

**Fourth Session - Thirty-Eighth Legislature**  
of the  
**Legislative Assembly of Manitoba**  
**DEBATES**  
and  
**PROCEEDINGS**

**Official Report**  
**(Hansard)**

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The Honourable George Hickes  
Speaker*

**MANITOBA LEGISLATIVE ASSEMBLY**  
**Thirty-Eighth Legislature**

<b>Member</b>	<b>Constituency</b>	<b>Political Affiliation</b>
AGLUGUB, Cris	The Maples	N.D.P.
ALLAN, Nancy, Hon.	St. Vital	N.D.P.
ALTEMEYER, Rob	Wolseley	N.D.P.
ASHTON, Steve, Hon.	Thompson	N.D.P.
BJORNSON, Peter, Hon.	Gimli	N.D.P.
BRICK, Marilyn	St. Norbert	N.D.P.
CALDWELL, Drew	Brandon East	N.D.P.
CHOMIAK, Dave, Hon.	Kildonan	N.D.P.
CULLEN, Cliff	Turtle Mountain	P.C.
CUMMINGS, Glen	Ste. Rose	P.C.
DERKACH, Leonard	Russell	P.C.
DEWAR, Gregory	Selkirk	N.D.P.
DOER, Gary, Hon.	Concordia	N.D.P.
DRIEDGER, Myrna	Charleswood	P.C.
DYCK, Peter	Pembina	P.C.
EICHLER, Ralph	Lakeside	P.C.
FAURSCHOU, David	Portage la Prairie	P.C.
GERRARD, Jon, Hon.	River Heights	Lib.
GOERTZEN, Kelvin	Steinbach	P.C.
HAWRANIK, Gerald	Lac du Bonnet	P.C.
HICKES, George, Hon.	Point Douglas	N.D.P.
IRVIN-ROSS, Kerri	Fort Garry	N.D.P.
JENNISSEN, Gerard	Flin Flon	N.D.P.
JHA, Bidhu	Radisson	N.D.P.
KORZENIOWSKI, Bonnie	St. James	N.D.P.
LAMOUREUX, Kevin	Inkster	Lib.
LATHLIN, Oscar, Hon.	The Pas	N.D.P.
LEMIEUX, Ron, Hon.	La Verendrye	N.D.P.
MACKINTOSH, Gord, Hon.	St. Johns	N.D.P.
MAGUIRE, Larry	Arthur-Virden	P.C.
MALOWAY, Jim	Elmwood	N.D.P.
MARTINDALE, Doug	Burrows	N.D.P.
McFADYEN, Hugh	Fort Whyte	P.C.
McGIFFORD, Diane, Hon.	Lord Roberts	N.D.P.
MELNICK, Christine, Hon.	Riel	N.D.P.
MITCHELSON, Bonnie	River East	P.C.
MURRAY, Stuart	Kirkfield Park	P.C.
NEVAKSHONOFF, Tom	Interlake	N.D.P.
OSWALD, Theresa, Hon.	Seine River	N.D.P.
PENNER, Jack	Emerson	P.C.
REID, Daryl	Transcona	N.D.P.
REIMER, Jack	Southdale	P.C.
ROBINSON, Eric, Hon.	Rupertsland	N.D.P.
ROCAN, Denis	Carman	P.C.
RONDEAU, Jim, Hon.	Assiniboia	N.D.P.
ROWAT, Leanne	Minnedosa	P.C.
SALE, Tim, Hon.	Fort Rouge	N.D.P.
SANTOS, Conrad	Wellington	N.D.P.
SCHELLENBERG, Harry	Rossmere	N.D.P.
SCHULER, Ron	Springfield	P.C.
SELINGER, Greg, Hon.	St. Boniface	N.D.P.
SMITH, Scott, Hon.	Brandon West	N.D.P.
STEFANSON, Heather	Tuxedo	P.C.
STRUTHERS, Stan, Hon.	Dauphin-Roblin	N.D.P.
SWAN, Andrew	Minto	N.D.P.
TAILLIEU, Mavis	Morris	P.C.
WOWCHUK, Rosann, Hon.	Swan River	N.D.P.

**LEGISLATIVE ASSEMBLY OF MANITOBA**

**Tuesday, May 16, 2006**

**The House met at 1:30 p.m.**

**ROUTINE PROCEEDINGS**

**PETITIONS**

**Funding for New Cancer Drugs**

**Mrs. Bonnie Mitchelson (River East):** Mr. Speaker, I wish to present the following petition.

These are the reasons for this petition:

Cancer is one of the leading causes of death of Manitobans.

Families are often forced to watch their loved ones suffer the devastating consequences of this disease for long periods of time.

New drugs such as Erbitux, Avastin, Zevalin, Rituxan, Herceptin and Eloxatin have been found to work well and offer new hope to those suffering from various forms of cancer.

Unfortunately, these innovative new treatments are often costly and remain unfunded under Manitoba's provincial health care system.

Consequently, patients and their families are often forced to make the difficult choice between paying for the treatment themselves or going without.

CancerCare Manitoba has asked for an additional \$12 million for its budget to help provide these leading-edge treatments and drugs for Manitobans.

Several other provinces have already approved these drugs and are providing them to their residents at present time.

We petition the Legislative Assembly of Manitoba as follows:

To request the Premier (Mr. Doer) of Manitoba and the Minister of Health (Mr. Sale) to consider providing CancerCare Manitoba with the appropriate funding necessary so they may provide leading-edge care for patients in the same manner as other provinces.

To request the Premier of Manitoba and the Minister of Health to consider accelerating the process by which new cancer treatment drugs are

approved so that more Manitobans are able to be treated in the most effective manner possible.

This petition is signed by Joanne Keith, Lisa Monteith, Michelle Becker and thousands of others.

**Mr. Speaker:** In accordance with Rule 132(6), when petitions are read they are deemed to be received by the House.

**Mr. David Faurshou (Portage la Prairie):** Mr. Speaker, I wish to present the following petition to the Legislative Assembly of Manitoba.

These are the reasons for this petition:

Cancer is one of the leading causes of death of Manitobans.

Families are often forced to watch their loved ones suffer the devastating consequences of this disease for long periods of time.

New drugs such as Erbitux, Avastin, Zevalin, Rituxan, Herceptin and Eloxatin have been found to work well and offer new hope to those suffering from various forms of cancer.

Unfortunately, these innovative new treatments are often costly and remain unfunded under Manitoba's provincial health care system.

Consequently, patients and their families are often forced to make the difficult choice between paying for the treatment themselves or going without.

CancerCare Manitoba has asked for an additional \$12 million for its budget to help provide these leading-edge treatments and drugs for Manitobans.

Several other provinces have already approved these drugs and are providing them to their residents at present time.

We petition the Legislative Assembly of Manitoba as follows:

To request the Premier (Mr. Doer) of Manitoba and the Minister of Health (Mr. Sale) to consider providing CancerCare Manitoba with the appropriate funding necessary so they may provide leading-edge care for patients in the same manner as other provinces.

To request the Premier of Manitoba and the Minister of Health to consider accelerating the process by which new cancer treatment drugs are approved so that more Manitobans are able to be treated in the most effective manner possible.

Signed by Philip Jannard, Corey Lees, Chris Schnezch and many, many others Manitobans.

#### **Removal of Agriculture Positions from Minnedosa**

**Mrs. Leanne Rowat (Minnedosa):** Mr. Speaker, I wish to present the following petition.

These are the reasons for this petition:

Nine positions with the Manitoba Agriculture, Food and Rural Initiatives Crown Lands Branch are being moved out of Minnedosa.

Removal of these positions will severely impact the local economy.

Removal of these positions will be detrimental to revitalizing this rural agriculture community.

We petition the Legislative Assembly of Manitoba as follows:

To request the provincial government to consider stopping the removal of these positions from our community, and to consider utilizing current technology in order to maintain these positions in their existing location.

This petition is signed by Janine Simpson, Roger Morris, Bonnie Mackling and many, many, many others.

\* (13:35)

#### **Levy on Cattle**

**Mr. Larry Maguire (Arthur-Virden):** Mr. Speaker, I wish to present the following petition.

These are the reasons for this petition:

The provincial government intends to create a provincial check-off fee, levy of \$2 per head, for cattle sold in Manitoba. This decision was made without consultation with Manitoba's cattle producers and representatives from agricultural groups.

This \$2-a-head increase will affect the entire cattle industry in Manitoba, which is already struggling to recover from the BSE crisis and other hardships. It would encourage fair and equitable practices if cattle producers in Manitoba had the opportunity to share in the decision-making process.

We petition the Manitoba Legislative Assembly as follows:

To urge the Minister of Agriculture, Food and Rural Initiatives (Ms. Wowchuk) to consider holding consultations with Manitoba's cattle producers and representatives from agricultural groups before this levy is put in place.

This petition is signed by M. McNish, Todd Van Loo, Trev Williamson and many, many others.

#### **OlyWest Hog Processing Plant**

**Hon. Jon Gerrard (River Heights):** I wish to present the following petition to the Legislative Assembly of Manitoba.

The background for this petition is as follows:

The Manitoba government, along with the OlyWest consortium, promoted the development of a mega hog factory within the city of Winnipeg without proper consideration of rural alternatives for the site.

Concerns arising from the hog factory include noxious odours, traffic and road impact, water supply, waste water treatment, decline in property values, cost to taxpayers and proximity to the city's clean drinking water aqueduct.

Many Manitobans believe this decision represents poor judgment on behalf of the provincial government.

We petition the Legislative Assembly of Manitoba as follows:

To request the provincial government to immediately cancel its plans to support the construction of the OlyWest hog plant and rendering factory near any urban residential area.

Signed by Ed Tane, S. Chelsea, Brydget Lewicki and many, many others.

#### **Crocus Investment Fund**

**Mr. Kevin Lamoureux (Inkster):** I wish to present the following petition to the Legislative Assembly of Manitoba.

The background to this petition is as follows:

The government needs to uncover the whole truth as to what ultimately led to over 33,000 Crocus shareholders to lose tens of millions of dollars.

The provincial auditor's report, the Manitoba Securities Commission investigation, the RCMP

investigation and the involvement of our courts, collectively, will not answer the questions that must be answered in regard to the Crocus Fund fiasco.

Manitobans need to know why the government ignored the many warnings that could have saved the Crocus Investment Fund.

We petition the Legislative Assembly of Manitoba as follows:

To urge the Premier (Mr. Doer) and his NDP government to co-operate in uncovering the truth in why the government did not act on what it knew and to consider calling a public inquiry on the Crocus Fund fiasco.

That is signed, Mr. Speaker, by E. Celones, D. Sison, L. Shields and many, many other Manitobans.

### Introduction of Guests

**Mr. Speaker:** Prior to Oral Questions, I would like to draw the attention of honourable members to the Speaker's Gallery where we have with us today His Worship Bill Comaskey, mayor of the city of Thompson. This visitor is a guest of the honourable Minister of Intergovernmental Affairs and Trade (Mr. Smith).

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

## ORAL QUESTIONS

### Crown Corporations Political Advertising

**Mr. Hugh McFadyen (Leader of the Official Opposition):** Mr. Speaker, as the Premier undoubtedly knows, his government's Bill 22 attempts to expand the range of things that Crown corporations can advertise during a writ period. Given this attempt to sneak through an amendment to broaden the scope of Crown corporation political advertising during election campaigns, can Manitobans expect his government to engage in more sneaky and slick ratepayer-funded political advertising in the coming campaign?

\* (13:40)

**Hon. Gary Doer (Premier):** I think you will find, Mr. Speaker, that the existing law on advertising in political campaigns and the proposed amendment reduces the ability of the government to advertise, not only in an election campaign but also in a by-election. It dramatically restricts the amount of advertising to take place. This amendment was

drawn up with the advice of the Chief Electoral Officer. We look forward to the public hearings on it, but from where we are today to where we are proposed to go it is a restriction on advertising and we think it is obviously in the public interest.

**Mr. McFadyen:** Mr. Speaker, the sultan of spin is at it again. The existing legislation allows Crown corporations to advertise existing programs. The amendment allows them to advertise the Crown corporations' business plans.

I wonder, Mr. Speaker, given that they are moving from existing plans and programs of Crown corporations to advertising business plans, a far more general allowance for Crown corporation advertising during an election campaign, I wonder if the Premier can advise the House as to which Crown corporations are now planning ad campaigns, who is involved in planning those campaigns and when are they expected to air.

**Mr. Doer:** Well, Mr. Speaker, the sultan of smear has spoken, and I would have as my source his former boss, the mayor of the City of Winnipeg, so we need no advice from the member opposite.

In the last by-election which the member opposite was part of, there was a whole set of ambiguities about what could be advertised and what could not. In fact, he may want to consult with his caucus because there was criticism about ads dealing with crystal meth not proceeding during the by-election period. Members opposite were criticizing the government, Mr. Speaker, so we have clarified the laws on restricting dramatically the ability of governments to advertise during election campaigns.

We have restricted, if not prohibited, the ability of the government to advertise, government departments to advertise, during elections. For example, he would be aware, I believe in '99 and in other election years, there used to be advertising on tourism. There are a number of restrictions made. Of course, the tourism branch is now an outside agency of government.

Mr. Speaker, the member opposite will know there were no restrictions, and Crowns now have restrictions, but the wording of that was prepared by the Chief Electoral Officer. He was not at the committee with the Chief Electoral Officer when the committee sat. I know it sat after four o'clock in the afternoon. He did not go to the committee. Maybe he should have asked the Chief Electoral Officer and maybe he should not have gone home early.

**Mr. Speaker:** Order. I just want to remind members when addressing each other to do it by portfolios or by constituencies. I heard from both sides that are pretty close to crossing the line, so I would be a little careful.

**Mr. McFadyen:** Mr. Speaker, since the Premier does not want to disclose to the House which Crown corporations are now in the planning stages of political advertising campaigns, I wonder if he would advise the House as to whether any of the Crown corporations that he is responsible for that are now planning ad campaigns have engaged his party's pollster, Viewpoints Research, to assist with message development for those campaigns.

**Mr. Doer:** Mr. Speaker, I have polls that were commissioned by the previous government, by the Department of Health, that asked political questions about how well Premier Filmon was doing, and where did those polls go? They went to the Leader of the Opposition. Do not be holier than thou, sir.

**Mr. Speaker:** The honourable Leader of the Official Opposition, on a new question.

\* (13:45)

#### **Manitoba Economy Small Business Decline**

**Mr. Hugh McFadyen (Leader of the Official Opposition):** Mr. Speaker, on a new question. The Western Centre for Economic Research today released a study and that study reveals that once again Manitoba is being dragged down by this tax-and-waste NDP government. The report states that small businesses grew substantially in Alberta and B.C. during the 2000 to 2004 period, while Manitoba showed a decrease in the businesses with self-employed workers and small businesses with fewer than 50 employees. This supports the anecdotal evidence.

In today's *Free Press*, we see a quote from a 27-year-old former Winnipegger now living in Vancouver complaining that the words "Manitoba" and "opportunity" are two words that you rarely hear today in the same sentence.

Given the dismal record of Manitoba versus the rest of western Canada, will the Premier now admit that his tax-and-waste policies are killing opportunity here in Manitoba?

**Hon. Gary Doer (Premier):** Mr. Speaker, the Conference Board of Canada just came out today and predicted Manitoba's growth rate would be 3.6

percent, the second-highest in western Canada and the second-highest, well above the national average.

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

**Mr. Speaker:** Order.

**Mr. Doer:** Mr. Speaker, when the swaggering Tories were in office, the small business tax rate was 8 percent. When he was working for Premier Filmon, it was 8 percent and the threshold was 200,000. When we came in, in 2000, that is what the rate was. We lowered it in 2001. We have lowered the small business tax in 2002. We have lowered it in 2003. We have raised the threshold in 2005. We have lowered the small business tax in 2006, and it is going down from 8 percent to 3 percent in 2007.

When we came into office, the swaggering Tories had the second-highest small business tax in Canada and the highest corporate tax in Canada. We are now tied with Alberta for a small business tax rate. We are making progress every year. You are talkers; we are doers.

**Mr. McFadyen:** Mr. Speaker, I know that, thanks to their rich uncles in Ottawa, they have had a lot of money to throw around over the last six years. What a story of wasted opportunity when compared to our neighbouring provinces.

The same report released today says that there was a decline between 1999 and 2004 in nine out of 16 small business sectors in Manitoba. The biggest declines were in areas that generate wealth and tax revenues, including trade, finance and manufacturing. But, Mr. Speaker, on the other side, the largest growth came in areas supported by tax dollars, including the social assistance sector of small business.

So let me ask the Premier: Is it a deliberate policy of the Premier to encourage growth in the social assistance sector, where most of his friends are employed, while this government kills off the wealth-creating sector of the Manitoba economy?

**Mr. Doer:** Well, Mr. Speaker, we know on the member's Web site he brags about selling shares through his brokerage firm, Wellington West. We know where the friends are, and Manitobans will not trust those people ever again with a Crown corporation and the ownership of a Crown corporation.

I would point out today that again the Conference Board is predicting a 3.6 percent growth in Manitoba in the 2006 year. I also attended an event at the University of Manitoba—[interjection]

Mr. Speaker, I recall when we were elected in 1999, the bioscience industry of Manitoba was absolutely stagnant. It was going ahead in Saskatchewan, nanotechnology in Alberta, and, of course, biomed and science in British Columbia.

Mr. Speaker, we have since invested considerably in places like the Richardson nutraceutical and functional food centre. I would note today that 10 scientists and researchers from McGill, Montreal, Canada, are now located, along with 50 other scientists, at the functional food centre at the University of Manitoba campus. Members opposite, when they were in government, said no to that project. Manitoba has the fastest growing bioscience industry in Canada. Social assistance numbers are down. Bioscience, the knowledge economy, is up. It is something they do not even understand.

\*(13:50)

**Mr. McFadyen:** I see the seals are in good form today. They get so excited every time the Premier talks about new government spending, the excitement is just palpable on that side of the House, Mr. Speaker.

And I just note, you know, with all the help they are getting from Ottawa after years of trashing the federal Conservatives, now Stephen Harper is the Premier's good friend. I guess it is one of these things: Oops, he is in power now and I need his money, so I guess he is my good friend now, my good pal Stephen Harper.

So, Mr. Speaker, I do not want to digress, so let me come back to this damning report on the performance of this government. The report goes on to say that trade and other services which grew in the 1992 to 1999 period, declined in the 1999 to 2004 period under this NDP Premier's watch. It also says that those three regions in Manitoba that grew saw only modest growth, to quote the words of the report, while the remaining four regions all had negative growth rates. It states, and I quote: This contrasted with the 1995 to 1999 period when all regions in Manitoba saw positive growth.

Given that Manitoba is dead last in western Canada, and given that our decline began and continues under this government, will the Premier admit that his economic policies are failing young Manitobans and will he commit himself to changing course before he does irreparable harm to the future of Manitoba?

**Mr. Doer:** Mr. Speaker, the report finds the 6,400 new jobs were created in small business between '99 and 2004. It also would point out that a number of the sectors are booming. There is another report out today from the Conference Board that says the fully implemented—now, this is something they never did; when fully implemented, the tax measures in the 2006 budget are expected to help Manitoba maintain its business attractiveness and increase its competitiveness.

Now let me explain this to members opposite. This is why we have a 3.6 percent GDP growth issued by the Conference Board of Canada. A small business tax rate at 8 percent, second highest in Canada, is what they left. They talked a lot. They yelled a lot. They did nothing on the small business tax. Nada, zilch, zero. The small business tax now in Manitoba is now going to 3 percent, Mr. Speaker. That is why Manitoba is predicted to have a 3.6 percent growth rate in 2006. They do not even know what a 3.6 percent growth rate looks like because they never had it.

#### **Manitoba Economy Small Business Decline**

**Mr. Gerald Hawranik (Lac du Bonnet):** Mr. Speaker, the report by the Western Centre for Economic Research indicates that more than 40 percent of Manitoba's workforce is employed by small business. Small business is an integral part of Manitoba's economy. However, because of the anti-business climate in this province created by this NDP government, the numbers of small businesses in Manitoba shrank by more than 10,000 businesses, a reduction of 11 percent in five short years.

So I ask the Minister of Finance: Why has he created an anti-business climate in Manitoba which has reduced the numbers of small businesses in Manitoba?

\*(13:55)

**Hon. Greg Selinger (Minister of Finance):** Mr. Speaker, I said before the member speaks in *Alice in Wonderland* language. When they were in government, they promised to reduce the small business rate by 1 percent, but they never actually delivered on it because they lost office.

We have made a commitment to reduce the small business rate by over 63 percent and double, from \$200,000 to \$400,000, the threshold under which small business rates will be taxed 4.5 percent,

going down to 3 percent from 8 percent and 9 percent when they were in office.

If the member calls a 67 percent reduction in taxes an anti-business climate, what was it when they were in office? It must have been more than anti-business. I search for the adjectives to describe the complacency with which they ran the province.

**Mr. Hawranik:** Mr. Speaker, clearly under this NDP government, Manitoba is not open for business. Manitoba was dead last in western Canada with respect to the numbers of new businesses created per capita from 2000 to 2004. Saskatchewan, B.C., Alberta, all outperformed Manitoba.

So I ask the Minister of Finance: Why do we always rank dead last? When will he create a business climate in Manitoba which will allow for the creation of more small businesses in Manitoba?

**Mr. Selinger:** Another measure that the members voted against in our last budget was the increase by 33 percent of our R&D tax credit from 15 percent to 20 percent, 25 percent to 30 percent. That increase is a partial contributor to the fact that Manitoba with 4 percent of the population holds 8 percent of the biotech activity. The jobs there, Mr. Speaker, \$40,000 to \$60,000 on average. In the R&D sector, up to \$80,000. We are one of the fastest-growing biotech communities in all of Canada. It has been acknowledged by all the consulting reports. It has been acknowledged by the Government of Canada. The only people that do not see what is going on in the province are the blind folks sitting across the way.

**Mr. Hawranik:** Mr. Speaker, let me remind the minister what we voted against was a spend-and-waste government. That is what we voted against.

Mr. Speaker, the report also indicates that from 1992 to 1999, Manitoba saw prominent growth in the education services sector, trade and other services sectors. However, when we contrast that to 1999 to 2004, when we had an NDP government coincidentally, these sectors declined. Growth during a PC government, stagnation and decline under an NDP government.

So I ask the Minister of Finance: When will he admit that the economic policies that he has produced for this province have failed to grow our economy in step with the rest of Canada?

**Mr. Selinger:** Mr. Speaker, in the last 12 months alone, we have seen 14,600 new private-sector jobs created, a growth rate of 3.4 percent in this province which exceeds the national growth rate of 2 percent. Wage growth in this province, the increase in wages, is above the Canadian average. Three-quarters of all the jobs being created in this province are private-sector jobs. Capital investment is double the national rate in this province. Manufacturing investment is up 60 percent this year, leading all of Canada.

The members opposite prefer to see the glass as always empty. We see it as half full and getting filled right to the top.

#### **Westman Regional Laboratory Shortage of Technologists**

**Mrs. Leanne Rowat (Minnedosa):** According to the Westman Lab staff in Brandon, the lab is currently experiencing a critical shortage of qualified registered technologists. DSM and Westman Lab's CEO have publicly agreed with their position that there is a shortage of at least 13 technologists at this lab.

Does the minister stand by his belief, as reported in the *Brandon Sun*, that the Westman Lab is not short-staffed?

**Hon. Tim Sale (Minister of Health):** Mr. Speaker, the member being relatively recently elected may not know that her predecessors, her party, cancelled the work on the Westman Lab when they were in government. Cancelled it. They did nothing.

Secondly, because of the work of my colleague, the Minister of Energy, Science and Technology (Mr. Rondeau), in terms of expanding the training in our lab tech programs, we now have 57 additional seats in our lab tech programs, and we have return-of-service agreements for this June for seven of those eight vacancies because of the long-term work started by this minister and by this government.

You do not fix their mistakes in a day, but they are fixed now. We are going to have enough staff in that lab in June.

**Mrs. Rowat:** Mr. Speaker, Heather Hotel has indicated how about the retention and decent contracts that would reward the employees that are currently there that would also be supporting the shortage?

According to the Westman Lab, it is currently short 13 technologists, and the Westman Lab technologists have said you cannot run a place without

staff. They should have learned that lesson from the hospital in Brandon that has a beautiful front, an old third and fourth floor but no staff.

\* (14:00)

**Mr. Sale:** Well, Mr. Speaker, indeed the previous government did learn. They cancelled the training programs and they cancelled the renovation. They effectively did nothing for the Westman Lab in 11 long, sad years. We initially moved to do a modest renovation. We worked with the staff and they said it is not going to work. We more than doubled the renovation that is now underway. It is up to \$7 million including a substantial rebuild, and we are going to be able to staff it because of the work of this government, the previous minister who reinstated the programs that were cancelled during those dim, dark Tory years of the 1990s. We now train lab techs in Manitoba. We will have enough to staff that new lab and by June, seven of the eight vacancies will be filled.

**Mrs. Rowat:** Mr. Speaker, let us fast forward to 2006. They build it, people leave. According to Westman Lab, they have lost 50 technologists to the other provinces since 2000. This critical shortage is having a serious impact on the lab services being provided to rural and northern Manitobans.

Is the minister not responding to the letter he received from the Westman Lab staff last December because he does not have a plan for the retention of these valuable health care professionals?

**Mr. Sale:** Well, contrary to what the member says, one of the first places I visited when I became Minister of Health was the Westman Lab. I visited there twice. I have sat down with members of the lab. I met with members of DSM Manitoba, and I was pleased with the Minister of Advanced Education and Training (Ms. McGifford) to preside at the opening of the additional seats at Red River community college so that there will be enough staff not just for the Westman Lab but for the Cadham Lab, for St. Boniface and for Health Sciences Centre.

Instead of being a situation where there were zero graduates from the needed training programs and zero work being done in the labs, we put in new diagnostic equipment, new blood sampling equipment and \$7 million worth of renovations that are now underway and committed in our budget. There are staff to meet the vacancies.

### **Westman Regional Laboratory Shortage of Technologists**

**Mrs. Myrna Driedger (Charleswood):** Mr. Speaker, it is the lab technologists in Brandon who have brought this issue forward because this government is doing nothing for them seven years after they have formed government. The staff at the Westman Lab are feeling actually pretty desperate about their critical staff shortages and that is their language. They are saying it is critical.

The Minister of Health is saying they are not short-staffed. The lab technologists are saying they are short-staffed. Is the Minister of Health calling these lab technologists liars?

**Hon. Tim Sale (Minister of Health):** First of all, Mr. Speaker, the Member for Charleswood was the legislative assistant when the renovations to Westman Lab were cancelled under the previous government. She would remember that. She might also remember that it was their solution to put a couple of ATCO trailers on the Westman Lab, old ATCO trailers where people's lab work was being done. That was their solution.

Since we formed government, 150 additional technologists have been hired since 2003. We have more than met our commitment of 50 additional training slots. It is 57 we are up to, and I just finished acknowledging that there are eight vacancies of which seven will be filled in June.

**Mrs. Driedger:** Mr. Speaker, we are talking about seven years of NDP government. This is happening under the NDP government's watch.

The lab technologists sent a letter to the Minister of Health in December. They have not received a letter back from this Minister of Health almost six months later, and they are saying they have a critical shortage. The head of the lab, the CEO of the lab, is actually supporting what they are saying and he is saying it is a strain upon their workloads because of the shortage.

So I would like to ask the Minister of Health: Why is he trying to paint such a rosy picture of what is happening there? The technologists are saying that it is a critical shortage. This minister is saying there is no shortage. He is trying to paint a rosy picture. Is he calling them liars?

**Mr. Sale:** Mr. Speaker, precisely because of the fact that in the 1990s the planned renovations were cancelled and an ATCO trailer set was attached to

the south end of the labs, that is why we are doing \$7 million worth of renovations, including moving the nuclear medicine suite very quickly so that we can make space in the lab for the changes that need to be made there.

As I have said in the answer to my previous question, we have hired an additional 150 technologists. What is much more important, Mr. Speaker, we reopened the training programs so that the shortages created by their closure of those programs can be overcome. They cannot be overcome overnight any more than our shortage of doctors and nurses is overcome, but we have 200 more doctors, we have 1,300 more nurses and we have 150 more technologists, and it is getting better every year.

**Mrs. Driedger:** The minister is talking about \$7 million in renovations. Absolutely nothing has started and that is another concern that the technologists have. Mr. Speaker, 50 technologists have left the Westman Lab in the last five years. That means it happened under the NDP government. Fifty have left to B.C., to Alberta and to Ontario. According to the technologists, as of March, there were 13 vacancies. Last week they did not even have enough technologists to staff the evening shifts.

I would like to ask the Minister of Health: Are patients being put at risk? Is patient safety an issue here without having all of these technologists in place? Is patient safety a problem?

**Mr. Sale:** Mr. Speaker, I am not aware of any undue waiting for any samples. When I was at the Westman Lab, they were very proud of the fact that they actually turn around tests the same day for some of the rural centres that send them in. They have an exemplary record of serving the RHAs of rural Manitoba.

We are committed to the renovations. The tender for the nuclear medicine move will go out very soon. But it had to be done properly so that the amount of space we allocate for it will free up enough space in the lab so that the renovations to the necessary areas of that lab can be done appropriately. The money is in the budget. The documents for tender will go out very shortly, and the additional staff will be coming in June to fill most of those vacancies.

### **Rural Health Care Interfacility Transfer Payment Policy**

**Mr. Leonard Derkach (Russell):** Mr. Speaker, for months now rural Manitobans have been treated as second-class citizens by this Minister of Health as a

result of hospital closures, emergency ward closures and citizens of Manitoba being forced to pay for interfacility transfers.

On May 2, the Minister of Health indicated that his department and his government would pick up the cost of interfacility transfers. I ask the minister whether this policy is now in place or whether it will be in place very shortly, Mr. Speaker.

**Hon. Tim Sale (Minister of Health):** Mr. Speaker, as the member knows, the commitment to address this issue was made in our Throne Speech. We have been working on the complex program. We have over 24 ambulance systems that are still being run at the municipal or local level. We need to work with each one of those to determine the amount of interfacility transport and the cost of that transport and the frequency. We are also in the process of completing the renovation and installation of equipment on the sixth floor of the nursing building at Brandon general hospital for the Manitoba Medical Transportation communications centre which will also co-ordinate interfacility transfers. This is a very complex issue and we are making very good progress on it.

**Mr. Derkach:** Mr. Speaker, all he is talking about is the administration of issues related to transportation. We are talking about the costs being borne by the individual who has to be transported between facilities. That is the issue. Manitobans are still receiving those bills. Those bills are not being paid.

The minister said his government will pay for those bills. I ask them: When will that policy come into effect?

\* (14:10)

**Mr. Sale:** The policy will come into effect when we have sufficient information that we can put the policy in place. As I have said and I have said publicly a number of times, this is a very complex issue. We have to be very careful that we treat all of the ambulance authorities fairly and all citizens fairly in what we do. I acknowledge that this was a complex matter. I have said that a number of times. We have made the commitment to address the matter.

I would just remind the member opposite that it was their policy that was put in place. They had 11 years to address this pressing issue that they are now so suddenly concerned about. We are working to do it. We will do it just like we rebuilt the Brandon hospital. We put 160 ambulances on the road. We cut

waiting times for MRIs in half. When we say we are going to do something, we do it. They cancel.

**Mr. Derkach:** Mr. Speaker, I want to remind the minister about his Premier's commitment to Manitobans six and a half years ago when he said that he can fix health care with \$15 million in six months. This is a small part of health care, but rural Manitobans are being penalized because this government does not move on a policy that is pretty straightforward.

When will citizens of rural Manitoba get their money back for the interfacility transfers that they are being forced to pay today, Mr. Speaker?

**Hon. Gary Doer (Premier):** Well, there were a number of policies that we said we would correct in government. One was the reduction in the nurses that were being trained. We changed that. We reversed it. We were opposed to the reduction in doctors being trained in medical schools. We reversed that. We are increasing that. We were opposed to the members restricting technologists and their roles. We were opposed to the lack of capital investment. We are doing that. We are now building the transportation centre in Brandon for \$9 million and \$1 million in operating costs. When that is in place with 165 other ambulances, new ambulances, we will bring in the standard rate.

We promised to reverse the policies of the Tories, and we will do it, Mr. Speaker. We will do it for the people of Manitoba.

#### **St. Boniface Hospital Funding**

**Hon. Jon Gerrard (River Heights):** Monsieur le Président, la semaine dernière le ministre de la Santé (M. Sale) a haussé les épaules et dit qu'il était fier de la situation dans les salles d'urgence. Mais maintenant, il nous manque 14 médecins dans les salles d'urgence de nos hôpitaux communautaires à Winnipeg. Il y a également des problèmes à l'Hôpital de Saint-Boniface, avec des patients dans les couloirs à côté de la salle d'urgence. Quel désastre, mais le ministre est fier de ce désastre.

Je demande au ministre des Finances (M. Selinger) pourquoi il donne moins d'argent à l'Hôpital de Saint-Boniface qu'aux autres services de soins aigus du reste de la province.

#### **Translation**

*Mr. Speaker, last week the Minister of Health (Mr. Sale) shrugged and said that he was proud of the*

*situation in the emergency rooms, but now we have a shortage of 14 doctors in the ERs of the community hospitals of Winnipeg. There are also problems in St. Boniface Hospital with patients in the hallways beside the ER. This is a disaster, but the minister is proud of this disaster.*

*I am asking the Minister of Finance (Mr. Selinger) why he gives less money to St. Boniface Hospital compared to other acute care rooms in the province.*

**Hon. Tim Sale (Minister of Health):** Merci pour la question. Monsieur le Président, je répondrai en anglais, s'il vous plaît.

#### **Translation**

*Thank you. Mr. Speaker, I will respond in English, please.*

#### **English**

The honourable member asks the question about fairness and unfairness in regard to allocation of dollars. Let him bring forward any evidence that he has right now that that is indeed the case.

**Mr. Gerrard:** I have heard this on good authority, and the Minister of Finance knows it.

Le ministre des Finances sait bien que la situation à l'Hôpital de Saint-Boniface est très difficile en ce moment. Il y a de longues files d'attente, des lits dans les couloirs et des difficultés dans l'hôpital à cause des plans de coupure du nombre d'aides de soins de santé.

Pourquoi le ministre des Finances a-t-il présenté un budget qui donne si peu d'appui à l'Hôpital de Saint-Boniface et produit ce désastre? Est-ce que le ministre des Finances a l'intention de forcer l'Hôpital de Saint-Boniface à entrer complètement sous le contrôle de l'Office régional de la santé de Winnipeg?

#### **Translation**

*The Minister of Finance knows very well that the situation at St. Boniface Hospital is very difficult right now. There are long waiting lines. There are patients waiting in the hallways and difficulties in the hospital because of plans to reduce the number of health care aides.*

*Why has the Minister of Finance presented a budget that is offering so little support to St. Boniface Hospital and is enabling this disaster? Is the objective of the Minister of Finance to force the St. Boniface Hospital to be completely under the control of the Winnipeg Regional Health Authority?*

**Hon. Gary Doer (Premier):** I would suggest that people in St. Boniface know who has presented excellent investment plans for the hospital in St. Boniface. The Minister of Health and the former Minister of Health worked very closely with the St. Boniface Hospital. There has been excellent relocation of the cardiac program to St. Boniface. There are capital investments being made.

I am quite shocked that the member opposite would not understand that there are more nurses, 17 more nurses. It is sort of the reverse of Connie Curran. Now I know the member opposite was critical about us training nurses at Red River. I think his projection was wrong there. He probably had it on good authority there too. More nurses in St. Boniface—yes, there are less nurses' aides, but we think the additional nurses at St. Boniface will improve patient care.

**Mr. Gerrard:** Mr. Speaker, for week after week the members of UFCW Local 1869 have been speaking out against the misguided actions of this NDP government. The litany of concerns is so long I could not possibly list them all here, but I was told, for example, that health care aides are already often so busy, this is before the cuts, they are often so busy and understaffed that they have no choice but to sometimes let patients lie for a long time in their own feces. How awful. Clearly, things have gone horribly wrong.

I ask the Premier: What is he going to do to correct the problems which have arisen on his watch?

**Hon. Greg Selinger (Minister of Finance):** Le membre a déclaré que le contrôle de l'Hôpital de Saint-Boniface serait pris par l'ORS de Winnipeg. Ce n'est pas le cas. La gouvernance de l'Hôpital de Saint-Boniface restera entre ses mains. L'Hôpital prendra ses décisions en fonction de sa recherche sur le meilleur intérêt de ses patients. Il a pris sa décision. On a donné un budget de 7 pour cent, soit plus qu'au Centre des sciences de la santé au centre-ville. L'Hôpital a reçu plus d'argent. Il a le contrôle. Il a pris ses décisions et nous sommes confiants que ces décisions sont à l'avantage des patients de Saint-Boniface et de l'ensemble de la province du Manitoba.

#### **Translation**

*Mr. Speaker, the member said that the control of St. Boniface Hospital was going to be taken over by the Winnipeg Regional Health Authority. That is not the*

*case. The control of that hospital remains in its own hands. The Hospital will make its own decisions based on its own research of what is best for its patients. It was the hospital's decision. We gave them a budget of 7 percent, which is more than what the Health Sciences Centre downtown received. The hospital has received more money. It has control. It made its decisions, and we are confident that these decisions will benefit the patients in St. Boniface and throughout the entire province of Manitoba.*

#### **Agriculture Industry Weather Monitoring Update**

**Mr. Tom Nevakshonoff (Interlake):** Mr. Speaker, it appears that farming is once again on the back burner of the opposition bench. So let me put a question. Another season is upon us. Once again our farmers are seriously gauging the weather. Excess moisture insurance in 2000, enhanced crop insurance coverage, a program such as feed freight assistance in the drought of '03 have helped. But more can always be done. The science of crop production is one area where public infrastructure can go a long way to assist Manitoba producers in making informed decisions.

Can the Minister of Agriculture inform the House of recent steps her department has taken to improve the information they have at hand?

**Hon. Rosann Wowchuk (Minister of Agriculture, Food and Rural Initiatives):** I am very pleased that the Member for Interlake asked an ag question. Although members opposite talk and seem to care about the industry, they do not raise the issue here in the House, Mr. Speaker.

Mr. Speaker, the issue of monitoring weather for farmers is very important, and that is why I am very pleased that yesterday we were able to announce that another 26 weather stations have been set up across the province. These weather stations will fill the gaps where there is no coverage by other weather stations, and the information will be updated from April to October every hour so that farmers will be able to go to a Web site and find out the weather conditions in their area.

#### **Assiniboine Valley Flood Compensation**

**Mr. Larry Maguire (Arthur-Virden):** Well, Mr. Speaker, I noticed that the Member for Interlake (Mr. Nevakshonoff) did not ask the real questions about

the hurt of the farmers out there today by asking the Minister of Agriculture why she brought in the \$2 tax in Canada.

Mr. Speaker, on May 5, we urged the Minister of Water Stewardship to consider compensation for farmers unable to seed their land as a result of the artificial flooding in the Assiniboine Valley. The Red River Floodway Act defines artificial flooding as, and I quote, "flooding caused by floodway operation during spring flooding." Waters released from the Shellmouth Dam, subsequent to the natural spring run-off, are causing artificial flooding in the Assiniboine Valley as we speak.

Mr. Speaker, why is the Minister of Water Stewardship giving these farmers a second-class treatment compared to support received by the farmers artificially flooded in other areas of Manitoba?

\*(14:20)

**Hon. Steve Ashton (Minister of Water Stewardship):** Mr. Speaker, I think it is important to note that many Manitobans were again affected with flooding this spring, that we do have various aspects of our flood operation, and since the early 1970s, in fact, the former Water Stewardship critic himself put on the record that the Shellmouth has played a very significant role in mitigating flooding in the Assiniboine River. There was a very significant snow melt. There was a very significant rainstorm in Saskatchewan, and what the Shellmouth Dam has done is actually prevent major flooding in the Assiniboine, once again, and this goes back to the 1970s. Certainly we are aware of the impacts on all Manitobans.

The question here is clearly, Mr. Speaker, the impact is not a question of members opposite stating that it is artificial because, in fact, the Shellmouth Dam is an important part of mitigating flooding in the Assiniboine River, and it did so again this year. That is something the former critic said earlier and we agree with that.

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

## MEMBERS' STATEMENTS

### Road Safety

**Mr. Jack Penner (Emerson):** During Road Safety Week in Manitoba, our 700,000 drivers will be encouraged to pay special attention to their driving habits in hopes of making the province's roads safer. However, there is more to road safety than improved

driving habits. The roads themselves must be safe to travel on, something many Manitobans cannot currently rely on. It is utterly ironic that this government should be supporting a campaign for road safety when the current conditions on many of our highways are a disgrace. Approximately 30 percent of our automobile accidents are attributed to road conditions.

One of the biggest reasons Manitoba drivers need to pay attention to road safety is because road conditions are so deplorable. Some of Manitoba's main transportation routes still have caution signs posted on them recommending reduced speeds. In some areas, conditions are so bad, work crews have run out of warning signs to post the conditions of the highways.

Manitoba's roadways have an average lifespan of 20 to 25 years. Most were 15 years old when the NDP took power six years ago. The government has still not made an adequate investment in our transportation infrastructure. Currently funding only serves to create stop-gap measures to fill potholes. On 75 highway, Mr. Speaker, the potholes are becoming so big that the front end of your car sometimes wants to hit concrete before it gets out of the pothole.

A 2005 report entitled 2020—Manitoba's transportation business strategic direction studies for various governmental jurisdictions demonstrates that the optimum point to rehabilitate a highway is approximately 18 years. If rehabilitation had occurred during the six years of this NDP government, we would not have the deplorable condition that 75 highway is at today. We would not have a—

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

### Point of Order

**Mr. Speaker:** The honourable First Minister, on a point of order?

**Hon. Gary Doer (Premier):** Mr. Speaker, on a point of order. With a speech like that, I hope we see a promotion for the member opposite. I think it was a rousing speech on behalf of his party.

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

**Mr. Kelvin Goertzen (Official Opposition House Leader):** Well, Mr. Speaker, I know the Premier

talks about promotions. We know who is going to be getting a demotion pretty soon. *[interjection]*

**Mr. Speaker:** Order. On the point of order raised by the honourable First Minister, he does not have a point of order. It is a dispute over the facts.

\* \* \*

**Mr. Speaker:** We are into members' statements.

#### **Armed Forces Day**

**Mr. Drew Caldwell (Brandon East):** Mr. Speaker, on May 29, citizens around the world will recognize thousands of brave men and women who have been deployed in the past and present UN peacekeeping operations. Following shortly after International Peacekeepers Day is Canadian Armed Forces Day, a day to honour the men and women of our armed forces.

Mr. Speaker, May 29 will mark the International Day of the United Nations Peacekeepers. On this day we honour the thousands of Canadians and others who have participated in peacekeeping missions around the world. It was in response to a proposal by Canada that the United Nations founded the peacekeeping force in 1957. Since then, thousands of Canadians have served in regions around the world to resolve conflicts between warring sides and to protect innocent civilians. In 2004, our government unveiled a cairn on Memorial Boulevard to honour those Canadians who have died in peacekeeping missions around the world.

Mr. Speaker, June 4, 2006, marks Canadian Armed Forces Day. There are currently 2,700 Canadian soldiers deployed in peacekeeping or related military missions abroad. They carry out the difficult duties involved in protecting our peace and security with professionalism that is unmatched by any military in the world. These men and women serve our country in hostile environments, under constant threat, far from family and friends. We ask a tremendous sacrifice of them and their families. June 4 is an important occasion for us to thank and honour them.

On May 29 and June 4, I encourage all members to visit the cairn on Memorial Boulevard, or one of our other war memorials, and take a moment to honour the thousands of Canadians who sacrificed their lives so that others may live in peace.

#### **Korean War Veterans**

**Mrs. Leanne Rowat (Minnedosa):** I was extremely pleased to see that the Canadian veterans of the

Korean War were recently remembered. This war is often referred to as the forgotten war, and I was pleased to see that they were remembered and honoured at a ceremony at CFB Shilo that marked the 55th anniversary of the Battle of Kapyong.

There were several Korean War veterans on hand at the event, including members of the First Regiment Royal Canadian Horse Artillery, the Second Battalion Princess Patricia's Canadian Light Infantry and the Canadian Forces Base/Area Support Unit. The veterans on hand helped to dedicate the Korea Parade Square and a cairn outside the Kapyong Barracks.

The veterans of the Korean War all made a sacrifice in service of their country and many paid the ultimate sacrifice in order to protect the values and freedom that we have always worked so hard to protect. One veteran stated that the ceremony was like coming home, and Korean Veterans Association President Sgt. Peter Ewasiuk said: It was like giving us a million dollars.

Mr. Speaker, it is our duty to remember not only the veterans of the forgotten war but also the sacrifice that all of the Canadian soldiers have made, not only in the past but also those from the base at CFB Shilo who are currently putting their lives on the line every day to ensure peace and democracy throughout the world. I and all Canadians are eternally indebted to them and grateful for their selfless actions to keep our nation safe. Thank you.

#### **Asian Heritage Month**

**Mr. Cris Aglugub (The Maples):** Mr. Speaker, May is Asian Heritage Month, and it is with great pride that I rise to recognize the incredible contributions that Asian Canadians have made to building Canada and Manitoba. Given that this year is the 30th anniversary of the first large wave of Filipino immigration to Manitoba, this commemorative month takes on a special significance.

This month, long celebrations serve to highlight the varied and profound mark that Asian Canadians have made on Canadian life. From the first waves of Chinese and Indian labourers who immigrated in the 19th century, Asian Canadians have worked tirelessly to help build this country. And, while their efforts and sacrifices have not always been properly recognized, we can now gratefully acknowledge the diversity of Asian communities in Canada as well as the depth of their contribution to our country's and society's well-being.

The Asian community is very strong in Manitoba. Our Filipino, Indian, Chinese, Pakistani, Korean and Vietnamese communities, to name only a few, are growing by leaps and bounds. And, while many of our Asian communities have roots that extend back many decades, there are new communities and new networks that are being formed each day. Their combined presence has become an integral part of Manitoba's multicultural society.

Mr. Speaker, I ask that all members of the House join me in celebrating Asian Heritage Month and thank the past chair, Citizenship Judge Art Miki, and the two co-chairs, Dr. Calvin Chan and Dr. Muni Mysore, in recognizing the diversity of our Asian Canadian communities. The lives that they have built in this country have bequeathed a heritage for which we are all the richer. Thank you, Mr. Speaker.

\*(14:30)

### Grandparents Day

**Mr. Kevin Lamoureux (Inkster):** Mr. Speaker, I would like to share with the House an idea which I believe deserves some merit. I do it because just over the last weekend we had Mother's Day and we all care deeply for our mothers and some of us really need to listen to our mothers.

Having said that, I want to talk about Grandparents' Day. I sent an e-mail to our Premier (Mr. Doer), and I will read it verbatim: Mr. Premier, I would like to share with you some thoughts that I have in regard to putting aside one day a year in recognition of grandparents. A number of years ago the United States proclaimed the first Sunday after Labour Day as National Grandparents Day. I believe that Manitoba should do likewise. In short, grandparents would be no different than the recognition that is given to parents on Mother's Day or Father's Day. Our grandparents are a fundamental cornerstone to the unity of the family and play a critical role in the development of their grandchildren. Designating a day to our grandparents is the right thing to do, and if you or your office would like to further discuss with me, please contact me at 204-227-4511, that is my cell, or e-mail me at mail@4kevin.ca.

Mr. Speaker, I got a response from the Premier's office several months later, and it reads, I quote: Thank you for your e-mail. I appreciate your time and effort in sending me an e-mail. I can assure you that each e-mail I read is noted. As you may be aware, I receive many e-mails each day. Due to the

large volume, you may not receive a response other than this automatic reply. As the Internet is not a secure method of transmission, we respectfully request your full name and mailing address if you wish a response. Thank you for sharing your concerns and comments with me.

Mr. Speaker, I would take this opportunity to indicate to the Premier he can send it to my wife, Cathy Lamoureux, as opposed to me, because mine would be unparliamentary if I said my name. He can send it to 2008 Burrows Avenue, Winnipeg, Manitoba. I would welcome a response. I think we need to share and appreciate our grandparents. Thank you.

## ORDERS OF THE DAY (Continued)

### GOVERNMENT BUSINESS

**Hon. Steve Ashton (Deputy Government House Leader):** Mr. Speaker, can you please call the following bills in the following order: bills 21, 35, 23, 30, 28, 32, and then the remaining bills in order.

### SECOND READINGS

#### Bill 21—The Public Health Act

**Hon. Tim Sale (Minister of Health):** Mr. Speaker, I move, seconded by the Minister of Finance (Mr. Selinger), that Bill 21, The Public Health Act; Loi sur la santé publique, be now read a second time and referred to a committee of this House.

Mr. Speaker, I apologize. I also should have attached and noted the message of the honourable Lieutenant-Governor, whose message I also tabled.

**Mr. Speaker:** It has been moved by the honourable Minister of Health, seconded by the honourable Minister of Finance, that Bill 21, The Public Health Act, be now read a second time and be referred to a committee of this House.

His Honour the Lieutenant-Governor has been advised of this bill and the message has been tabled.

**Mr. Sale:** First, I want to draw attention of the House to the work that has been done over the past decade under the previous administration as well as the current to draft this new act. I know the members opposite were aware of that, and I want to thank them for the beginning of the work on this act.

I also want to pay tribute to the staff, Dr. Greg Hammond, Dr. Joel Kettner, and all of those who worked on this bill. Mr. Speaker, when we actually were able to complete it and present it for first

reading, there was an enormous celebration among the public health community in Manitoba because they believe passionately in their work. I know all members will join me in thanking them.

This bill was introduced to enhance our capacity, in particular to deal with emergencies. Planning for a pandemic has received the highest priority. Our Chief Medical Officer of Health has worked with Health Canada over the last 18 months to establish a comprehensive plan for a pandemic in Manitoba. Over the last three years, regional health authorities have developed formal agreements, I underline formal, with every municipality in Manitoba spelling out how resources will be deployed in the case of an emergency.

Mr. Speaker, I think all will agree that public health is essentially the mechanism by which our economy prospers most because as the public becomes more healthy our economy becomes stronger, our ability to deal with the complexity of our world becomes better. So it is, first and foremost, a competitive advantage to have a strong public health act and public health presence in staff and in the public's mind.

Manitoba was, after all, the first province to introduce a province-wide smoking ban by unanimous vote of this House. Now our smoking rate, which I think all members should take pleasure in, is down for those aged 15 to 19, those who are starting smoking, to 16 percent, down from 28 percent only five years ago. I think all members should take pleasure in that very good news.

Mr. Speaker, members will know that the modern public health movement started in the 19th century in response to diseases and epidemics that sometimes overwhelmed the new cities, including this one where we had cholera epidemics right into the first two decades of the 20th century, not to mention other epidemics such as polio, which, thankfully, is now no longer a threat in this province, although it still is a threat in some parts of the world.

Manitoba's first Public Health Act was in 1890. It was amended in 1911 to move beyond the control of infectious diseases and into the areas of pure health, such as milk and dairy product regulation, food inspection, water supply, sewage disposal and housing. The current act is over 20 years old, having been enacted in 1965.

There have been many important changes in public health. In particular, there has been the

unhappy emergence of old threats to public health, such as the re-emergence of some sexually transmitted diseases and diseases like tuberculosis as well as the emergence of new ones such as SARS, West Nile virus, monkey pox and avian flu. Also, Mr. Speaker, we all now, unfortunately, must take into account the threats of bioterrorism, which are also the responsibility of the public health officials.

The first steps towards modernizing this act were taken in 2002 through The Security Management Act, and Bill 21 will complete this process of modernization. It learns from review of the SARS outbreak in Ontario. It will support the reorganization of our public health services under one single official, the Chief Provincial Public Health Officer, whose powers are clearly set out in the new act. The act sets out the ways in which the act and officials can deal with hazards and communicable diseases and importantly sets limits on those powers as well.

In addition to ensuring appropriate judicial oversight, Bill 21 provides that any exercise of the dramatic powers that are provided for a pandemic or bioterrorism must be reported to this House. They cannot be simply left to officials. Bill 21 also sets out other emergency powers that will enable the management of a wider public health threat. These powers complement the powers included in The Emergency Measures Act.

I know that the critic has had a full briefing on this act. I hope that it will go quickly to committee so that we can have those who wish to address it do so and can bring it back for third reading, Mr. Speaker. Bill 21 brings the legal framework for our public health system into the 21st century where it needs to be, while striking an appropriate balance between the rights of the individual and the rights of all of us to be protected. Thank you.

**Mrs. Myrna Driedger (Charleswood):** Certainly, I appreciate the massive undertaking that has happened over the past decade to revamp The Public Health Act. That is no small measure in order to achieve something that dramatic. With revamping a whole act, which is what Manitoba has done, it has taken a lot of effort, a lot of hard work, I am sure, many challenges for those people that put their heads together to try to come up with something that can be very sensitive in some ways because when we look at public health there tends to be a fine line between which we are protecting the public and when we can cross over and actually impede civil rights. So it

takes a lot of finesse by many people at many different levels to accomplish this.

\* (14:40)

I have had the briefing with the minister's staff and do appreciate that. It helped to clarify some of the issues. I would like to, as the minister has indicated as well, pass on our thanks and congratulations to the many people who did put their heads together to come up with a whole new public health act in this province. We will not truly know how well this does work, Mr. Speaker, until the whole thing has to really be put into action. Until that time all we can ever do is try our best and make sure that what we have there is the best that we can possibly have.

In looking at the legislation right now, because it is a total revamp, I think it is very, very important that we do have a critical look at it as much as we can because it is such a significant, significant piece of legislation. We know that public health legislation is a cornerstone of effective public health service delivery. It provides the authority and tools for the government, for health authorities and public health officials to do their jobs. It assures the public that government is working to protect and improve their health. The recent experiences with SARS and the Walkerton tainted water crisis have highlighted the importance of public health and underscored the need to have up-to-date public health legislation.

We know that a public health act needs to be modern. A lot of public health acts, and ours in particular, was not that. What they are doing across Canada right now is looking at modernizing public health acts. Considering what did happen with SARS, with the possibilities of avian flu, certainly we do need to have a public health act that is modern, coherent and connected, comprehensive and flexible to be able to meet emerging needs. That is the other challenge in addressing a public health act is to have the opportunity within it so that it is not so rigid that we cannot actually use it to address emerging needs. So there are a lot of challenges in putting together a good piece of legislation around public health.

I will note that Ontario, Québec and Saskatchewan have developed modern public health legislation, and P.E.I., Nova Scotia and the Northwest Territories are in the process of reviewing it, as is British Columbia. In looking at what British Columbia is doing, I would note that the Ministry of Health Services and the regional health authorities in British Columbia are trying to ensure that they have

the capacity and the resources to plan and deliver their public health mandates. They have put in place a process to identify core public health functions. This will be incorporated into a new act to support public health work.

Actually, the process in British Columbia, I note, is very interesting: "Research and reviews will include the existing *Health Act* and related public health legislation, other provincial public health legislation, the US Model State Public Health Act and Model State Emergency Health Powers Act, recent New Zealand and Australian initiatives and reviews, and other relevant information.

"Consultation processes will also help them determine the principles, purpose, objectives and content of the legislation."

I guess if I did have any questions that I will want to address with the minister, it is certainly around the issue of why Manitoba might not have followed a similar process in terms of having more public input into the changes in The Public Health Act.

Mr. Speaker, September 11 was something probably none of us ever, ever imagined could have happened. There are always those moments in time where you will never forget where you were when somebody was shot, somebody died, an event happened, and September 11 is certainly one of those moments that one will not easily forget. I recall sitting, watching the TV and thinking, you know, this is surreal. At first, I did not even believe that something real was happening. That certainly has been a kick-start for a lot of us to look at what needs to be in a public health act in terms of terrorism at many different levels. That is where a public health act, especially as it relates to bioterrorism, biological hazards, is certainly something that we have to be attuned to.

SARS also, I think, was a big wake-up call when it hit Ontario. SARS was a big wake-up call for the world in terms of what we need to do to be prepared for emerging diseases. You know, what everybody is talking about right now, and we read about a lot, is the preparedness for a pandemic. So bills like this are very, very challenging.

I had the opportunity when the government was introducing Bill 2 a number of years ago to address that bill. Bill 2 did give extraordinary powers to a government. That is what a public health act tends to do is give extraordinary powers to a government.

That is why we must be extremely vigilant in terms of what we are doing as legislators when we look into these clauses in the legislation to be sure that we have actually asked the right questions and asked all the questions that need to be asked. The powers are so great that we want to be sure that the right people are doing the right things for the right reasons, and that they have the power to do it, but that that power does not go so far that it does, in an egregious way, affect somebody's civil rights.

So, Mr. Speaker, in looking at the legislation itself, and with the experience I had in Bill 2, I know we were in quite a state of concern back when Bill 2 was put forward. Everybody wanted to be sure that we addressed this quickly because of what was happening, so a number of clauses were put into that legislation. I note now that, as we are moving into the revamp of the total legislation, some of that has now been removed. I know that once we get to committee we will have an opportunity to talk about that a little bit more. I know that, for instance, it was important back then to add the word "virulent" and that it is no longer a definition that is included in Manitoba's legislation, although I would note that Ontario did keep it.

I know that, in Bill 2, we talked about dangerous diseases as identified by the U.S. Army Medical Research Institute of Infectious Diseases as biological terrorism agents. I note that this has also been removed from this legislation. So we had to hurry and get Bill 2 done. Now we see that changes are being made.

So perhaps this is a good evolution, Mr. Speaker, but it does beg some questions. It can show that sometimes when we rush to do something we may not end up getting the product that we really want. So that is why I think it is important that we all look at this very carefully and ask the tough questions about it.

Mr. Speaker, I support the reorganization of our provincial public health services under a chief provincial public health officer, in keeping with what is happening federally. I think that will position Manitoba very, very well in the future in terms of addressing public health issues.

There is one other aspect, certainly, in looking at the legislation too and looking at reportable diseases. I would like to urge the minister in the instance of including blastomycosis as a reportable disease. I would like to encourage the government to move a little quicker on that. It seems to be taking quite a

long time to put it on the list as a reportable disease. I think it is past time. I think that disease has been out there for a while. Summer is on the way, because people and animals can contract the fungus from earth. I would encourage, as we are in the mode of addressing public health, that the government move forward and add blastomycosis as a reportable disease. A Charleswood man has died of it, and a good friend of mine did have it. So I would encourage the government not to drag their heels too much longer on making sure that it is added as a reportable disease.

During the discussion of Bill 2, I can recall asking questions about the minister having the power, and it was put into Bill 2 for the minister to have the power to designate specific diseases. I know I raise some concerns around that from many perspectives, maybe part of it as being a health care professional myself, but, you know, somebody that is also a legislator, whether that was something that really should be in there. I note that they have removed it in this particular legislation. I would like to indicate that I am supportive of this.

\* (14:50)

I am not sure, Mr. Speaker, why I am getting heckling from the other side, because, certainly, I do have a lot of good things to say about what the department has done in terms of this legislation. So there seem to be some sensitivities over there about public health. I would urge them not to be too testy about me making a comment about whether or not the minister should have the power to do that. I would say that no matter which party was in power, and I am speaking as a health care professional. So the member should not have to get testy about it because I am not sure any minister necessarily wants to have his name or her name in the legislation in that way.

The one thing that removing that does is perhaps it gets rid of any politics in public health. That is one thing that should never, ever, ever interfere with public health, and that is politics. That is where there is a potential for problems, is when you do get a situation where there is a serious public health threat. You do not want, I do not think, politicians necessarily sticking their fingers in there. They have to be sure that the legislation is there, that the legislation is solid and good, but that the right people, the people with the knowledge and the education and the experience are the ones that are making the decisions. I think we need to be ensuring that they

are the ones who have the right legislation in front of them. If there is a place for politics, it is right now in terms of politicians or legislators putting together a good piece of legislation.

Mr. Speaker, Manitoba's Public Health Act was in need of updates, and, as such, we are glad to be able to comment on the bill that the Minister of Health (Mr. Sale) has tabled. As I said, it is a significant piece of legislation that provides an updated legislative framework for public health functions such as disease and injury prevention and control, health surveillance, protection and promotion and population health assessment. When we look at all of that, it really does go to the lengths that we need in terms of modernizing the act. It also provides enhanced powers to the Province in reaction to major health risks. As I said, in looking at SARS, at bio-terrorism, at avian flu, we can see why now we have to have a very critical look at it.

Overall, we support the need to update our public health legislation and this legislation. However, we do have some questions about this bill and how it compares to public health legislation throughout Canada. That said, we look forward to a serious examination of the proposed public health act to ensure it will serve to protect Manitobans when they need it but that there are checks in place so that powers endowed in the act are not subject to abuse. This is one of the areas, Mr. Speaker, where I do find I have a sensitivity to, because we are looking at something that does grant extreme powers. That is why I think we have to be so careful in looking at this legislation.

Manitobans look to their government for protection from health risks. They expect their government to be ready to deal with the possible health risks from natural events and disasters such as floods, earthquakes, fires, highly dangerous infectious diseases, accidents or criminal and terrorists acts involving explosives, chemicals, radioactive substances or biologic threats. The SARS outbreak of 2003 highlighted some weaknesses in public health frameworks throughout Canada. This and the continuing challenges posed by such outbreaks as the incidence of the West Nile virus, avian flu and the increasing threat of a flu pandemic have underscored the importance of effective public health legislation.

Bill 21, as I have indicated, is going to have an impact on the organization of the Department of Health with the creation of the chief provincial public health officer of health and reorganizing

public health management here so that it mirrors the federal office. I commend the government for taking the legislation that far and adding that component to it.

It also lays out the powers of this new provincial public officer of health, powers of quarantine, emergency apprehension, publication of threats to public health and financial penalty to those who fail to comply with emergency health hazard orders. We saw with SARS in Toronto the questions that arose and the anxieties that arose when the issue of quarantine was brought up. That is why we have to pay particular attention to this.

When we look at quarantine and the extent of quarantine we know what it can do to an economy if, in fact, some of the predictions out there are true in terms of the millions and billions of dollars that could actually be affected. Quarantine is certainly something that fits in to that. So, naturally, a bill of this nature raises a number of questions, questions about how prepared we will be to deal with major threats to public health as well as about privacy and civil rights.

In addressing privacy, the management of communicable diseases raises issues of personal autonomy and the right to personal integrity. There will be sensitivities in the general public about that. There are sensitivities within legislators about that. We appreciate that. But, again, public health authorities have the power to impose potentially invasive measures on individuals. The challenge is to strike a balance between the need to protect the public, which is very, very critical, and the need to protect individual privacy rights. So it is always a balance, a fine balance and a fine line that we are walking. But we have to put our trust in the officials that will be making that decision because nobody is going to make decisions like that easily or without a lot of thought that goes into the decision and the ramifications of that decision.

Mr. Speaker, it is a tricky line to draw, the line where an individual's rights end and where protecting the public good takes over. So we want to be certain that this bill does not cross or blur that line. We want to be certain that the powers provided in this bill are necessary without being excessive. We look forward to hearing from the minister on how he sees this balance being achieved.

One of the questions that came to mind is related to whether or not the government has given any consideration to provisions of the PHIA legislation

that may need to be taken into account, that need to be balanced with the right to protect public safety. We look forward to some of that discussion in committee. But, also, I would note that a review of PHIA legislation along with public consultations were held a couple of years ago, but that final report has not been provided yet. I believe that there was a sunset clause on the PHIA legislation, and we are well past it in terms of when that legislation was to have been brought forward again. I am looking to the minister, I guess, in the near future to provide us with his reasons for the fact that that legislation, which is well past its sunset clause, is not before us, especially when we are looking at legislation like The Public Health Act.

I would certainly hope that the PHIA legislation and the consultations that should feed into a revised act are soon to follow. I do not notice it on the Order Paper, Mr. Speaker, and that does raise some concerns, because we have certainly seen right now that health information is so sensitive. I know that even within Bill 2 we had some of the debate and discussion. I note, in looking at the legislation in Ontario and Saskatchewan and in British Columbia and looking at some of their processes, there is a real sensitivity in terms of patients' health information and the privacy of that and how this type of legislation can affect that privacy.

\* (15:00)

When I see this government wanting to take, for instance, patients that are having to pay a Pharmacare deductible, and having Hydro have the ability to put all of those names on their database and then bill people for their Pharmacare deductibles on a monthly basis—which, by the way, I do not have a problem with monthly payments on deductibles, I think that is good and helps people to make it more affordable—but when you get a government that is going so far as to take patient information and dump it into a database at Hydro, it does raise some concerns for me when we are looking at public health legislation and PHIA, what this government may or may not do in terms of going beyond what they as NDP members might do in the event of a public health crisis and whether or not this government will adhere to all of those serious components of all of this legislation.

Personal information access requirements in the public health sector are different from those in other areas because of their specific nature and their purpose, which is to protect public health. This needs

to be established clearly, both in the legislation and regulation and in the mind of the public. Because regulation does not have to come before us as legislators, that is certainly where a government does have to be extremely careful in what they put into their regulation in terms of all of these components of this legislation that we are talking about.

So the key success factors for the reporting processes we know are effectiveness, transparency and legitimacy. It is also necessary to maintain the public's trust, particularly at a time when personal information banks are a source of public concern, and that, as I have just indicated, certainly, Mr. Speaker, we see with Pharmacare getting married to Hydro. I mean, you are taking personal information banks and you are tying health information into Hydro, and we do not know how many people at Hydro are going to have access to that. We do not know if hackers can get into their system. We do not know what is going on there so that if you find you have got people's names and their deductibles listed over there, then who else can find out that information? So a simple, clear and transparent legislative framework must create appropriate conditions for sound public health management.

In looking at the area of consultations, all levels of government in Canada help to protect the health of citizens from public health threats as part of their efforts to promote health and prevent disease. Local, provincial and territorial authorities do much of that work with federal government support from the Public Health Agency or Canada's Centre for Emergency Preparedness and Response, CEPR.

So it begs the question: What, if any, public consultation did the minister undertake prior to drafting this new public health act? That is information I will be seeking from the minister.

I do not know whether or not we have any people signed up to come and speak to this legislation. I hope that there may be people that do have some questions or comments that they would like information about to come forward, but I would be interested in the minister's decision as to why it might not have been a more transparent process here. I know that the RHAs were all consulted, but I am not sure, beyond the stakeholders within the system, how far it might have gone beyond that. Were health care workers, emergency respondents, regional health authorities—and, as I indicated, regional health authorities had been consulted—but other provincial legislators included in the preparation of this bill?

Was the federal government, specifically the Centre for Emergency Preparedness and Response, consulted in the drafting of this bill?

Do provinces share this information with each other? I do note that there are a number of similarities between the provinces in looking at their legislation, and it would seem to me that we should be doing that because we will be looking at best practices and best legislation if we do share more information. I note that the B.C. government in particular has been conducting a consultation process for its proposed public health act since December 2004. B.C.'s consultation process has included research, targeted consultation, including questionnaires, discussion papers, Web site interaction, presentations and meetings, as well as feedback on proposals, and the development of task groups to provide specialized expertise and seek input from stakeholders. It has been a very transparent and open process. I would wonder why the Minister of Health (Mr. Sale) in Manitoba decided it was not necessary to seek similar input into such an important piece of legislation here. We wonder why the process here was not as transparent and open since that would have contributed to public education and comfort with this bill and the information registries that would be developed.

We are concerned. I know that this bill has taken 10 years in the making, but certainly there appears to be a final rush to try to move the bill forward. In that, we saw what happened when there was a movement with Bill 2 to hurry up and get it in there over a short period of time. I am concerned right now that we may, or could end up in the same situation as with Bill 2, where now all of a sudden that was passed only in 2003, and here we are already making some pretty dramatic changes to it. Bill 2 was an amendment to The Public Health Act. Here we are just a few years later making some pretty dramatic changes to it as we revamp this bill.

So I am hoping, even though the minister has bypassed a more transparent approach to this, that, in fact, we still end up with good legislation. But that is why the onus is more on us as legislators to then have to take an extra good look at this.

In addressing powers, which is a big aspect to this certainly the Chief Medical Officer of Health already has some of the abilities being granted the new chief provincial public officer of health, for instance, the ability to issue reports about public health. We would like to hear from the minister what

he views as the additional powers of the chief provincial public officer of health. This is something that we certainly would like to hear more from in committee.

We will also seek clarification in terms of logistics and reporting from the minister about how the bill will be put into effect and what kinds of facilities will fall under its purview. More questions along many of these lines will be asked in committee. Mr. Speaker, while we support the need to update our public health legislation, we do need to be sure that this act covers all the bases and truly prepares us to respond in the event of a pandemic. We also need to ensure it continues to serve public health functions such as disease and injury prevention and control, health surveillance protection and promotion and population health assessment.

There is one aspect I would ask the minister, perhaps he could look at it and perhaps even bring an amendment forward if he would so desire. I note in other Canadian jurisdictions, persons in charge of labs are generally required to report diseases listed in the legislation. I wonder if there is a time frame placed on reporting by labs. In other provinces there are, and I note in Manitoba there is not. I would ask the minister to look at whether or not Bill 21 imposes a time limit for reporting by laboratories and if that is something that could be discussed when we reach committee.

So, Mr. Speaker, we look forward to hearing more detail from the minister about Bill 21 as it moves through the legislative process.

**Mrs. Heather Stefanson (Tuxedo):** I am pleased to get up and speak on Bill 21, The Public Health Act. Mr. Speaker, we on this side of the House do certainly welcome the opportunity to speak on this. We believe that it is very important to upgrade this piece of this act.

\* (15:10)

We understand what perhaps the intent of this bill is for, and that is to upgrade this act to prepare us in the event of a pandemic, such as SARS or the avian flu or many other pandemics that may come about down the road, things that we do not even know of. Obviously, it is incumbent upon the government to make sure that Manitoba is prepared to deal properly and appropriately in the event that Manitoba is plagued with a very serious illness, again, such as the avian flu or something else that we are not even aware of.

Certainly, we welcome the opportunity to debate this bill, and probably we will look to move it forward, but I will say that I do have a number of issues of concern with respect to this bill and a number of questions that just do not seem to be answered at this point, Mr. Speaker. I would suggest that there are areas that the government will need to address in terms of answering some of the questions that we have with respect to this bill. I hope that the Minister of Health (Mr. Sale) will make himself available to those people out there who are asking these questions and to members of the opposition who will be asking these questions throughout the course of the next little while.

Mr. Speaker, I think what I would like to do is to start off by talking about other provinces and how other provinces have dealt with their public health acts. Certainly, other provinces have had the consequences, unfortunately, of having to deal first-hand with a pandemic. We look at Ontario with the SARS—not necessarily pandemic there but something that if not dealt with appropriately by various authorities could have become potentially a very, very serious issue, much more than it was. That is why it is so important that governments deal appropriately with these very serious issues and make sure that they are prepared for them. Certainly, we would be in favour of looking at many different ways to ensure the safety of the citizens of Manitoba.

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

But I think one other thing that we need to do is look back to, well, again, in other provinces. B.C. has conducted a very significant consultation process since December of 2004, and the end result of the consultation was a bill that has not yet been introduced. Again, Mr. Deputy Speaker, it goes back to the consultation process that has taken place in British Columbia, and we would hope that this government takes very seriously the fact that Manitobans want to be consulted on changes to this very important act.

Not only is it various stakeholders that should be consulted and what is going to be expected of them within the health care field, but it is going to affect all members in many different areas of society. It will call on many people to come forward and go beyond just the normal call of duty, Mr. Deputy Speaker, to be able to help our fellow citizens, to make sure that in the event of a tragic pandemic coming to our province, which we hope, obviously, does not happen, but we hope, in the event that it

does, that people will be consulted as to what will be expected of them. We believe very strongly in the consultation process to make sure that everyone is on the same page and understands what is, in fact, expected of them.

Mr. Deputy Speaker, I think we need to go beyond just talking about the tragedy of SARS, not only in Ontario but in other areas of the world and look and learn from other countries, other provinces and what they have done. That should be again part of the consultation process. What has worked elsewhere? I believe we do not always have to reinvent the wheel when it comes to some of these things, but we need to work together with our fellow ministers of Health and premiers across our country to see what they are doing to get prepared in the event of a pandemic.

I think and I would hope that the Minister of Health (Mr. Sale) and indeed the Premier (Mr. Doer) of our province have taken this very serious issue and consulted some people from other provinces, government officials in other provinces to see what they are doing to ensure that we are prepared here in Manitoba to deal with a pandemic in the event, and very hopefully an unlikely event, of a pandemic coming here, Mr. Deputy Speaker.

Mr. Deputy Speaker, I think certainly even as little as five, six, seven years ago, these types of—I mean, pandemics, they have happened over the years, hundreds of years, and we have seen how much they can affect society. Even things like the flu, many years ago it used to be very, very serious when the flu would hit a certain segment of society or a certain area.

I think, Mr. Deputy Speaker, pandemics are not new, but they are things that we need to be prepared for. I think September 11, 2001, the tragedies that happened in New York City, the terrorist attacks on the World Trade Center and indeed, I would say, on our very way of life was a very, very serious event for all of us as members who indeed respect our way of life and our democratic process and all that we stand for as citizens in our countries. I think it is an absolute tragedy, the events of 9/11. It did not just affect New York City. It did not just affect some of the other areas, the Pentagon. It did not just affect those areas where the crashes occurred. It had a wave of an effect across North America and indeed across the world. I think we need only to look at the tragedies of those events and see how they unfolded and see how they affected our way of life to

understand why we need to be prepared in the event of a pandemic or other tragic things that may come about as a result of terrorist attacks and so on.

One of the concerns, Mr. Deputy Speaker, is obviously that terrorists will somehow—we could be involved in what is biological warfare, and that is where pandemics become involved, so we need to ensure that we are prepared for these types of incidents and the spread of various illnesses across the world. I think one need only look to the tragic events of 9/11 and how Mayor Giuliani, who was recently in Winnipeg, was so effective in dealing with that issue. There are many things that Rudy Giuliani was famous for, especially in the area of crime prevention and the broken windows theory that he adhered to and all of those sorts of things, but we are here to talk about how this Public Health Act will, hopefully, be able to do what it is supposed to do and aid at making sure that we are prepared in the event of a pandemic.

But, Mr. Deputy Speaker, just to go back to Rudy Giuliani and some of the things that he did during 9/11. First of all, he showed incredible leadership. He has actually written a book, and his book was actually started and almost finished before the tragic events of 9/11. Obviously, he made some changes to his book to reflect what he had learned from all the people that he worked with in the aftermath of 9/11. I have a tremendous amount of respect for the leadership that he showed across the world, the leadership that he showed within his own community in New York, and I think there is a tremendous amount certainly that the Premier of our province could learn from Rudy Giuliani in the area of accountability. Certainly, there is a lack there of accountability when it comes to many different areas, whether it be in health care, whether it be in education, whether it be in family services, whether it be in the areas of our economy. They seem to be quick to jump to send out press releases, but they do not seem to be quick to want to take responsibility for their actions.

\* (15:20)

Indeed, Mr. Deputy Speaker, that is something that Rudy Giuliani was absolutely—he was wonderful at understanding what people around him, the impact that they could have on his ability to lead New York City through, arguably, one of the most difficult times it ever faced, and indeed one of the most difficult times that we have faced in society, the tragic events that took place in 9/11. I think certainly

the way that the firefighters came forward, the police officers; they came forward as a community. Citizens came forward. They dropped everything that they were doing because they understood that we needed to start working towards protecting our way of life.

I think that that is really what this is all about in terms of The Public Health Act. We need to update it to make sure that we are protecting our way of life. In the event of a very serious illness, in the event of a terrorist attack, in the event of all of these horrible things that could come to our communities, we need to be prepared and we need to update acts to ensure that we are prepared to deal with these very serious tragic events.

But, back to 9/11. I recall seeing and remembering where I was the day that that happened. At the time I was pregnant with my first child, Victoria, and obviously very emotional, full of the hormones that come with being pregnant, and certainly had a very, very difficult time and took very personally this attack on our way of life. I can recall just watching the television. I got a phone call about what happened early that morning and I could not believe it.

As many people I know, in this Chamber, many people in Manitoba and indeed many people across Canada and around the world, were devastated by the events of that day, the tragic events, but were just shocked and horrified and watching it on TV, you may have had this feeling that, well, it is not really real, it is some sort of a movie. But then you get to see the impact in our communities and all of the people who came out, all of the firefighters, all of the police officers, all of the health care workers and professionals. All of those people, and indeed all the citizens around, came together to help during this very tragic, tragic event.

I think that that is what we need to look at and that is what we need to protect: our way of life. That is what we need to do as a community of people. We need to work together to ensure that these tragic events do not happen. In the event of a pandemic, if unlikely events, or the hopefully unlikely event, and the unfortunate event does come here in the way of a SARS or an avian flu or another pandemic, again, that we may not be aware of that is out there, we need to work together as a community to ensure that we are protecting the rights of individuals, that we are protecting our way of life, that we are protecting the people that are going to be affected by this. Indeed, it is not just the people that would get the

disease; it affects all of us. It affects our families; it affects our friends; it affects our communities. All of us need to get together and make sure we work together in the event of a pandemic coming here.

I think we only need to look back at the flood in 1997. I can recall going sandbagging pretty much every day, and how businesses were essentially running on half staff. Actually, at our office we shut down the office for one day and we all went out and helped people ensure that they saved their property. I think just looking at that, it was not a political thing. It was not members of the NDP or members of the Liberal Party or members of the Conservative Party. It was members of our community that indeed got together and worked toward a common goal, that common goal being that we saved our community from the flood of the century. That is how effective our citizens can be when we work together.

That is why certainly when it comes to The Public Health Act, you know, I think we need to work together. I think there needs to be a consultation process, a very significant one with various stakeholders. It is not just people in the health care industry that are stakeholders. It is the police officers, it is the firefighters. It is all of those people. It is all of us in the communities that will need to come together to work and be consulted as to how we can protect our way of life and protect our citizens.

So I would hope and I know that there will be various regulations brought forward on this. I hope that certainly various members of the community and stakeholders will be consulted appropriately when it comes to this very serious issue. If you look at when it comes to privacy—and I very much respect my privacy and my rights as an individual in this community, and I think indeed we all do and I think it is very important that nothing comes forward that will jeopardize my security and my right to be—there seems to be more and more regulation and more and more sharing of information around various government departments and so on, the things that make us a little bit nervous. That is why we have these questions because we like to know—I mean, we need to protect the privacy of people in our province. So we have a number of questions surrounding this, the privacy.

Certainly, the management of communicable diseases raises issues of this personal autonomy and the right to personal integrity. Public health authorities have the power to impose potentially invasive

measures on individuals. Certainly, Mr. Deputy Speaker, the challenge is to strike a balance between the need to protect the public and the need to protect individual privacy rights. I recognize that that is a tricky thing, to find a balance there. We need to find a balance but the line where an individual's rights end and where protecting the public good takes over, we need to make sure that we do develop a very fine balance there in the event of a pandemic.

We want to be certain that this bill does not cross or blur the line of balance there. We want to be certain that the powers provided in this bill are necessary without being excessive and invading the rights of the privacy of the individual, Mr. Deputy Speaker.

Certainly, some of the questions that we may have: Has the government given any consideration to provisions of PHIA legislation that may need to be taken into account, that need to be balanced with the need to protect public safety? We need to ask these questions about other areas of legislation that could be affected by various changes in The Public Health Act. So those types of questions need to be answered.

Personal information access requirements in the public health sector are different from those in other areas because of their specific nature and their purpose which is to protect public health. We understand that, Mr. Deputy Speaker, and this needs to be established clearly both in legislation and in the minds of the public. The key success factors for the reporting process are effectiveness, transparency and legitimacy. It is also necessary to maintain the public's trust, particularly at a time when personal information banks are a source of public concern. A simple clear and transparent legislative regime must create appropriate conditions for sound public health management.

So we want to ensure that certainly when it comes to the privacy of individuals that there is a balancing act between protecting the public and protecting the rights of the individual. Certainly, there are a number of questions and more questions surrounding that. I know I am probably running out of time here, so I will not go into all of those, but I do know that there are other questions in other areas.

\* (15:30)

I have touched on the consultation process that needs to take place with respect to how regulations will be going forward, with respect to how they will

police the situation in the event of a pandemic. Where will these people go? Where are the solitary rooms, whatever you call them? *[interjection]* Where they put people—quarantines, quarantine rooms? When they have to quarantine these individuals, the question that I would have is, where will these rooms be because we know that in the event of a pandemic right now, where are they going to put these people? Certainly, our hospitals are not properly equipped today, Mr. Deputy Speaker, to be able to properly deal with the event of a pandemic striking our province today.

So, again, there is a lot of pie-in-the-sky when it comes to this legislation and certainly some very serious issues that need to be addressed that to date have not been addressed. Who is going to force confinement of someone who, say, has SARS or who has the avian flu? Who is going to confine them and forcibly confine? Is that the plan of this government to forcibly confine people when it comes to protecting our public health? I think, again, that is that fine balancing act where we need to ensure that we find that fine balance between protecting the public of Manitoba and protecting individual rights.

So all levels of government in Canada help protect the health of citizens from public health threats as part of their efforts to promote health and prevent disease. Local, provincial and territorial authorities do much of that work with federal government support from the Public Health Agency of Canada's Centre for Emergency Preparedness and Response.

Mr. Deputy Speaker, some of the questions that we have around this is what, if any, public consultation did the minister undertake prior to drafting the new public health act? Were health care workers, emergency respondents and other provincial legislators included in the preparation of this bill? Was the federal government, and specifically the Centre for Emergency Preparedness and Response, consulted when the bill was drafted? These are some of the things that we need to know as we go forward because, again, it is about not re-inventing the wheel. What we need to do is learn from other areas of government. We need to work with other governments across our country and the federal government to ensure that we are not re-inventing the wheel and that there is a consistent protective measure that is set forward across Canada, so each province is not necessarily different, that we are all protected the same in the event an outbreak.

Mr. Deputy Speaker, the B.C. government in particular, and I mentioned this earlier, has been conducting a consultation process for its proposed public health act since December 2004. B.C.'s consultation process has included research, targeted consultation including questionnaires, discussion papers, Web site interaction, presentations and meetings as well as feedback on proposals and the development of task groups to provide specialized expertise and seek input from stakeholders.

So, Mr. Deputy Speaker, obviously, B.C. understands how to do the consultation process before drafting the legislation. We would have hoped certainly that members opposite, members of the government, the Health Minister (Mr. Sale), the Premier (Mr. Doer) of our province and other ministers that will be affected by this bill have been in consultation with various stakeholders and have been in consultation with those ministers across the country and indeed with the federal government to ensure that, again, we are not re-inventing the wheel here, that we are all working together to do what is in the best interest of Manitobans.

I see members opposite nodding that, yes, they have done the consultation. Well, I find that hard to believe, Mr. Deputy Speaker, because I know that there are many organizations that have not been consulted and have come forward to our Health critic, the Member for Charleswood (Mrs. Driedger), and myself, and our leader and other members on this side of the House, and have asked the questions that we are asking and posing to this government today.

Indeed, Mr. Deputy Speaker, we are not getting—well, it is maybe not the appropriate time to be asking questions, but there will be plenty of time for that later. Consider us giving them a heads-up on some of the questions that we will be asking and that we do want answered on behalf of all Manitoba stakeholders. So I would challenge the Member for Assiniboia (Mr. Rondeau), the Minister of Industry, when he nods his head and says that he has been through a consultation process. I challenge him on that, that if he has really done a thorough consultation process, then certainly all these stakeholders across our community would not be coming to us and asking these types of questions. These are issues that would have been dealt with.

But, you know, it is very typical of this government not to consult organizations. They like to ram through legislation to make it look good, that

this is what they are doing. They have no regulations ready, probably, to move forward in the event a pandemic comes out.

We recognize, Mr. Deputy Speaker, the very important part that we can all play in making sure that we create a better community for our citizens. We do not dispute the fact that we need changes to The Public Health Act and that we need to update it, but it is just how we go about doing it and how consistently this government goes about doing things without consulting. All they do is—oh, all of a sudden, well, what if a pandemic comes out? Well, we had better get a bill through the Legislature then. Yet that seems to be all they are concerned about, is their public image, but not about the public.

So, in conclusion, I would say that I would hope that the government has done its homework on this one, that it is not like the other legislation that they have brought through and rammed through in the event of a pandemic just to make themselves look good, Mr. Deputy Speaker. I hope they have done their homework because I know that we have. I know that Manitobans have, and Manitobans will hold them to task when it comes to this bill to ensure that they do what is in the best interest of Manitobans when it comes to public safety. Thank you very much.

**Mr. Leonard Derkach (Russell):** Mr. Deputy Speaker, I am pleased to put on the record a few comments regarding this particular piece of legislation because I think this is legislation that is going to impact on all of us sooner or later.

We hope that it never has to be used, but the reality in the world today is that circumstances with regard to how people move around and with the fact that we have become a more global society, indeed issues like this that this bill is supposed to guard against may, in fact, happen, and it is up to us as legislators to ensure that we are prepared, that the government is prepared, that indeed professionals are prepared and that the public is prepared in the event of a circumstance, whether it is a pandemic or some other outbreak that has to be dealt with.

Mr. Deputy Speaker, history can teach us a lot. I sometimes think governments through their sort of zealous approach to things over-exaggerate things. I refer back to the Walkerton water situation, and following that, which was a sad situation in the community and indeed in Canada, we came back to this Legislature and the minister who was a pretty green minister at the time in Water Stewardship

made a statement in this House that because of his legislation and his government's legislation, there would never, ever be a Walkerton in Manitoba.

Well, Mr. Deputy Speaker, I remember those words. I thought to myself, I would be very careful if I were the minister in making that kind of a statement, regardless of what portfolio I was in, because you might have to eat your words someday.

\*(15:40)

Mr. Deputy Speaker, since that time we have seen some issues in this province that should be paid attention to. We have not had the travesty of a Walkerton, but if you look at the number of communities across this province that have boil-water orders before them, it is only a matter of time. It is just like a pandemic. It is just a matter of time. You know, in an article in *The Carillon*, Dr. Jan Roberts says: A pandemic is inevitable. It is only a matter of time. A Walkerton is going to be inevitable in our province. It is only a matter of time, unless we address the issue of the boil water orders that we have before us in this province.

Mr. Deputy Speaker, I look across at the Minister of Northern Affairs (Mr. Lathlin), whom I consider a good friend, and I know that he represents communities. In his portfolio he has responsibility for communities, and I am sure that he is raising that issue in his caucus and in his Cabinet. He has a responsibility, just like the Minister of Water Stewardship (Mr. Ashton) and the Minister of Health (Mr. Sale), to ensure that those issues are addressed in the communities that he represents.

Mr. Deputy Speaker, this bill, although it will give government and authorities a certain amount of power to implement certain actions if a disaster of some nature strikes, does not address the issue of trying to avert situations before they happen. So we have to do everything we can to avert those kinds of situations, those warning signs, those red flags that are out there before they really happen. All this legislation is going to do is empower authorities to take action when that inevitable tragedy strikes. It is not going to do anything to avert a situation. That is the responsibility of a government. That is the responsibility of ministers. That is the responsibility of those who are in charge of the administration of things like clean water in our province. I mention clean water as one example, but there are others for sure.

So, when I go back to that statement that was made by the Minister of Water Stewardship that there would never be a Walkerton in Manitoba, I ask him to be very careful and to ensure that he, as minister, and his government do everything they possibly can to protect against that kind of inevitable situation, given the fact that there are so many communities whose water supply is polluted, who have to boil their water in order to be able to drink it. In this day and age, that is not acceptable. Yes, we will have polluted water sources from time to time, but it is up to us to work with communities to ensure that those water sources are cleaned up so that our society in this province can have access to good, clean water.

Mr. Deputy Speaker, the bill itself is one that I think we would find ourselves supporting, in principle. That is what we are talking about right now in the second reading is the principle of the bill. Now, are we going to have any amendments to this legislation? I think what needs to happen is there needs to be an explanation of the entire bill, and I look forward to those committee hearings when it gives us an opportunity and it gives Manitobans an opportunity to come forward and express their views. I hope some of the professionals are going to come forward and express their views on this legislation because that is very important. The understanding of the implications of the legislation is extremely important if we are to move proactively forward and prepare ourselves in the case of a tragic event.

Mr. Deputy Speaker, I point to one other thing, and that is the education of the public. We cannot ignore the fact that the public must be educated. I was just speaking with the critic for Health a moment ago, and I was telling her about the situation in British Columbia where a couple who I know very well had indicated that they have been to several sessions where this kind of an issue has been discussed, and openly discussed, in the event that a disaster should strike because they live in a very intensely populated area. If a pandemic strikes in a city of that size, which is Vancouver, that could be devastating not just to the citizens of that community, but indeed to the whole country. So people need to be educated. They need to be informed. They need to have all of the tools at their disposal to deal with the situation should it arise.

What are we doing in Manitoba? What has the government done to this point in Manitoba to engage the public in this kind of a dialogue about this very

important issue? I would say that it cannot happen in every small community perhaps over night, but if we could at least do it in our major communities where our larger populations are because that is going to be where the hardest hit of a pandemic of any kind could be.

Now, Mr. Deputy Speaker, we have an obligation as legislators to let our constituents know what is happening with regard to this legislation, and I will be communicating with my constituents regarding this legislation and why it is so important. The other half of the story, the other half of the equation in preparing ourselves for a possible outbreak is having the population informed, having our schools informed, having, if you like, our people who are working in the health care system throughout the entire province informed as to how we should react should a disaster should an outbreak occur.

Mr. Deputy Speaker, I do not know what I would do in the event of an outbreak. I guess I would listen to the radio and listen to the television set and probably look at the Internet to inform myself as to what I should do in that event. I know there has been a sensational movie produced about a pandemic outbreak and that illustrates, I think, the extreme of what could happen. But let us not disregard that because, although it is embellished perhaps, although it is exaggerated, there is definitely a scared population when something like that happens. The fear that is driven into people at a time like that is, I think, beyond explanation right now. But, more importantly, how do people react when fear is within them? People, as people, sometimes do irrational things when they are scared. So, therefore, we have to guard against that.

This legislation may be something that is necessary, and I do not dispute that, but what is more necessary right now is an educated public. Unless the government has some plans for educating Manitobans on what to do, Mr. Deputy Speaker, I think we fail. Unless we do that, unless we go into our remote communities, unless we go into our cities well armed with the information, we will fail. I do not want to fail because other jurisdictions, as has been mentioned by the critic for Health, the critic for Education, are preparing themselves. They are taking the necessary steps. They are educating their population, so that when and if something happens the proper kind of response can be put forward on behalf of the government, on behalf of the professionals and surely on behalf of citizens themselves.

Mr. Deputy Speaker, the bill talks about what is good for the public, but at the same time the bill has to be cognizant of the individual rights that are trampled in a situation like this because there are some individual rights that, in fact, will be perceived to be trampled when something of this nature occurs and when an act like this has to be imposed. That is where, again, the education has to come in. People have to understand what it is that the goal of a piece of legislation, or the goal of an action is so that they can be supportive of it. Sometimes people are resistant because they do not understand what the end goal is and what the government is trying to do. So I think a lot of work needs to be done.

Now, the Minister of Health (Mr. Sale), I do not believe, to this point in time, has had a briefing with members of the opposition regarding a plan for education. I do not know about that. If he has, I was not privy to that, so I will talk to my critic of Health. But I do not know that the Minister of Health or his staff have had consultation. I look at the critic for Health and I wonder. *[interjection]* Did he have them? I am being informed that the critics for Health have had their briefings on the bill, but there has been no briefing, no explanation and no action plan disclosed as to how the public is going to be informed. Neither do I see in the bill, Mr. Deputy Speaker, the process by which the education or the information to the public is going to be rolled out. So that gives some concern.

\* (15:50)

Mr. Deputy Speaker, will this ever have to be used in our society? I think all of us hope and pray that it never has to be used; that is normal. When we take a look at what has been happening in the world, and I use one example of the avian flu and how quickly that can be transmitted, we know that professionals out there, who have been dealing with these kinds of issues for years and years, are predicting that avian flu is something that we should be cognizant about and how quickly it could impact and affect the western world.

There are predictions, Mr. Deputy Speaker, that in the United States there will be, in fact, the presence of the avian flu. There are not any cases, as I understand it, to this point and time where the flu has been transmitted from one human to another. But, again, is this just a matter of time? What will happen when, in fact, the avian flu may be transmitted from one person to another? What is the

response going to be by health authorities? What would happen in Manitoba if, in fact, that happened?

We go back a few years, Mr. Deputy Speaker, and we look at the outbreak of SARS in the Toronto area. I recall quite vividly that there was almost a panic in society and a panic in the cities and a panic, if you like, in the media about what the impact of SARS will have on, not only citizens in Toronto but outside of Toronto as well. There was a scare about people travelling back and forth, people who were doing business, commerce and that sort of thing. How much more fear is there going to be if a pandemic like the avian flu should break out in this country or in one of our cities?

So, Mr. Deputy Speaker, there has to be a collaboration in my view, not just with people in the province, but there certainly has to be with the federal government, with people in different provinces and, indeed, with people from the United States as well. So this is not just an isolated kind of legislation. I do not know what the Minister of Health (Mr. Sale) or the government has done in terms of their collaboration on this legislation with other jurisdictions. How much consultation was there with provinces bordering Manitoba? How much consultation was there with the federal government and, in fact, was there an input from the Department of Health federally in terms of what should be contained in a piece of legislation like this? So co-ordination is very important, in my view, and collaboration with other jurisdictions.

Mr. Deputy Speaker, this is not an issue that we can isolate to Manitoba. It is not an issue we can isolate to our cities. It is an issue that has to be dealt with across the land. We may have to lend a helping hand. I want to mention 9/11. We just had the mayor of New York City in our city who talked about different things, not about 9/11 so much as how he got New York back on its feet, but within that. How did the citizens of New York react to the 9/11 disaster? There was pandemonium. There was panic. But one important figure who kept his wits around him was the mayor of the city of New York, and in addition to that, many, many people who gave of themselves to ensure that everything possible could be done for the people who were affected by it.

Mr. Deputy Speaker, we find ourselves with these kinds of issues before us unexpectedly. Then we have difficulty in knowing how to respond. Thank God for people like Rudy Giuliani, for example, who was able to keep his wits around him

during that entire period of time, and others as well. But are we prepared for something like that in Manitoba? Are we prepared for something like that for Canada? Not to that extreme, but regardless of whether it is an outbreak of flu, an outbreak of a situation, a tragedy, we must be prepared. We have had floods in this province. We have had fire in this province. But we have not had an outbreak like SARS or the avian flu or any pandemic in my lifetime and I hope it never happens but, indeed, we should be prepared for it.

Are our schools prepared? What has the Minister of Education (Mr. Bjornson) done with respect to this bill? Has he collaborated, has he consulted with the Minister of Health (Mr. Sale) as to what the responsibility of the education component, of the education sector of our society is in an event of a tragedy like this. You know, if you go back to the fear of the atom bomb and the fact that people were building shelters to protect themselves from that eventuality, Mr. Deputy Speaker, that was a response that people were taking as a proactive response to something that could happen. This is something that could happen. We have been given the warning signs. The red flags have been raised. Are we prepared? Is the government prepared? Are the people educated?

I say let us get this piece of legislation passed. Let us get it through. We may not understand many things about this legislation at this point in time. We maybe need to hear more from the professionals and more from people who are involved in this kind of activity, preparing the province for an eventuality like this. But, Mr. Deputy Speaker, it is time to get on with the work.

I do not know what the minister has planned for the future. I do not think I heard him say anything about that in his remarks, Mr. Deputy Speaker, and I have not heard a great deal about what other departments might be doing to ensure that there is a co-ordinated effort if a situation like this arises.

So, Mr. Deputy Speaker, I know I have been talking negatively somewhat about this legislation, but I am not negative about it. I want to ensure that my constituents whom I represent, who have sent me into this Legislature, receive the kind of protection, if you like, receive the kind of information that they deserve, that they expect from me as a legislator. There are expectations of us as MLAs when we come into this Legislature by our citizens in terms of what we take back to them. They do not expect us to

just sit around the desks here and twiddle our thumbs and not come back to them with information. If there is information that they should have and they rightfully need, it is up to us to communicate that to the best of our ability.

How are we going to do that? Only if we have the information given to us. Government is in control. Government is the powerhouse. They have the tools. They have the information. It is up to them to ensure that we get the information so we can take it back to our citizens. It goes beyond what goes on in this Legislature from 1:30 in the afternoon till quarter after two or so. That is Question Period. That is accountability. That is when the opposition puts the government's feet to the fire in terms of explaining their policies, their actions and what they do on a daily basis.

But, when you talk about legislation, this is law. This is the process of making law for the province. Whatever it is we pass here has an impact on every citizen of Manitoba, so we need to be careful. We have to ensure that the public are given every opportunity to have access to the information. There should have been, in my view, consultation with the public before the government wrote this bill. There should have been a period of time. The Minister of Finance (Mr. Selinger) seems to find it convenient and is ready and prepared to go and consult with stakeholders after he presents the budget. Now, this year he was foiled from doing that because the budget did not pass for a long time; nevertheless, that sector of government, that department of government, finds it important to go out and talk to the public about what they are going to do in Finance.

Why cannot the Minister of Health (Mr. Sale) in preparing legislation for this session, for the House, go and consult with Manitobans, tell them the importance of this type of legislation, why it has to be put in, get feedback from those people, not just from a select few but indeed from people right through the province? Laws of this kind impact on everyone, whether they are young or whether they are old, Mr. Deputy Speaker.

When you talk about our people, whether it is the firefighters or the people who run our ambulances, the paramedics, I wonder whether these people are prepared. I wonder whether the police in our province are prepared to be able to do their job effectively if something should happen. I say to this point in time we are not. Have we sent our top people to other jurisdictions, to other provinces?

Indeed, if you have to, send them to the United States to take what they have in terms of preparedness brought back here to see how that might apply to better our situation here in this province. We have not had that information to this point in time, but I understand that this time is for us to be able to talk about the principles of the bill. I do not hear anybody in this Chamber saying that we are indeed opposed to the principles of this bill.

\* (16:00)

The one question that we all have to ask ourselves is the power that is being given to individuals within the scope of this legislation, whether it is to the chief provincial public health officer, or whether it is to the police, or whether it is to the paramedics, or whoever it might be, or whether it is to the mayors of the cities, mayors of our towns, the Reeves of our municipalities, are the powers that we are giving to them balanced so that people's rights are not trampled on, so that we do not see people being hurt and trampled on in the process?

I do not know about that because no one has explained that part to us, nor has it been a course of debate in the public, Mr. Deputy Speaker. We have had a limited amount of debate in this House. Again, I blame that on the government because had they had their house in order, there is a sessional order before us that says bills of this nature have to be called at least three times before the 18th in order for them to be able to pass on to committee. I am assuming that the government is going to call this bill another time so that they can then have it move on to committee.

But, Mr. Deputy Speaker, I wonder how much consultation and how much debate there has been in this Chamber with regard to this kind of important legislation. *[interjection]* Well, I am going to take responsibility for holding the government accountable for the Crocus Fund for sure. That I will do. But the government has to take responsibility for them not being able to carry out their agenda. They are the government. It is not up to the opposition to have the government's agenda fulfilled. That is up to the government. I take no responsibility for that.

Coming back to this legislation, I was talking about how much power there is going to be in the hands of a few people. It is very important that the public understands what powers these individuals have. It is very important for citizens to understand how much power their mayor has, their reeve has, their Chief Medical Officer has when it comes to a situation that might be an outbreak, a pandemic or

whatever it might be. More importantly, Mr. Deputy Speaker, it is important to understand what the responsibility, not just the power, but the responsibility of these people is as well.

I go back to the boil water order. Now, we can give people the power to say you have to boil your water before you drink it. On the other hand, there is a responsibility on the part of the government to ensure that the problem is solved, that we just do not continue to issue boil water orders. How many boil water orders are there in Manitoba right now? Are there in excess of 100?

**An Honourable Member:** No.

**Mr. Derkach:** Are there in excess of 50? Well, the members of the government should know. I think if the government members would check the record, there are between 50 and 100, I am sure, boil order waters outstanding in this province—*[interjection]* Oh, I am sorry, boil water orders, I got my p's and q's mixed up.

But, Mr. Deputy Speaker, it does not matter whether there is one or whether there are two or whether there are a hundred, one is too many. One is one that could cause a problem. So, if there is more than one, that is too many. *[interjection]*

Now, the silliness of the back bench up there, Mr. Deputy Speaker, makes light of the situation. But those silly persons should take into account the fact that there are people in Manitoba right now who cannot go to the fountain tap or go to their fridge and get a clean glass of water unless that water has been boiled. That is the government's job to ensure that those matters are looked after. That is the job of the Minister of Health (Mr. Sale), the Minister of Water Stewardship (Mr. Ashton) and indeed the Premier (Mr. Doer). Unless these people take their jobs seriously, we are going to have a problem down the road. The Minister of Water Stewardship will then have to eat his words when he said in Manitoba there will never be a Walkerton. We pray to God that indeed will never happen. But I say to him, let us not be so bold and so, I guess, aloof that we can make those grandiose statements and think that they will never come back to haunt us.

So although I support this legislation in principle, I do look forward to the plan that is going to be laid before the Chamber, I hope, with regard to the education process that will take place in this province to arm our citizens with what has to be done if indeed a situation that we all say we hope

never happens, if a situation like that might happen in the future.

I thank you, Mr. Deputy Speaker, for the time to make those comments about this legislation. Thank you.

**Hon. Jon Gerrard (River Heights):** Mr. Deputy Speaker, I want to talk and put a few comments on the record with regard to Bill 21, The Public Health Act. This act provides for the ability of the provincial government, the regional health authorities and the public health officer to deal with a pandemic flu situation like occurred in 1918.

But it also provides for broader public health measures, involvement. Public health medical officers of health dealing with the epidemic, as we have at the moment, of diabetes is an example, although the epidemic of diabetes has been going on totally uncontrolled by this government and it is eating up huge health care costs. The incidence and the prevalence have been going up, and clearly it is an area where there should be much more action, and, hopefully, one would expect following the passage of this bill that there will be a much more effective approach to managing the epidemic of diabetes that is occurring under the watch of this government. One would also hope that there would be public health measures and approaches taken to manage conditions which are far too common, far too costly and far too destructive of individuals and their health like fetal alcohol spectrum disorders.

These are conditions where clearly we need much better approaches, and to the extent that this bill may provide some avenues to look at these conditions and to approach and take measures which are going to decrease the incidence of FASD and diabetes, this has the potential to be a beneficial bill.

I think we are all aware because of the media coverage about the concerns relating to a flu pandemic. We all need to be aware that such a flu pandemic is coming at some point. It may not be in the next few months or the next year or the next five years or 10 years, but we should be prepared. Certainly, the concern over bird flu is real, that it is spreading to humans and being transmitted from human to human. We know very well that migratory birds come to Manitoba from Europe and Asia and that these birds could bring bird flu. So it is not as if we can isolate ourselves from the rest of the world.

There are also, of course, a lot more people travelling, and the potential for this flu pandemic to

travel more quickly, to cause very significant problems is real. We saw in the epidemic of SARS, which occurred primarily in the Toronto region, a harbinger of what could happen and why it is important to be on top of the situation, to have a bill in place that will provide the appropriate circumstances for the government and the medical officers of health and regional health authorities to be able to act in concert to provide measures which will protect to the extent possible members of the public from the potential devastating effects of a flu pandemic.

\* (16:10)

That being said—and I will make it clear at the moment that we are generally supportive of this bill—we have a number of concerns. The first concern, Mr. Deputy Speaker, is that there are elements of this bill which really are 1950 style rather than 2006 style. You know, that may not be surprising, because we know that the NDP is rooted in the past rather than adequately facing up to the reality of today.

This is something which in looking at this bill stands out. What stands out is that there have been, in Manitoba and elsewhere, huge advances in understanding of what are quality standards as it relates to health care, what is the use of research and science and evidence as it relates to health care. One of the things which is lacking here is a recognition that the measures to be taken need to be taken with the framework of scientific evidence in mind. In other words, there are a lot of powers here for the government and the medical officer of health and the RHAs to act on behalf of the public interest for a public health concern, but those powers need to be put within the framework of when and where they could be used.

The powers, in this case, in terms of medical and public health measures, clearly the measures that should be taken by government, by public health officers and by the regional health authorities should not be arbitrary measures. The problem here is that this is not framed so that the measures which are to be taken have to be based on good science and research and evidence. Okay. I mean if we are going to take measures under a public health emergency, there are certain things that we know about transmissibility of diseases. There are certain things that we know about diabetes and fetal alcohol spectrum disorders, and certainly the actions which are to be taken under this bill need to be based on good science and evidence.

We have evidence that we have a serious problem with a high incidence in Manitoba of fetal alcohol spectrum disorders. There are things that can be done to prevent, to decrease the incidence of fetal alcohol spectrum disorders like putting labels on bottles and making sure that everywhere that people purchase alcohol that there is a warning.

Interestingly enough, we have people like Grant Rigby, who, I understand, are already putting labels on bottles, but this government instead of using science and evidence is trying to undertake all sorts of so-called education campaigns for which there is no evidence that they have any effect at all. The problem here is that unless this act is structured in a way that we have a framework of actions by government, by public health officers to act on the basis of good science and evidence and research, then we have a potential problem here in that we have arbitrary actions, citizens will be subject to arbitrary actions by government, by public health officers and by others in society which are not based on good science and research and evidence.

So, clearly, this bill needs to set out in law that there needs to be a structure here in which there are checks and balances, in which the actions to be taken here need to be actions which in fact are supported by science and research and evidence. Now, we have to recognize that science and medicine—*[interjection]* No, not everything is known. Sometimes you do have to make decisions before you actually have all the evidence that you might want, or you have to make decisions on partial evidence, but there is a clear answer here. That is that the framework and structure where that occurs, where you have to make decisions for which there is not adequate evidence, there needs to be an underpinning of science and research to assess what has happened so that better judgments can be made in the future, right?

So there needs to be a responsible approach. It is possible that some assume that that responsible approach will be there, but the reality is that this government itself has not been very responsible in the way it has used resources, and, certainly, it would be smart to have that kind of framework so that the decisions here need to be based on good science and research and evidence.

Now, there is a part of this bill to which this needs to apply very, very clearly, because parts of this bill allow for cost recovery. This is cost recoveries by municipalities, cost recoveries by public health officers, government, so that, all of a

sudden, somebody, an individual or a business, may be faced with having to pay significant costs that they never expected or planned for that are assigned in an arbitrary way. The powers here are all too arbitrary for the public health officer and the municipalities to intervene without a basis of science and evidence.

I think that people can accept that, where there is very strong evidence, this is going to make a difference, that it is understandable. You need to have, here, a legal basis, not only for recovering costs, but for justifying why they should be recovered, otherwise, you have circumstances where people will be harmed because they will be assigned costs based on actions which were arbitrary or frivolous. This, clearly, is a circumstance that has to be avoided.

So we need to move from the model in which this bill was constructed, which is basically a 1950s model, where science and evidence were not as important, and public health measures were taken in a more arbitrary way, often because the science was not there sometimes.

Now, we do have a much improved scientific basis for making decisions. We have a major centre for public health here in Manitoba, which is a wonderful opportunity. We need to make sure that we have legislation which is not a 1950s version, but which is a 2006 version, and that we have the right framework to allow us to justify actions which are taken to allow us to provide a scientific basis for actions to which there may be cost recovery or other cost to individuals or businesses.

Therefore, until we make some changes to this legislation and move it up into the 21st century, we will have legislation which allows for far-too-arbitrary powers on the basis of public health, medical officers of health, the government and others, regional health authorities, who may be taking action within the purview of this legislation.

\* (16:20)

Now, there are several other measures here, or components of this legislation, which are worthy of comment. One of these is that there is a requirement here for the public health officer to report—the interesting thing here is that it is a report once every five years. *[interjection]* Well, ordinarily, you know, I mean the advances in medical science and understanding in epidemics would suggest to me that five years is far too long a period. It would appear

that this government does not want to report until they have left office. They do not want a report saying how bad things are under this government.

Clearly, we should have reporting on an annual basis. You know we have epidemics ongoing on diabetes. We have an epidemic of fetal alcohol spectrum disorders in this province and the government is taking insufficient action to curtail this epidemic, to get a grip on it, to decrease the size of this epidemic. *[interjection]* Well, I think this is a real problem here that the government has not paid adequate attention or does not want adequate accountability.

Clearly, this reporting should be changed so that the reporting is provided for on the basis of at least an annual report, and then we can have annual reporting on the situation of the diabetes epidemic and the FASD epidemic, as well as whatever pandemics and other problems may be around. So that is an important part of this.

I think that there is a section here which deals with their surveillance systems and, clearly, we need to have surveillance systems for epidemics and reporting on epidemics. As I have already said, this needs to be, not only on infectious disease epidemics, but on things like diabetes and fetal alcohol spectrum disorders. There need to be approaches.

I will give you a recent example, Lyme disease. There has been the view that Lyme disease was not really occurring in Manitoba, but with five cases last year it is quite clear that it is occurring here. It may be much more prevalent than has been hitherto understood. Indeed, there have been a number of people who have argued for some time that the government has not been paying enough attention to this and there has not been adequate testing and surveillance.

It is more and more clear that there are at least some endemic areas, that this is a condition which is caused by a spirochete. Now a spirochete is an organism much like the organism, interestingly enough, which causes syphilis. This spirochete and its cause of Lyme disease can mimic a variety of other conditions, so it is easy to be misdiagnosed and all the more important that there be adequate surveillance systems and reporting of conditions like Lyme disease.

There is a part of this legislation which also needs some significant changes. This is a section

which deals with the protection of the minister from liability. Now this protection of the minister from liability is also extended to the chief public health officer, the director, medical officer, inspector, health officer, a public health nurse or any other person acting under the authority of the act, so there is a pretty broad exemption from liability for actions taken under the act.

Oh, I talked about science and evidence, right? If you are going to take away liability, you sure want to have scientific evidence for actions to be taken. You need to have some basis for actions to be taken under this act. Otherwise, you are going to have the ability for people to take all sorts of arbitrary acts, maybe sometimes with good intentions, without consequence. So, clearly, this section needs attention.

*Mr. Speaker in the Chair*

There is an exception, and the exception is unless the person was acting in bad faith. Now, clearly, this is not a sufficient exception to the protection from liability. You should not protect people from liability only when there is bad faith. You should make sure that people still remain liable where there is gross incompetence and gross negligence. If any one of these individuals acts in a way that is grossly incompetent or grossly negligent, or, if the minister does something which is grossly incompetent or grossly negligent, the minister should be accountable and responsible and liable for it. There should not be an exemption from accountability under this act for measures taken if they were grossly incompetent. Clearly, it is very important that we have a government which at least tries to be competent, and the citizens have some safeguards against gross incompetence. We do have an electoral system. We can throw the NDP out of office every few years, but the problem is—

**An Honourable Member:** Very soon, Jon. Very, very soon.

**Mr. Gerrard:** The reality is that there needs to be not only electoral protection, which is very, very important against gross incompetence, but there also needs to be, within this act, that the minister should not be protected from liability where he or she does something which is grossly incompetent or grossly negligent. I think that this is a part of the act which, clearly, will need to have some amendments.

There is a section here, or a part of this, which is, when one looks at it—if there are conflicts or undue influence, corruption, where does this fall? Is

that covered by bad faith? If somebody does something which is inappropriate because of some undue influence, what is the protection that we have here from a minister who does something that is inappropriate? Clearly, this part of the act needs to be restructured. We need some modifications here. The public needed to be protected from bad government, and, where we have ministers doing things which are inappropriate, those ministers should be held accountable.

In parts of this act which deal with appointment of directors, there should be some specifications a little clearer in terms of how they are appointed. We want to make sure that the NDP are not appointing people on the basis of just political involvement. They should know something about what they are doing here, because this is pretty important in terms of protecting the whole health of the public. Certainly, we want to have good legislation here, a good public health act. That is why we are spending quite a bit of time discussing this because, clearly, the NDP, in bringing this forward, did not do as good homework, as thorough a job as they should have done. If this had been put together properly, this could have gone through much quicker, but it needs to have some real changes, debate, consideration here because this is a very important area, and some of the background work was not done adequately.

\* (16:30)

There are areas of public health where there are issues which are concerned with not only health care, but their effect on society, on costs in the Education and the Justice systems and the Family Services and Housing systems. So it is pretty darn important to make sure that, when we are putting this through and we have got it structured properly, there is adequate ability to deal with epidemics of diabetes and FASD, as well as epidemics of influenza, SARS or other conditions like Lyme disease.

Clearly, what needs to be done here is to make sure that this bill has some significant changes and improvements before it passes in the Legislature. I would say that there are some areas, and we certainly agree with the Conservatives on this point, where there is an important role for public consultation in discussion. With adequate time at the committee stage and the ability for people to present—hopefully, this is important to a lot of people. You know, we will have significant numbers of people coming forward and talking about areas.

There are some areas which might be challenged under the Canadian Charter of Rights and Freedoms. We should have good legal advice and opinions presented from people who have particular concerns in this area at the committee stage. I hope we will have that discussion, because the Charter of Rights and Freedoms is important to all of us. What we want to make sure is that we have a bill which really is based on science and evidence; that we have a bill where there is adequate basis where it happens for cost recovery and justification; a bill which has more frequent reporting; a bill which will enable the Province as a whole to tackle, much more effectively than has happened under this government, epidemics like diabetes and FASD.

That is our goal. We hope that this bill can, indeed, move forward, but we would like to make sure that there are some—and we will work hard to have some changes to this legislation, some amendments so that it can be a little better than it is in the present version, Mr. Speaker.

#### Introduction of Guests

**Mr. Speaker:** Before recognizing the honourable Member for Inkster, I would like to draw the attention of members to the Speaker's Gallery, where we have with us, visiting from Minnesota, Noah and Colleen Silver.

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

#### House Business

**Hon. Dave Chomiak (Minister of Energy, Science and Technology):** Yes, Mr. Speaker, on House business.

**Mr. Speaker:** On House business.

**Mr. Chomiak:** I just want to indicate that I would like to announce that the professional accreditation resolution will be considered next Tuesday by this House.

Mr. Speaker, on private members' resolution, I would like to announce that the professional accreditation resolution will be considered next Tuesday.

**Mr. Speaker:** It has been announced that, next Tuesday, private members' resolution will be professional accreditations. That has been an announcement of the House.

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**Mr. Kevin Lamoureux (Inkster):** Mr. Speaker, I, too, have a bit that I would like to talk about in regard to Bill 21. It is a substantial change. I appreciate that there has been a great deal of effort that has been put in to coming up with this change. As has been pointed out from previous speakers, this is somewhat dated legislation which we are attempting to actually update. As my leader talked about, I believe it was in the early mid-fifties when we first had the legislation. This is really the most substantial change since then. In essence, it is going to be replacing it.

It is nice to be able to put a few words on the record and acknowledge that a good number—when you have legislation of this nature, with the types of changes that have occurred, no doubt it took into consideration a great deal of thoughts from many civil servants, Mr. Speaker. At the end of the day, it is ultimately the minister that presents the bill.

We do not necessarily know what parts would have been acted on or changed because of biases that this particular minister might have, might have had, Mr. Speaker. I listened very attentively to my leader talk about the bill and talk about, you know, scientific aspect of it, and I suspect that, for me, I would not try to compete with the knowledge that my leader has in regard to the scientific side of the bill.

I will attempt, in my own way, to try to contribute to the debate and maybe take a bit of a different slant, to comment on some of the issues that I truly believe that my constituents would want me to comment on, Mr. Speaker, because what we are really talking about is the broader public interest of health, as has been already commented on by other members. It is a good process, a bill of this nature that is as thick as it is, and it puts a lot of limitations in terms of some of the rights that individuals might have—some of the powers, some of those enabling powers, that the legislation is, in fact, giving to individuals and to positions—one has to be concerned about. We have to ensure that there are some checks and balances put in place because of those individual rights and so forth.

So I look forward to the bill ultimately going to committee, and my understanding is, Mr. Speaker, that the bill, in all likelihood, will go to committee today. At least, it would be my intent, and I believe the Conservative Party has also expressed that they could be interested in seeing this bill pass to committee, which would be nice to see this

afternoon. It is a bill that I ultimately believe should go to committee. Through the committee process, hopefully what we will get are some presentations, expressions of interest. They might be able to pick up, maybe, on a few points that have already been talked about this afternoon. Some of those points could really make a significant difference to the legislation as being proposed and as what is before us today.

That is one of the things that I really like about our whole process, Mr. Speaker. After second reading, a bill will go to committee, and Manitobans are afforded the opportunity to come to committee and say what they might have to say in regard to legislation that we are proposing. Then, hopefully, there will be some Manitobans, possibly some groups, that will take advantage of that opportunity for Bill 21, and come out and make presentations, because of the significance of it and the impact, in a very real way, that it is going to have on individuals and, collectively, all Manitobans.

So, then, after those presentations, no doubt we are going to go through those clause by clause, and there is where we are really going to be afforded the opportunity to see to what degree the Minister of Health (Mr. Sale) has actually been listening to the debates inside the Chamber on this bill. I know, at times, it can be frustrating, when you do not necessarily feel that you are being listened to. Quite often, that will happen because of a presence or lack thereof. Sometimes it is just turning a deaf ear, Mr. Speaker. Whichever one it is, one would like to think that the minister responsible for the legislation would, in fact, be listening very, very closely, because I can assure the minister that I was listening to other members talk on this bill. If, in fact, the Minister of Health was not, then there is a responsibility for him to go through some of the Hansard and the debates and concerns that have been expressed.

\* (16:40)

What I would like to be able to do is to go through a number of the things, some thoughts that I had kind of put together. The minister issued out a press release, and I was hoping to be able to go through that. Also, Mr. Speaker, I was provided the opportunity, through some of our staff downstairs, where they provided me with some thoughts that they had. So there is a lot to this bill. I trust that, after public presentation is made in the committee, the Minister of Health (Mr. Sale) will see the benefits of

making some changes to the legislation. Everyone's objective should be the same. It should be to the betterment of the legislation that is being proposed so, at the end of the day, we have a better law in our province and, to a certain degree, we have put some of those checks and balances in place that my leader, the speaker just prior to me, had talked about. I see that as being a very positive thing.

Mr. Speaker, I want to start off by addressing a couple of those issues that I have spent a little bit of time talking about already in regards to the broader public good or health. When we talk about the appointment of a public health officer and the types of things that this individual is going to be responsible for, most people will think of—I think that, even in the press release, the minister made reference to 9/11 and terrorism and so forth, and I will get to that, but we have to recognize that there is more to the public health, the general well-being of our population than just terrorist actions, or what took place in 9/11. It was actually, from what I understand or from what I have been led to believe, 9/11 that ultimately kind of gave the government the jump-start to wanting to do something on this legislation. It is unfortunate that that is what it would take because the need has always been there for many, many years. One has got to question why it is that we are dealing with it at this late period of time when they have been in government since 1999, because there are areas that do deserve attention and merit.

Now, I want to spend a bit of time on a couple of those examples, Mr. Speaker, something in which I believe that a public health officer should, in fact, be looking at and should be reporting on, and more than just every five years. Before I comment on those two issues, I really do believe that there should be a report more than five years. One has got to question why the Minister of Health says that every five years we expect to have a report on the general health and well-being of our province. I do not understand why it cannot be on an annual basis. It is not like nothing is happening for four years, and then, in one year, they are going to kind of get that overall assessment and then report on it. Why cannot they have it on an annual basis? Well, I suspect it is because the government does not like accountability. I think it has more to do with the fear of accountability on what are important health care issues that are facing Manitobans than anything else. I do not understand why it would be anything else than that, because, if they were really interested in the public health and

well-being of the province, one would think that it would be worth having some sort of a report on an annual basis.

Now, I will give you a couple of examples why I believe that you should be reporting on an annual basis. I introduced a bill, Mr. Speaker, as you know, Bill 206, which is The Liquor Control Amendment Act. If we look at what that particular bill does, it addresses an issue that is almost in epidemic portions in our province. We have children throughout our province, throughout our rural communities and urban centres, who are being born with a disorder that is 100 percent preventable. We do not have to have children being born with FASD. This is the type of thing in which—*[interjection]* I know the Member for Kildonan (Mr. Chomiak) always likes for me to tone down a little bit. Maybe he should get some earplugs so that when I am speaking—you will have to excuse me. As I have said in the past, sometimes I get somewhat passionate about what it is that I am feeling, and I am not meaning to try to deafen him or anything of that nature. So the point has been made, and I am sure the minister has taken it.

Mr. Speaker, back to the FASD. If we had an annual report that was being provided to the province through the public health officer, I believe that this is one of those issues that should be incorporated into the annual report, but it will not be. Why? Because the government does not believe it is necessary. Well, I would argue that we as legislators, that Manitobans as a whole, would benefit greatly if we had a better understanding of the impact that FASD is having on the population in the province of Manitoba. I would ultimately argue that, if the government recognized just how serious of a problem it is, there would be more pressure on this government to deal with it.

All one needs to do is take a look at the provincial auditor's reports. A provincial auditor provides an annual report, and virtually, you know, within days you get a government that says, well, here are the 3 points, 10 points, 50 points that we are going to put into place to address the auditor's report. It happens virtually overnight because the government has been caught with some more problems. Well, what would you expect from an annual report if you get annual reports that are being provided by a provincial public health officer and you include it in its mandate? I would ultimately argue it is there, but do you formalize it, that things like FASD be reported? What would happen? I believe it would

only be, depending on the party in government—I suspect that a progressive, Liberal-oriented government, I am sure, would likely take far more action in a rather quicker fashion, I would argue, Mr. Speaker.

Any sort of compassionate, caring government would be acting on the issue of FASD, and if we had, which we enabled, this Minister of Health, according to his legislation, is going to be mandating, or putting together, a public health officer to give the minister a report on the health status of Manitobans at least every five years. That is right from the press release regarding this bill. That is what it is that this legislation is going to be doing. Well, Mr. Speaker, if it was on an annual basis, I would argue that FASD would be one of those things that would be reported on from this health officer. Because it comes from the health officer, I suspect, much like the provincial auditor, that the government is going to have to respond to it.

I would argue that the report's priority should be to the Legislative Assembly as opposed to the Minister of Health. If it is so very, very important, the primary reporting should be coming to the Legislature ultimately. If it did, Mr. Speaker, I believe that what would happen is there would, in fact, be more accountability on some of those issues that have a very profound impact on the general health and well-being of our population. That is what this bill is all about, or is supposed to be all about.

\* (16:50)

If that were to happen, then when members such as myself introduce bills like Bill 206, I think there would be more pressure on the government to acknowledge the value of bills like that. In fact, Mr. Speaker, there is a chance that I probably would not have even had to introduce that bill because chances are the government would have acted on it. They would have done it. If this would have been the type of an issue that would have been included in annual reports that were tabled inside this Legislature, I suspect that today those sorts of labels and those sorts of signs discouraging and educating individuals that if you drink while you are pregnant you are risking your child being born with FASD. I suspect that that would be the law today, that those sorts of things would have been acted upon.

So I see the benefits, Mr. Speaker. What I do not understand is why does the government not see those benefits. When I say why I do not understand, it is kind of tongue-in-cheek, as you know. I suspect it is because it is the issue of accountability. If you make

it in an annual report, then that means that issues such as FASD will come up much more frequently, and, if it comes up more frequently, you are going to have, whether it is opposition members, whether it is the media, whether it is the public as individuals, whether it is constituents, whatever it might be are going to raising the question that much more, why are you not addressing this serious hazard to the general health and well-being of our province? FASD is just one of those issues.

One could talk about diabetes, Mr. Speaker, and the impact that diabetes is having. Members might be familiar with the idea that was brought to my attention from a young Aboriginal lady, who said: Why can we not have a set price for milk in the province of Manitoba? Part of the argument is that, as opposed to milk—*[interjection]*

I think someone just called me a communist. Well, I do not like to think that I am that far to the left. But I do believe that there is some merit for it. I always find it humorous when members to my left try to say I am a little too far to the left, because I am familiar with some of the members of your caucus, and I do not think I am that far to the left. I just like to think that I have a social conscience and that I am compassionate when I see something that makes sense. I do not need to be roped in or be branded as being a communist.

Having said that, Mr. Speaker, I want to make sure that I stay relevant to this; I do not want the members to throw me off. Diabetes, here an individual talks about how important milk is, and how many, especially northern communities, would benefit from that. She talked about, in part, diabetes and the impact of kids drinking more colas, because, at times, cola is cheaper than milk. A parent is quite often given the choice: Do I pay more for this if I do not have the finances and my children are asking for the cola? It is easier, maybe, to give them the cola. After all, I do not have the finances to pay three, up to four times the price. Well, again, what are some of those disadvantages of cola? Quite often, that high sugar content. There is a huge correlation with diabetes in certain communities. Sadly, there is a high correlation.

Now, if we had this health officer reporting on an annual basis, as opposed to every five years, I suspect that a part of that report would comment on the current status of diabetes in the province because of its profound impact on the province of Manitoba.

**Mr. Speaker:** Order.

### Point of Order

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

**Mr. Kelvin Goertzen (Official Opposition House Leader):** I wonder if you could put a question to the House, Mr. Speaker. I know that the Member for Inkster has 10 minutes left. I believe he had indicated he wants to move the bill to committee. We would like to move the bill to committee. If you would not see the clock at five o'clock to allow the member to conclude his comments, put the question so we can move the bill to committee, and then adjourn the House at that point. If you could put question?

**Mr. Speaker:** Is there willingness of the House to not see the clock until we have finished dealing with the bill, to move it into committee?

**Some Honourable Members:** Agreed.

**An Honourable Member:** On this bill?

**Mr. Speaker:** Only on this bill. Is there agreement? *[Agreed]*

\* \* \*

**Mr. Lamoureux:** Well, actually, I appreciate the leave to be able to conclude my speech, Mr. Speaker. Only ten minutes and so much to say, but I will conclude it because I do see the value in terms of passing this bill, ultimately, to committee. I will try to get it done a few minutes after five if I can.

Mr. Speaker, we talked about diabetes and we talked about FASD. There are many ideas that are out there that would help in terms of addressing these two issues. These issues maybe do not get the type of attention if there was some sort of a terrorist attack or something of that nature, or the bird flu disease that spreads, or a flu epidemic, but they still warrant attention. I really do believe that a health officer with a mandate to report to this Legislature on an annual basis on the general health and well-being of our province would take these sorts of things into consideration, and, by doing that and reporting on them, ultimately, it raises the profile of those issues. It is raised in such a way that it is more of an apolitical fashion, and that can be healthy. That is why I encourage, and I did not really expect to spend so much time just on that one issue, because there are other issues.

This bill is so large and encompassing and empowering of amazing powers to individuals. There is going to put limitations on rights of Manitobans.

There is just so much to this bill, Mr. Speaker. If we look at the issues that Manitoba faces in the future, potentially, one needs to be concerned. We passed water protection legislation to ensure that there are standards for our drinking water so that Winnipeggers, in fact, all Manitobans feel confident in what it is that they are drinking. You know, we are very fortunate in the sense of Shoal Lake, for many years in the past and well into the future, provides Winnipeg with a wonderful, valuable, irreplaceable resource of drinking water. There always is that threat of some sort of a terrorist action against our water system. Those are the types of issues that are very important in monitoring the quality of our drinking waters.

My leader made reference to people travelling nowadays, Mr. Speaker. World travellers are growing more and more. You look at the types of diseases that have been transmitted, it jumps a whole lot quicker nowadays than it did 200 or 300 years ago. The bird flu started off, I believe it was in China, and I think that there is even now some reports of Turkey. When it happens, it can happen very quickly. The need for this type of legislation is there. It is very real. That is why, in principle, seeing Bill 21 go to committee would be a positive thing.

\* (17:00)

Winnipeg has been very fortunate in the sense of the recognition that we have been given in terms of dealing with some of these viruses that are out there with respect to things such as our lab. You know, we have a world-standard, first-class lab, Mr. Speaker. That lab provides information to not only other provinces in Canada but other countries, and I see that as a very valuable resource for our city. There are many different ways in which, by the government's paying more attention to this very issue, all Manitobans would be better for it.

I appreciate the fact that members were prepared to allow this bill to pass today, and I do not want to do anything to prevent that because I do believe, Mr. Speaker, that this is a bill that will, in fact, get through the committee stage and, I suspect, will ultimately receive Royal Assent.

I think that one of the things that the government does do—I will just digress just a little bit here. I do believe that the government needs to look at what other bills are important to it so that—because we have only got a few more days. I am interested. We want to make sure that bills are, in fact, adequately debated and that they go to a committee, and then

they go through the normal process. Let us not formulate something that would cause things to be rushed through prematurely. Thank you, Mr. Speaker.

#### House Business

**Mr. Speaker:** The honourable Government House Leader, on House business?

**Hon. Gord Mackintosh (Government House Leader):** Just before the vote, I understand there is agreement to have the matter disposed of. I would just like to announce that, if this bill is passed, it and the drug stabilization act will go to the Standing Committee on Social and Economic Development tomorrow evening, 6 p.m.

**Mr. Speaker:** Okay, it has been announced that, if this bill passes, it will go along with Bill 36 for Social and Economic Development for tomorrow evening at 6 p.m.

\* \* \*

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

**An Honourable Member:** Question.

**Mr. Speaker:** The question before the House is second reading of Bill 21, The Public Health Act.

Is it the pleasure of the House to adopt the motion? *[Agreed]*

The time being a little past 5 p.m., this House is adjourned and stands adjourned until 1:30 p.m. tomorrow (Wednesday).

**LEGISLATIVE ASSEMBLY OF MANITOBA**

**Tuesday, May 16, 2006**

**CONTENTS**

<b>ROUTINE PROCEEDINGS</b>			
<b>Petitions</b>		Agriculture Industry Nevakshonoff; Wowchuk	2202
Funding for New Cancer Drugs		Assiniboine Valley Maguire; Ashton	2202
Mitchelson	2193		
Fauschou	2193	<b>Members' Statements</b>	
Removal of Agriculture Positions from Minnedosa		Road Safety Penner	2203
Rowat	2194		
Levy on Cattle		Armed Forces Day Caldwell	2204
Maguire	2194		
OlyWest Hog Processing Plant		Korean War Veterans Rowat	2204
Gerrard	2194		
Crocus Investment Fund		Asian Heritage Month Aglugub	2204
Lamoureux	2194		
<b>Oral Questions</b>		Grandparents Day Lamoureux	2205
Crown Corporations			
McFadyen; Doer	2195		
Manitoba Economy			
McFadyen; Doer	2196		
Hawranik; Selinger	2197		
Westman Regional Laboratory			
Rowat; Sale	2198		
Driedger; Sale	2199		
Rural Health Care			
Derkach; Sale	2200		
Derkach; Doer	2201		
St. Boniface Hospital			
Gerrard; Sale	2201		
Gerrard; Doer	2201		
Gerrard; Selinger	2202		
		<b>ORDERS OF THE DAY</b> <b>(Continued)</b>	
		<b>GOVERNMENT BUSINESS</b>	
		<b>Debate on Second Readings</b>	
		Bill 21—The Public Health Act	
		Sale	2205
		Driedger	2206
		Stefanson	2211
		Derkach	2216
		Gerrard	2221
		Lamoureux	2225

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