warning signs posted in places where alcoholic beverages are sold and served.

Mr. Speaker, to do something quite as simple and easy as this, to provide signage in places where liquor is sold, and to provide a label on the liquor itself, can only be of help. We see signs posted on other things. We see signs posted on identity theft. We see signs posted, risks of smoking. When you are looking at cigarette packages, there are labels on cigarette packages that promote and tell you about the risks associated with smoking. I think it is incumbent on legislators and government to be proactive and look at how to reduce the risks, rather than wait and let these risks continue and further complicate the health care system and the judicial system.

Certainly public awareness in education is key, as members opposite have said. We do need to educate the public on the effects of fetal alcohol syndrome disorder, certainly want to decrease the number of alcoholic consumption by pregnant moms. Part of that strategy, I believe, would be well-served by allowing signage and labels to be in places where liquor is sold. I think that what we have seen in the province of Ontario is a bill commonly called Sandy's Law, which was passed in 2004, requires licensed bars and restaurants to post signage, warning signs, in prominent locations where patrons can see this. There are jurisdictions in the United States where there is requirement to label alcoholic beverages, Mr. Speaker.

I do not see that this should be a negative thing. I think this is a very, very positive step. Anything that purports and promotes education on the topic would be a good thing. I think it is time for action on this, rather than more committee meetings and more discussions and more discussion papers. I think it is time for action, and I think that signage and labels would be a very easy thing to do and a very good start.

Fetal alcohol syndrome is the leading cause of developmental disability among Canadian children. It is a set of symptoms; it is a spectrum of disabilities associated with prenatal exposure to alcohol.

Mr. Speaker, the unborn child has no say in this. I mean, it is the mother who chooses to consume alcoholic beverages and maybe unknowingly is injuring her child and causing lifelong difficulties for that child. We need to have a prevention strategy here, and I think that part of the prevention is to impress upon pregnant mothers they need to not drink during pregnancy, and one of those things would be simply signage. It is a first step, a very good first step, signage and warning labels, and I do not see that there is a problem with doing that at all.

The statistics say that in one week as many as 10,000 babies are born in Canada. Of these, three are born with muscular dystrophy, four with HIV infections, eight with spina bifida, 10 with Down's Syndrome, but 20 are born with fetal alcohol syndrome, and 100 are born with other alcohol-related birth defects. That gives an indication of the severity of the problem of fetal alcohol syndrome disorders.

Prevention I think is definitely the key to prevent this syndrome from occurring, and it is very simple. It is very simple. Do not drink while pregnant. That is the very simple thing. That is the only way to get this syndrome, the only way the child can get this syndrome. So many children are getting it; prevention definitely is the key.

Treatment on the other hand, because this occurs so frequently, is very expensive in the health care system, in the justice system. The syndrome itself, it is very, very complicated from intellectual defects, learning disabilities, hyperactivity, attention and memory deficits, inability to manage anger and difficulties with problem solving, early school dropout, alcohol and drug abuse problems later on which also leads to problems in securing and maintaining employment leads to homelessness and trouble with the law, enforcement agencies and mental health problems.

All of these things are very detrimental to us as a society, first of all in the education system, having to have more attention paid to children who have special needs in the education system to keep them there, to keep them on track in learning, in the health care system, mental health issues as well. There needs to be supports. There needs to be supports for people, and unfortunately once these children do grow up and reach the age of 18, then there are no supports for them. They have difficulty living on their own and often cannot hold down a job, often become homeless or drug addicted or have problems with the law, Mr. Speaker. So these implications have a huge cost for society, all the way through from education, health, the justice system and certainly our social services.

I believe that this is a very good bill. It is a very good first start. It cannot hurt. It can only help to put signs and labels of warning on alcoholic beverages to prevent mothers from drinking while pregnant and to prevent a host of a range of syndromes related to

fetal alcohol for which this is the only way it can be prevented, by not drinking during pregnancy.

So I would invite members opposite to take a very good look at this bill, support it and enact it. I think there is time for action. It is a very simple thing to do. Why do we not get on with it. I support the bill.

***** (11:00)

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

The hour being 11 a.m., we will now switch to resolutions.

RESOLUTION

Res. 8–Rural Health Care

Mr. Cliff Cullen (Turtle Mountain): Mr. Speaker, I move, seconded by the Member for Emerson (Mr. Penner), the following resolution:

WHEREAS the Brandon Regional Health Authority is experiencing physician vacancies in the areas of pediatrics, orthopedic surgery, emergency medicine, radiology, internal medicine and anesthesia; and

WHEREAS communities throughout the Assiniboine Regional Health Authority are experiencing emergency room closures, doctor shortages and the downgrading of health care services; and

WHEREAS the recruitment efforts of the BRHA and ARHA over the last year have failed to fill many of the vacancies that exist; and

WHEREAS Manitoba taxpayers are footing the bill for locum physician coverage in the Westman region; and

WHEREAS as a result of the physician vacancies and emergency room closures throughout the BRHA and ARHA, many patients are being forced to travel by ambulance on Manitoba's highways to access health care services; and

WHEREAS patients are being assessed ambulance bills totalling thousands of dollars; and

WHEREAS rural Manitobans are being treated as second class citizens; and

WHEREAS the Minister of Health (Mr. Sale) has admitted that the existing ambulance transfer policy is inadequate and inequitable and unfair to rural Manitobans.

THEREFORE BE IT RESOLVED that the Legislative Assembly of Manitoba strongly urge the Premier (Mr. Doer) and the Minister of Health to consider living up to their promises to retain and restore health care services to the city of Brandon and the communities throughout rural Manitoba; and

THEREFORE BE IT FURTHER RESOLVED that the Legislative Assembly of Manitoba strongly urge the Premier and the Minister of Health to consider ending highway medicine and ensure that rural Manitobans are able to access medical treatment in their local hospitals; and

BE IT FURTHER RESOLVED that the Legislative Assembly of Manitoba request the Premier and the Minister of Health to stop treating rural Manitobans like second-class citizens and to consider covering the cost of all inter-facility ambulance transfers.

Mr. Speaker: Order. When moving a resolution, it should be word by word. The honourable member did add two words to the resolution, so it is up to the House to accept it as printed or as stated by the member, which of the two? *[interjection]* I would suggest to the House to accept it as printed. That way we would not have to change the resolution. Would that be agreeable to the House? *[Agreed]*

It has been moved by the honourable Member for Turtle Mountain, seconded by the honourable Member for Emerson–

Some Honourable Members: Dispense.

Mr. Speaker: Dispense? Dispense.

Mr. Cullen: Mr. Speaker, I appreciate the opportunity to speak to this very important resolution. My apologies for adding those two words. I notice the Clerk was very sharp to be able to point that out. So thank you very much for the opportunity to speak to this important bill.

Certainly the state of health care in rural Manitoba is very fragile. To date we have approximately 14 emergency rooms closed in Manitoba. In particular, I think of my constituency of Turtle Mountain. We have, at this point in time, McGregor, Cartwright and the Rock Lake facilities, the emergency rooms are closed in those particular facilities. Also, just adjacent to Turtle Mountain is the emergency room located in Wawanesa which also services quite a few of my constituents. That particular emergency room is closed for some time

as well. So certainly we have a real issue with emergency rooms being closed in rural Manitoba.

When we look at the size of some of these areas in terms of the ability to get to an emergency room when there is an emergency, we are finding there are quite a few miles to travel between facilities. So, Mr. Speaker, it is fairly dramatic for the people in rural Manitoba to have this situation that developed. Unfortunately, the government has let this spiral out of control. We look at the situation in Rossburn, for instance. The facility has been closed for two and a half years. So obviously there is a lot of concern in that particular area. Also, when we look at what are supposedly short-term closures, we have a great fear that they might proceed into the long term.

I do have, and have received from the Manitoba Nurses Union and the CUPE local in the Rock Lake area, which services the hospital in Crystal City, a letter of concern. Mr. Speaker, their letter clearly points out that the local board has been continually actively recruiting for physicians in Manitoba but, unfortunately, has not been able to find doctors. They are pointing out that they are, in fact, in crisis in terms of their health care in that particular area.

I guess we just wonder where we are going to go from here. The government of the day points out that we have more doctors in rural Manitoban than we did in 1999. The questions that the community have to me is, well, in fact, where are these doctors then? We would love to have a list of doctors so we could try to recruit doctors for our local facilities because we are faced with serious shortages and, in fact, many miles between doctors. So when it comes to emergency care, we have very, very serious issues to deal with.

In fact, what happens in rural Manitoba, when we have a shortage of doctors in given areas it puts extra stress on the doctors that are left. I look, for instance, in Rock Lake. We do have the one doctor there on a part-time basis. Again, she is under quite a bit of stress. The issue may come forward that with this extra stress she may be forced to look at moving somewhere else as well. Then, Mr. Speaker, what we would have, we would have two doctors to cover five municipalities and approximately 10,000 people. So, again, the idea of recruiting doctors, we think the government should be onside in terms of recruiting and, hopefully, retaining doctors in these particular areas.

I do also want to talk a little bit about wait times, Mr. Speaker. Obviously, we have the issues there in different areas. We are talking, in some cases, up to 44 weeks of wait time for cataract surgery. We think that that is completely unacceptable.

The other issue that I hear from my constituents is the orthopedic surgery. In particular, I am talking about knees and hips. I know one constituent of mine, his condition was deteriorating because he was not able to get around and get the exercise that he had. He, in fact, had some considerable problems with diabetes, so it really complicated his particular health situation. It was very important for him to have his hip addressed. He found that he was waiting too long in Manitoba, so he had to take the other option, which is to travel outside of Manitoba to get his hip replacement done. He ended up spending thousands of dollars out-of-pocket, out of his pension money, to take the trip to Québec to have his surgery completed. We find this completely unacceptable that Manitobans have to go outside of Manitoba to have their health care dealt with.

We find the same continues to go on with doctors. I am thinking of specialists leaving, in particular, Brandon, Manitoba, where they have had a shortage of different types of specialists. The orthopedic surgeons are leaving Brandon for greener pastures. Again, probably a stress-related issue there with some of the bureaucracy that goes on within the RHA system. So these specialists are leaving.

What happens then is these people have nowhere to go and are actually shuffled within the system in Manitoba. They might be on a wait list, say, in Brandon, and when the doctor leaves that forces them to realign themselves into another wait list. So they have to get themselves on another wait list, whether it be in Winnipeg or in Boundary Trails. What it does, it just exacerbates the problem. So now we have people waiting months and months and sometimes years, Mr. Speaker, to actually get an appointment to see a doctor to get back on the wait list. It is not a very good situation.

***** (11:10)

The other thing, in talking about Brandon, too, we do have certainly a shortage of lab technologists. I guess really this is not just a Brandon problem, but the lab is short, in Brandon, 13 technologists at this point in time. We know the staff there is approaching burnout.

There is a commitment to renovate the lab there, but again, we need the staff to actually carry out the services there. That is the same thing we hear from

the government. The government has brought forward and renovated the hospital in Brandon, but at the end of the day we need doctors there and nurses there and lab technologists there to actually look after the health care in the region. Bricks and mortar do not provide health care. It is the actual bodies that actually provide the health care to Manitobans. So I think it is important that the government take a look at the actual providers that are providing the health care to Manitobans, not just the bricks and mortar.

We do know that health care is very fragile in Manitoba. I look at Glenboro for instance, a pretty good example. We had a lab technician there move to another area and the next lab technician that was going to move in was injured. Because she suffered an injury, the facility, the emergency room facility, was shut down for the course of the summer last year. Obviously, the whole system is very fragile when an emergency room can be shut down because one person is taken out of the system. So it is a very fragile system.

I guess, Mr. Speaker, what we see in rural Manitoba too is a situation now where our patients are travelling by ambulance to get to a facility for treatment. Unfortunately, at the end of the day, the patients, in a lot of cases, are being billed for those transfers. We think it is a very important issue that should be addressed quite quickly by the minister and by this department. We know the Assiniboine region last year had just under 2,000 transfers, so it is a very significant issue.

It is time, we think and Manitobans think, that the hallway medicine should come to an end, the highway medicine should come to an end. It is time for a real look, a real, serious look at heath care in all of Manitoba, and in particular, a real look at how we deliver health care in rural Manitoba.

I realize my time is up, Mr. Speaker, but I appreciate the opportunity to put a few words on the record on this very important issue of health care in rural Manitoba. So thank you very much.

Hon. Tim Sale (Minister of Health): I am delighted to rise and be able to address this issue, which is an issue of genuine concern, I think, to all Manitobans.

I would like the member opposite–I know he does not particularly appreciate history lessons. Let me just cast his mind back to the early 1990s when the members, one of whom is sitting right behind him, cut back the enrolment in the medical school. That was in the early nineties. Let us say that it was 12 years ago, Mr. Speaker. I believe that is about right. It is 12 or 14. So 12 years times 30 doctors per year, 360 more doctors that would have been trained at the Faculty of Medicine at the University of Manitoba and would have been available to be recruited. I know they would not have all stayed here, but a good number of them would have stayed here and would have been available to go into specialty training. In fact, the ones first cut back in the early 1990s were already through their specialty training.

So all the governments across Canada, not just the misguided previous Conservative government, but all of the governments across Canada cut back enrolment in medical schools in the 1990s. It was a foolish move because the report on which it was based, the Barer-Stoddard report, suggested that if you were going to do that, you should then ramp up the training for nurses for extended practice or nurse practitioners, whatever you want to call them. Of course, they did not do that. They just did the easy thing, which was cut enrolment, save some money, do not do anything about nurses.

Now we are in a situation of a structural shortage everywhere in Canada. I know the member recognizes that, but I just would like to tell him that I regularly get clippings from Alberta, particularly rural Alberta where they are short over 90 family doctors at the current time. That is how many they are advertising for right now. Red Lake, Ontario, a few months back, lost all six of their doctors. Goderich, Ontario, my family home, my home town, just built at the local expense, the community's expense, a lovely new clinic. It is pretty, but there is not a single doctor in it, and they cannot find anybody to get in it. So this is a shortage across the country, Mr. Speaker.

I think the other thing that I find fascinating about this member's party and opposition is that precisely at the moment that they are going to debate an issue of rural health care, they hire Don Orchard. Donny Orchard. You know, I recall Donny Orchard quite well. I was standing in the committee room when he unveiled that blue book of health care for Manitobans. I remember that: the promises of investment, the promises of investment in prevention, the promises that were just so marvellous, Mr. Speaker. And, you know, I also remember Donny Orchard's dad. I do not know whether his dad is still living or not, but Donny's dad actually signed the petition that we were circulating to stop them from doing what they were doing. It was very embarrassing for Don

when he found out that his dad had signed the petition to stop what the Conservatives were doing when they were in government.

So at the very time when the member opposite is complaining about some shortages of nurses which are real, absolutely real, his party hires Donny Orchard, the architect of the laying-off of over a thousand nurses during whose time in office some 1,500 nurses left Manitoba. So, I mean, it may be just a coincidence that the same day they are complaining about rural health care they are hiring Donny Orchard to give them direction about the future. So it really is a back-to-the-past kind of view of the world, Mr. Speaker.

The member also spoke about wait lists, and I think he actually referenced cardiac wait lists. So I ask that we take a look at what the reality most currently is in cardiac surgeries. In terms of our meeting of the Ontario benchmarks, this month 94 percent of the benchmark in terms of Level 1, a hundred percent of the Levels 2 and 3. A hundred percent. We are meeting the benchmarks, and I think the member may have been confused by the data on the Web site. It is not weeks; it is days. So just kind of disabuse yourself of that notion. The wait time for emergent–not emergency, but emergent–surgery for cardiac: six days, not six weeks. I need to make sure the member understands that, Mr. Speaker.

We have added more than a thousand hips and knees procedures within the last 12 months alone, Mr. Speaker, in terms of wait lists. The wait times and wait lists for those waiting for hip and knee surgery are coming down. We have had tremendous success in the area of pediatric dentistry where a waiting list of over 1,300 is now just over 500, and a waiting time of over a year is now just over two and a half months. So we have done tremendous work in the last year in bringing down those waits lists, and of course I think all members know in the form of cancer care we lead the country in terms of access to radiation therapy, consistently a week or less in most cancers.

Mr. Speaker, the member also talked about the closures in rural Manitoba. There is no question that we face rotating challenges in keeping ours open. But Ashern is open; Arborg is open; Gimli is open; Erickson is open. The Rivers Hospital will reopen on June the 5th or 6th. It will reopen because this government established Rivers as an acute rehab hospital so that Brandon could do more hip and knee surgery and allow their patients to recover for the four or five days they need in the lovely town of Rivers.

The member also mentioned at one point Minnedosa, but he forgot to mention that in Minnedosa we are now doing arthroscopic surgery. Again, to take pressure off the Brandon facility, the kind of collaboration he was talking about in western Manitoba is happening very effectively, Mr. Speaker.

In terms of the concerns about emergency medicine, you know, I share his concerns about our ER system, or rather our EMS system, our emergency medical transport system. When we formed government, we had an ancient ambulance system. We still had people running ambulances out of funeral homes. We had very low levels of training among our EMS personnel. So we now have 160 state-of-the-art ambulances being rotated through our system across Manitoba managed through Fleet Vehicles, which, by the way, the members opposite began when they were in government. Fleet Vehicles works very well, Mr. Speaker. So Fleet runs our ambulance system.

***** (11:20)

Mr. Speaker, we have created more than 20 new ambulance garages so that the ambulances are properly looked after in heated facilities. The staff have the appropriate facilities to be in. This September in Brandon we will open, what will be at the time, North America's finest centralized ambulance management dispatch service anywhere in North America. That new system will be able, when we have GPS locators for every address in Manitoba, to dispatch ambulances to everybody's address whether it is on a street, a rural route, a First Nations community, because it will have a GPS locator attached to it. So we are going to be able to use our ambulances far more effectively than was ever the case in the past. We will move to deal with the issue that the member has raised and we agree is an issue and that is the whole interfacility transport matter.

Now, Mr. Speaker, the member has also mentioned the issue of nurses. I will remind him that Mr. Orchard, his friend and the new leader in waiting, I guess, of the Conservative Party, they have gone through several and maybe Mr. Orchard is making a comeback, I do not know, but I would remind him that Mr. Orchard was the architect of a system that when we formed government graduated just 214 nurses that year, 214, and we have a workforce of 15,000 nurses. Can the member

opposite just do the quick math and understand that we were graduating less than one-fiftieth of the nurses we needed just to stay even? So, of course, we are very proud of the fact that this year we graduated 800 nurses, four times the number of nurses that were graduated when this poor opposition party left government in 1999.

I am also proud that this September the first intake of 100 medical students will take place in the University of Manitoba. I can report to the member opposite that, out of 22 family physicians who graduated last year, Manitoba retained 18 of those family physicians. So we are a good place to practise and those 18 represent just a small number of the more than 200 additional doctors that are working in Manitoba today than there were in 1999.

So the rural health care system like in every place in Canada will continue to be a challenge for us, continue to be a challenge for all governments, but in large part, Mr. Speaker, it is a challenge because of stupid decisions that were made in the 1990s to reduce enrolments in medical school, to cut lab training programs which the member also mentioned, lab training. I mean remember they ended the lab training programs at Red River College so of course we had to reinstate them and of course we have a shortage because it takes anywhere from two to three to four years to train a lab technician. We are now up at 57 new training places; we promised 50. I am proud of the health care system and how it is functioning in rural Manitoba.

Mr. Jack Penner (Emerson): Mr. Speaker, just to put a few words on the record about the health care situation in rural southeastern and southern Manitoba.

I listened very carefully to what the Minister of Health was saying; however, the one thing he did not say is that maybe the reason that his numbers show waiting lists have declined might be because many of our people are now going to other countries and other provinces to get their services, and they pay dearly out of pocket. It is those people that have the ability to pay for themselves that are leaving this province.

I have currently five constituents, two of– *[interjection]* Well, Mrs. Hildbrand is in South America getting hip surgery. That is Mrs. Mary Hildbrand. Mrs. Helen Hildbrand is currently in South America getting hip surgery. Mr. Froom was in North Dakota getting hip surgery and had a heart attack in North Dakota. The minister so far has refused to pick up the bills of any one of those people because they were sick and tired of waiting 18 months before they could get into a facility over here, and the minister is not correct in what he has said so far.

The other thing that I think we need to recognize is that the waiting lists are not shorter, regardless of what the minister says. Many of the doctors and nurses that are being trained are trained well in this province, so well that other countries immediately hire them. The doctor that performed the hip surgery on Mr. Froom, in North Dakota, was, in fact, a Canadian doctor. So, do we train them? Yes, we do. Do others hire them immediately? You bet they do. Why are we not hiring them over here? Why are we not placing them over here? Why are we not placing the nurses in our facilities if we have such a shortage of nurses? Why is my next-door neighbour not able to land a permanent position as a registered nurse?

I think the minister needs to very carefully think about what he put on the record here today because we have an ambulance service in the town of Emerson that has seven trained persons to operate that ambulance. Yet, that ambulance service in Emerson cannot get a contract with Manitoba Health to provide service. Why have they not a signed contract with Manitoba Health to provide the service? All of southeast Manitoba, there is one ambulance service out of Vita, from the Ontario border to Vita, from Emerson to Vita, look at the distances.

You know where these people are going? They are going right across the line to get their health care services. They are using the American ambulance services. And what do we have to pay? One of my executive people was caught and could not get an ambulance. So he phoned the American ambulance. They came and picked him up and took him to an American hospital. Then they said, I am sorry, we will have to take you to Winnipeg to get treatment. Eighteen hundred dollars later and he got treatment in Winnipeg because there was no ambulance service. If anybody, any of our ministers, stand in their place in this Chamber and expound the virtues of a health care system in southeast Manitoba, better rethink their positions because it is simply not true, Mr. Speaker, what the minister put on the record here today.

In rural Manitoba, and in German, we would call them sie zind sein leugener. But in German or in English, we cannot say that. We cannot use that word. The problem is that we are looking for health care in rural Manitoba. We are looking to stop the waiting lists of some up to 44 weeks. We are looking for allowing our people not to have to dip into their own pockets, not to have to mortgage their farms, to be able to go and get their shoulders, or their hips, or other surgeries in Manitoba. Why do they have to go to North Dakota? Why do they have to go to Germany? Why do they have to go to South America? Because they cannot get into our facilities. Oh, yes, in the town that I live we have five fine doctors. But try and get them into a specialist's office and try to get those specialists to refer them to get operations. They cannot get in. So when those specialists then refer them to other countries, and say, fine, go get it done, you can get the service there, and I could name that person, too, go get it there, the minister refuses to pick up the cost.

Why is that? We make a big deal of saying to people, oh, yes, you do not have to wait. If we cannot do it for you here, we will transfer you to another province. If we cannot do it in Canada, we will take you to another country, and we will pay. Well, show me. So far, I have not experienced that. So far my constituents have not experienced that. They pay out of their own pockets. Have we got a two-tiered health care system in this province? You bet we do. Is it alive and well? You bet it is.

How many emergency rooms have been closed? Emerson emergency room was closed virtually as soon as the NDP government was elected in this province. The Minister of Health came from Grand Forks, or from North Dakota, on a short vacation one day, stopped at Emerson and walked the hallways in Emerson. Two weeks later the hospital sign was covered with a jute bag that said, sorry, no more emergency service in Emerson. Why? Is that how you fix health care? Load them up, ship them out, get them to pay their own costs.

***** (11:30)

I think the Minister of Health needs to apologize to this House and to the people of Manitoba what he just put on the record because it is simply not true. It is simply not true. If they trained the kind of nurses and the kind of numbers of doctors, then why have we got such a shortage of doctors in rural Manitoba? Why are they not going to rural Manitoba instead of to North Dakota and to anywhere else in North America? Why? Why is that? Why can we not keep them in Manitoba? Is it because the atmosphere created by this NDP government is such that they simply do not want to work here? Is it because they are so limited in their abilities to serve the people by the regulations and legislation that is being put before them by this government that restricts their ability to do the job that they were trained to do? Maybe it is.

They keep blaming the former minister of health care and a young lady called Connie Curran. Well, man oh man, I will tell you what this Minister of Health and this NDP government has done to health care in this province far exceeds anything any one single individual could have even attempted to do. The team effort of the total NDP government has decimated the health care system in this province. It is time that the people of Manitoba were told the truth, that they recognize what is really going on in this province. Why do we have to have not only highway health care? We have fly-away health care. We have international health care in this province. If you can afford it, you can get the care, but not in the province of Manitoba. You have got to go somewhere else.

I think it is time, Mr. Speaker, that the people of Manitoba and the people of the rest of Canada were told the truth about how this government, how this NDP government has destroyed the very virtue of universal health care. It is gone.

Our facilities that are still left in rural Manitoba are so jammed up that other people have to be transferred somewhere else. When they are transferred to Winnipeg, what do they do? The Province of Manitoba charges them for all their worth, up to $3,000 for an ambulance fare; $1,800 dollars from southeast Manitoba into Winnipeg, $1,800. We say we have universal health care?

Mr. Speaker: Order. The honourable member's time has expired.

Hon. Rosann Wowchuk (Minister of Agriculture, Food and Rural Initiatives): It does, indeed, give me pleasure to speak after the comments put on the record by the Member for Emerson. I just have to correct some of the information that he has put on which is very, very inaccurate, Mr. Speaker.

The member opposite keeps talking about the shortage of doctors in this province. But he will not admit to the fact that it is because of policies that were put in place when he was in Cabinet, Mr.

Speaker, when he was part of a Cabinet that wanted to save money. They were prepared to cut down the number of doctors that were enroled in the University of Manitoba medical program in order to save money; short-term gain for long-term pain. Imagine, if we had continued at the level with those doctors, the number of doctors that would be available.

The member talks about doctors going to other places to work. Well, you know, Mr. Speaker, this still is a free country, and people can choose whether they want to work in Manitoba, whether they want to work in Saskatchewan, Alberta, or whether they want to go to the United States. They have that choice. I am sure he is not implying that we should put laws in place that somebody that is trained in Manitoba should have to stay in Manitoba.

However, Mr. Speaker, we do have some incentives that are encouraging people from rural Manitoba to take their doctor training, and there are incentives for them to go back to rural Manitoba and into northern Manitoba.

It is interesting, also, Mr. Speaker, that members opposite never talk about northern Manitoba. The members opposite will talk about southern Manitoba, but they will never recognize that there is need for services in northern Manitoba as well, but, of course, they do not represent northern Manitoba and when they were in office, they never really cared about northern Manitoba, and they just care about the people close to them.

However, Mr. Speaker, I would like to also point out to the members opposite that when they were in office in 1998, patients were travelling to Winnipeg to get CT scans. That was the only place CT scans were available. Now they can get back the care they need in Brandon, in Dauphin, in Steinbach, in Thompson, The Pas, Selkirk, Morden-Winkler, Portage la Prairie. They will not admit that there have been many improvements and there are reduced trips for people. I can tell you that it has affected my family because we have had to use those services, and it makes a big difference, when you can have services like a CT scan closer to home.

As well, Mr. Speaker, when they were in government, the only place there was an MRI was in Winnipeg. We have located MRIs outside of Winnipeg, in the Brandon Regional Health Centre that they announced many times but never renovated, and in Boundary Trails, again, servicing people in southern Manitoba, more than the northern part of the province, but we have made improvements.

Member opposite talked about knee and hip surgery and people going out of the country for knee and hip surgery, but, Mr. Speaker, we have reduced the wait time on knee and hip surgery, and there are more knees and hips being operated on in Brandon and in Boundary Trails. Boundary Trails did not perform knee replacements in the nineties. So I would remind the member of all of the services that have been enhanced in rural Manitoba that his government, when he was in government they never even considered.

Mr. Speaker, we have expanded dialysis treatment in rural and northern Manitoba, with new units in Garden Hill, Norway House and Portage la Prairie. Garden Hill dialysis unit is the first to be located outside a Manitoba hospital and the first in a remote community.

Mr. Speaker, I am very pleased that we have been able to improve many facilities, and one of those facilities is right in my constituency, the Swan River Hospital, which was found to have mould in it under the previous administration. The previous administration did not do–the temporary hospital was planned. They did not even put the Swan River Hospital into the capital program. This government saw that there was a need, and that hospital was built. I am very pleased that it has been built so its services can be provided for people of that region.

Mr. Speaker, members opposite talked about hospitals that are being under-utilized. Well, I can remind them that they were under-utilized under their administration to a far greater degree than they are now. Surgeries: we have returned surgeries to rural facilities. Facilities like Minnedosa, Beausejour, Selkirk have facilities that had under-utilized Ors, and more surgeries are being done in those areas.

Mr. Speaker, I think that it is passing strange that members opposite should now be talking about all the services that are needed, and, indeed, we would all want to improve every service that could possibly be improved. I would stand by our Minister of Health (Mr. Sale), both the present and the past ministers of health, who have worked very hard to improve the services that we provide, both in rural and urban Manitoba and in northern Manitoba. But we have to overcome a deficit that is a result of the activities of the previous government, the result of the person that was just hired by the members

opposite to be their adviser on how they should move forward.

Well, to me, Mr. Speaker, that is like going back to the future. You bring in Donny Orchard, the man who was responsible for firing thousands of nurses, a man who was part of government that cut the number of doctors in this province, the number of doctors that were trained, and this is who is now going to orchestrate the plan of how we move forward. I really cannot understand the direction, but I wish them well with that plan of using those same plans that they had in the past.

***** (11:40)

So, Mr. Speaker, there are challenges in rural Manitoba. There are challenges with transportation. There are challenges with people getting to places where they can get treatment, but I would stand by our record on the improvements that we would make. I would hope that the member opposite, as she gets up or he gets up to speak, that they will recognize that CT scans are now available in many places in rural Manitoba. MRIs are now located outside of Winnipeg. The dialysis treatment has been expanded. The wait lists for cardiac surgery and hip replacements have been reduced. Having the number of hip replacements increased, that has been put forward by this government, will certainly help.

But as I say, Mr. Speaker, health care in rural Manitoba does have different challenges than urban centres. For the members opposite to say that people are travelling more now, I would take it that people are travelling less. But there are some facilities where it is very difficult to attract doctors, partly because doctors want to work in larger urban centres, partly because some of the young doctors want to go to other places to work, but there are more doctors working in rural Manitoba now than there were in the previous administration. In fact, there are 67 more doctors working in rural Manitoba than there was under the previous administration.

Every year since we have formed government, the number of doctors has increased. In the nineties, over a hundred doctors left Manitoba. We have reversed the outflow that was there under the previous administration and it is steadily improving, Mr. Speaker, and we will continue to improve services for people right across this province. Thank you very much.

Mrs. Leanne Rowat (Minnedosa): I, too, would like to speak in support of the resolution put forward by the Member for Turtle Mountain (Mr. Cullen). I believe there are a number of issues in regard to rural health care. I think there are many issues in regard to health care in general, Mr. Speaker, that this government has failed to address and has made promises that have been broken over the last several years.

Speaking to the rural health care issues, I think I would like to begin by just sharing information to set the tone regarding a FIPPA that we placed earlier this year in regard to the number of specialists that are missing or vacancy positions there are within the Westman region. Child and adolescent psychiatrists, we are missing two, Mr. Speaker. Adult psychiatry, we have had a vacancy since 1997 and this government has done nothing to try to address that shortage. Anesthesiologists, we are missing one in our region. Internists, we have been missing two of them since 2001.

We have pediatricians, which is an issue that has become very public and a very strong concern for the Westman region and, actually, we have one that is a permanent staff person in Westman, and the rest are being done on rotation. That has cost the taxpayer well over $500,000 in extra costs to health care. Just think what that money could have been used for, if used appropriately in having the pediatricians available in our community.

Recently, I went on the Web site and it showed an ad, Mr. Speaker, for the pediatrician. I guess it just gives me the sense that this government has really, probably given up on the importance of this issue, and have given up on the importance of having a permanent pediatric physician or what were supposed to be four positions in Westman. This is just not acceptable. I guess it begs the question: Has this government really given up and does it not consider that there is any type of a long-term workable solution for this? I believe, based on what I am seeing and hearing, government has failed on this issue.

Going back in Hansard, I had a chance to go back to March, 1998, and I will quote the then-member for Brandon East, Mr. Speaker, and he asked the question of the Minister of Health: We should know that there is now a crisis situation in Westman because the two remaining pediatricians have now formerly advised that they intend to withdraw their on-call services at Brandon Regional Health hospital because they are overworked, underpaid and frustrated after many, many months of

fruitless negotiations. That speaks volumes for the one pediatrician who is left in the community trying to show a leadership role and continuing to provide the services in that area and for the pediatricians who are coming in on a locum basis or on a rotational basis.

This situation has only intensified. For this government to say that they have done all they can and they understand the shortages, it does little to address the issue, Mr. Speaker. It begs the question that referral services, I guess, appear to be this Premier's (Mr. Doer) goal. Like I feel that he is waving a white flag and is appreciating that he cannot keep his promises that he has made to Manitobans and to Westman, Manitoba over the last several years.

I guess I wonder if this government really does believe that a referral clinic is the answer to addressing little people's health care needs. Should a situation arise where a little person is requiring immediate care and service, will this government take responsibility for this little person having to be put into a more critical situation because the care is not being there for them, Mr. Speaker?

In regards to emergency care, Mr. Speaker, we have 14 rural facilities that are closed. I believe that the Premier has made promises and I believe this minister has made promises. They seem to have come short again in the areas. My communities of Wawanesa and Rivers have been dealing with this government on a continual basis regarding the closure of their emergency care and acute care. Rivers, I believe, has worked very hard to retain the services that they have in their community and were successful in lobbying the government to provide services for their community. But the Premier made a promise that no hospital closures would occur in my communities and those promises have been broken.

You know, knowing what the Minister of Health is trying to do, I think that he owes an apology to my communities for the decline in services that are clearly not being provided for my constituents. Highway medicine, yes, and I guess that is the gist of it. They talk about all these ambulances, these new ambulances in these communities. I believe that that is the only health care highlight of rural Manitoba, is seeing these ambulances that are now continually taking patients to Winnipeg for much needed care. I continue to receive, and I received another complaint yesterday from an individual who has a bill of $1,200 for health care, ambulance care, the trip to Winnipeg to provide supports for this individual who had an injury from falling off a grain elevator.

Mr. Speaker, this is totally inappropriate for this government to stand in the House and brag about how well they are doing in health care when so many people are going to other provinces and other countries to get the care that they need.

Mrs. Hyndman from Rivers recently went to Minot to get a hip replacement. She was going to have to wait for up to two years. With the only orthopedic surgeon left in Brandon leaving in May, she was put to the bottom of a list that would probably never have been addressed. This woman needed the care, her husband is having health issues, and she needed the supports. So she goes to Minot and gets the procedure done at her cost. So, saying that the wait lists are declining; yes, it is because people like Mrs. Hyndman are having to go to other provinces to receive care.

I have a gentleman, Mr. Kingdon, in my community in Clanwilliam who is actually on morphine and needs hip replacement surgery and is nowhere near getting the procedure taken care of. He is at his wit's end and is a 60-some years old, and at that age should be enjoying and appreciating the mobility of a person that age and is actually at a loss.

Mr. Speaker, regarding adolescent psychiatric services, again, we raised an issue. Five physicians in Minnedosa wrote a letter to the government asking them, please, and begged for supports to provide adolescent psychiatric supports, and there did not appear to be anything coming from this government until they were willing to write this letter.

So many red flags, so much mismanagement, Mr. Speaker, and it seems that more and more rural patients are falling through the cracks and are just not receiving the care and support that they need.

So on that note I believe that by the Member for Turtle Mountain (Mr. Cullen) bringing this resolution forward it just raises the awareness and the need that this government has had a lot of broken promises, are enhancing highway medicine, interfacility ambulance issues are out of control, shortages for all physicians are out of control, wait lists are out of control, and ER care is non-existent. Thank you, Mr. Speaker.

***** (11:50)

Hon. Stan Struthers (Minister of Conservation): Mr. Speaker, I want to make it clear that I am not speaking in favour of this resolution that has been brought forward. I think it is a shallow resolution. I think it is not a helpful resolution. I think it deserves to be exposed for the political mischief that it is.

Mr. Speaker, I want to address something that has really been, something that is really–other than that, I guess it is okay, but I want to address something that really does bother me about this resolution and really does bother me about some of the flippant terms that are thrown around by our friends across the way. I want to begin my words this morning with a bit of an analysis of the term "highway medicine."

Mr. Speaker, that "highway medicine" term was a term that was coined by members of the opposition, and I can understand that they needed to have something catchy. They needed to have something kind of funny. They needed to have something that was flippant; it kind of kept your seven-second sound bite. Maybe it was during the last provincial election; maybe they needed something catchy like that to describe a practice that was happening and work it to their political advantage.

Now I can understand that in most cases, except there are very real consequences. I want members to understand perfectly crystal clear what they are referring to when they flippantly talk about highway medicine in this province.

Mr. Speaker, I will never forget a meeting that I attended when I was the legislative assistant for the Minister of Health, the Member for Kildonan (Mr. Chomiak). I will never forget a meeting that I attended on his behalf in Dauphin, Manitoba, at the Seniors Centre, the multi-purpose Seniors Centre in Dauphin, where about 40 people gathered, 40 people who gathered in Dauphin to talk about this government's plan to send cancer patients to North Dakota for treatment, cancer patients. This is not what the Tories are writing off as somebody getting in an ambulance in Emerson and paying $1,800 to go to Winnipeg. Let us be clear about that. These were 40 patients, cancer patients, terminally ill cancer patients who were on a waiting list, all in the 1990s, whose prognosis was not that they were going to live a long time, on a waiting list under our friends across the way when they were government.

Our minister very courageously stepped forward, understanding that he would be criticized, understanding that clearly, because I was in those meetings, Mr. Speaker, and I know that the former Minister of Health agonized about this. He stepped forward, I think courageously, and said, I know we are going to get criticized, but I am going to assist Manitobans who are on a cancer waiting list to go to North Dakota, not just outside of our province but outside of our country. Our minister was willing to take that criticism and he did it.

Mr. Speaker, if our minister had not been courageous, if our minister had listened to the wimpy little, politically driven excuses from members opposite, those people at that meeting–and they can smile and laugh now if they like–but those people, those Manitobans that these friends of ours across the way purport to represent, some from their own communities, would not be here today to listen to the debates emanating from this Legislature. I want members opposite to understand that absolutely and completely. Absolutely, those people would not be here today if our minister had not stepped forward and assisted them in getting treatment in the United States of America. That was an action that our members of the opposition today, when they were in government, refused to take. They would not take that step.

Sometimes when you are an elected official you have to stand up and do the right thing. Sometimes you have to stand up and make decisions that are good decisions for people who need your support. Those folks on that waiting list would have died if we had not moved forward to assist them, and what do we get from members opposite? We get flippant, comical, mischievous sayings, clichés. We get called "highway medicine." Now, I want members opposite, every time they stand up in Question Period, every time they stand up and make speeches in this House, every time they talk to the media and they use the term "highway medicine," let there be no doubt that they are referring to people that would have died if our minister had not acted courageously.

I know two of those people because two of them are my constituents. I talked to those two people when I was in opposition, and I agitated on behalf of those people, and I got nowhere with the previous administration. Nowhere. I do not know where members opposite get off flippantly throwing the term "highway medicine" around when it saved lives. It saved Manitobans' lives. And every time members across the way talk about highway medicine, I want them to understand exactly what they are talking about. And do not try to palm this off on somebody

from a rural community paying $1,800 to go to Winnipeg. That is not what this is about. If members want to spin it that way, I want people to know that that provision is history. That term came from members opposite when we decided to send patients to North Dakota to save their lives. *[interjection]*

Now, the Member for Pembina (Mr. Dyck) can squawk about this all he likes *[interjection]*, but when he uses the term "highway medicine," I want him to know that that saved two of my constituents' lives and some of his people too. *[interjection]* In 1999 we decided, in the year 2000 we decided that we were going to actually save some lives in this province and we did it. *[interjection]* Now the Member for Pembina can choose this time to heckle if he likes, but this is a serious matter for Manitobans who were suffering from cancer on a Conservative government waiting list, and we did something about it. He did nothing about it, and he has to understand not to be flippant about this kind of an issue.

Mr. Speaker: Order. When this matter is again before the House, the honourable member will have one minute remaining. We will now recess, and we will reconvene at 1:30 p.m.

LEGISLATIVE ASSEMBLY OF MANITOBA

Thursday, May 11, 2006

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