

**Third Session - Thirty-Ninth Legislature**  
of the  
**Legislative Assembly of Manitoba**  
**DEBATES**  
and  
**PROCEEDINGS**

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

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**MANITOBA LEGISLATIVE ASSEMBLY**  
**Thirty-Ninth Legislature**

<b>Member</b>	<b>Constituency</b>	<b>Political Affiliation</b>
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## LEGISLATIVE ASSEMBLY OF MANITOBA

Tuesday, May 5, 2009

The House met at 10 a.m.

## PRAYER

## ORDERS OF THE DAY

## PRIVATE MEMBERS' BUSINESS

**Hon. Jon Gerrard (River Heights):** I suggest that there's leave to go directly to Bill 206, The Diabetes Reporting Act.

**Mr. Speaker:** Is it the will of the House to go directly to Bill 206, The Diabetes Reporting Act? *[Agreed]*

## SECOND READINGS—PUBLIC BILLS

## Bill 206—The Diabetes Reporting Act

**Hon. Jon Gerrard (River Heights):** Mr. Speaker, I move, seconded by the MLA for Inkster (Mr. Lamoureux), that Bill 206, The Diabetes Reporting Act; Loi sur la déclaration obligatoire du diabète, be now read a second time and be referred to a committee of this House.

*Motion presented*

**Mr. Gerrard:** Mr. Speaker, as is well known and even acknowledged on the government's Web site, we have an epidemic of diabetes in this province. This is an epidemic of type 2 diabetes primarily, although we are also concerned about those who have type 1 diabetes. Certainly we need to be concerned because this epidemic is affecting the health of many, many Manitobans, and, sadly, when people have diabetes it is a lifelong disease.

It is a condition that needs the best possible treatment, including we should have provincial support for insulin pumps, as they do in Ontario and in Saskatchewan, to make sure that people are treated in the best possible way. It is costly, because in the long run to our health-care system the tragedy of diabetes is that so many people who have diabetes end up with medical problems, whether it is heart problems or vision problems or kidney problems, or perhaps, saddest of all, the problems which affect the circulation in the legs and require amputations. So it is a very costly condition for the health-care system, as well as being a very costly condition affecting the health and lives of many, many Manitobans.

*Ms. Bonnie Korzeniowski, Deputy Speaker, in the Chair*

The number of new cases in diabetes from the early '90s up until about 1997 was relatively steady, about 4,000 new cases of diabetes each year in Manitoba. Then, in '97, we see an inflection in the curve with a rise, so that by 1999 there were about 5,000 people with diabetes each year in Manitoba. By 2002, the number had risen to 6,000. By 2006, the number was approximately 7,000 new people with diabetes here in Manitoba every year.

Because of the numbers of people we're talking about who are affected by diabetes, this has a huge impact in terms of the number of people who are affected and in terms, in fact, of the cost to our health-care system. One estimate, for example, of the lifetime cost for somebody who's diagnosed with diabetes is \$100,000 per person. We still need to have much more accurate estimates, and I've been told by some that this actually understates the number quite considerably. But, at a cost of \$100,000 lifetime cost per person, 7,000 new cases of diabetes each year in Manitoba, that means approximately \$700 million of lifetime health-care costs added each year. That's a huge future liability as a result of not preventing new cases of diabetes in Manitoba.

So, clearly, one of the things we need to do with an epidemic like this is to treat it like an epidemic. We need to make this a reportable condition so that we have up-to-date statistics, and so that we know what is happening in different parts of the province so that regional health authorities have the accurate numbers for each region, and that they're reported regularly so the regional health authorities can know how they are doing, as well as we can know how well we are doing province-wide.

This bill would require reporting on the basis of provincially as well as by regional health authority. It would require the minister to present an annual report and to make sure these reports get to each regional health authority in the province, organizations like the College of Physicians and Surgeons and the College of Registered Nurses, the Canadian Diabetes Association, the Manitoba region, and so on.

This effort is vital to being able to turn the epidemic around, to turn the tide, as it were, to make sure we are changing from the direction we've been going at the moment, with a steadily increasing incidence of diabetes, to a condition where we have a steadily decreasing incidence of diabetes. We're certainly not there yet.

One of the reasons why we need the up-to-date reporting and to make sure this information is quickly available is that all too often it has not been readily available in the past. I remember, when Tim Sale was the Minister of Health, asking him a question in Estimates about the numbers of cases with diabetes, and he, himself, was dismayed as minister to know the most recent numbers were two or three years old.

You know, that, sadly, is continuing today, that the most recent numbers are not last month or last week; they are all too often from a couple of years ago.

\*(10:10)

I was in Estimates yesterday and asked the ministers of Health and Healthy Living. They didn't even have this kind of important information at their fingertips, which one would expect with a major, major condition like this. That information should be there, and that's why it should be reportable and easily available to all Manitobans, what is happening with diabetes in this province. As everybody knows, only when you measure something well can you start to act, can you start to make sure that what you're doing has an effect in the right direction to decrease the incidence of diabetes.

Notwithstanding all that is being done and said in this province, there is clearly not enough, or maybe we're not doing the right things, because the incidence isn't decreasing. But, clearly, what we need to do is to be able to measure the end point, which is the incidence rate of diabetes, and we want to start turning that around so that it's no longer increasing the way it has been, and so that it is starting to decrease. We need it to continue to decrease because of the impact that this condition has on the lives of so many people and, indeed, on the costs to our health-care system.

This is an important measure. It is an important measure for the health of Manitobans. It is an important measure for the health of Manitobans in

the future. What we do today can have a very considerable impact.

So I ask all the members to rise and support this measure to recognize that diabetes is an epidemic and we need to make it a reportable disease. Thank you.

**Hon. Kerri Irvin-Ross (Minister of Healthy Living):** I want to, first of all, put on the record that our government recognizes the importance of early diabetes prevention, but also the importance of recording.

The member opposite would lead you to believe that we do not monitor or collect this data, and I want to assure him that we do. We collect this data on a yearly basis and do comparison reports. As a matter of fact, there will be a surveillance report that will be published in the very near future. These current surveillance efforts will demonstrate the prevalent cases, new cases, deaths, co-morbid conditions, health resource utilization, projected prevalence with intervention, sensitivity analysis, as well as life expectancy.

We see that this is extremely valuable information as we go forward, not only in the treatment of disease, but also for the prevention. This government has made a number of investments regarding awareness, prevention, research and treatment. We can almost say that some of our interventions have been groundbreaking and have set aside that issue called jurisdiction, as we've gone forward.

As far as prevention and chronic disease management, we can talk for a lengthy time about the Chronic Disease Prevention Initiative, which has been proven to address those issues related to diabetes by talking and demonstrating the importance of good nutrition, physical activity, stress management.

We currently have 57 communities who have embraced this initiative, and 21 of those communities are First Nations. What makes this initiative so powerful is the communities themselves that come together and identify what the issues are, and by working together as professionals, as volunteers, as community leaders, they're making a difference. It's peer led. It's neighbour to neighbour, talking about smoking cessation programs, talking about the importance of physical activity, that are leading the yoga classes, that are supporting these individuals, time and time again.

We have the Regional Diabetes Program, as well. That includes diabetes prevention, education and care, and support services that are provided by each RHA. These initiatives would not happen without the dedicated staff from all the regional health authorities across Manitoba.

What we've been able to do is provide support and information to 57 First Nations communities, as we have trained them on these different approaches and getting that information. What this talks about is that it's all of our responsibility as policy makers, as programmers, to come up with those initiatives, as community members to support those individuals as they go on that journey of healthy living. But also, it's important that we support those community members who have the diagnosis of type 2 diabetes, because we know that that can be prevented.

What we have done is we have established a program, Getting Better Together, and we've piloted that and we've seen the success. Again, it's peers working with peers, addressing those issues about, how, when you are living with a chronic disease, how do you continue to live a healthy lifestyle? How do you continue to take care of yourself? We see that it has many, many positive effects.

There is the renal disease prevention project, and that's when we set jurisdiction aside and made sure that Manitobans have care closer to home. It's much bigger than the dialysis unit. It's about aunts and uncles and grandmothers and grandfathers accessing that treatment in their own communities. It's about them not having to travel and, heaven forbid, not having to leave their home community and settle in Winnipeg and forget those supports.

We know that by providing centres outside the Perimeter that that's making a difference. We have 13 local centres: Brandon, Ashern, Selkirk, Portage la Prairie, Boundary Trails, Dauphin, Swan River, Flin Flon, The Pas, Norway House, Thompson, Pine Falls and Island Lake regions. Yes, they provide to community members with the supports that they need on dialysis, but they also have a prevention mandate, where they work with community around early identification, diagnosis and providing those supports so they can live a healthy lifestyle.

We also have the foot care program in which we provide foot care services to Manitoba First Nations,

provide those services, as well, in personal care homes.

We have the screening for prediabetes. Along with our partner, the Public Health Agency of Canada, we're working with communities to do that identification and delay or prevent the onset of type 2 diabetes for Manitobans.

The diabetes intervention project—DIP, as we like to call it—is, again, another partnership of the provincial government working with the federal government to co-ordinate services to provide that assessment, diabetes care and treatment.

Another initiative that the Province of Manitoba is extremely proud of is the retinal screening program. We know that eye disease is an issue for people with the diagnosis of diabetes. So through the retinal screening vision program, we're able to provide early diagnosis and treatment to prevent the onset of blindness.

As far as working with communities on the prevention of diabetes, we have an initiative, which has swept this province, called in motion. In motion has been embraced by many community members, individuals, schools and workplaces. I think that it's important that we talk about the 97 registered communities in motion, 21 of them are First Nations or Métis communities. What we've done is we've provided them with grant funding, in motion grants. These in motion grants provide them with a small amount of money in order that they can open their schools, that they can have walking clubs, that they can have yoga classes, that they are bringing their community together and embracing healthy living. We are extremely impressed with the results that we've received and the commitment from the thousands of volunteers in Manitoba that support this project.

Madam Deputy Speaker, another initiative that we launched just a little more than a year ago has been Workplaces in motion. A number of Manitobans spend most of their time at work. Well, we know that if we can provide healthy workplaces that that will make a difference as well. So, once again, we have provided Workplaces in motion grants. We have 30 workplaces who have applied for grants and received them. We have 209 communities—workplaces—that have come together and registered as Workplaces in motion.

\* (10:20)

As well, we need to talk about healthy food. We know that that's one of the important issues that needs to be addressed. So that's why the Province of Manitoba has invested money in the Northern Healthy Foods Initiative. The Northern Healthy Foods Initiative is ensuring that healthy food is reaching community members. We're talking community gardens and along with those community gardens we are talking about canning programs. We are talking about traditional fishing and hunting. We're talking about a partnership with the Northern store of getting healthy food to Lac Brochet and Tadoule Lake. We are talking about freezers. We talking about the dieticians and RHAs coming into communities and talking about how do you cook meals whether you're diabetic or how do you cook meals to prevent the onset of diabetes.

We have seen those impacts at Roseau River, for example, of where they are able to say that in their community they believe that the numbers of diabetes has reduced, has reduced because of the dietician that comes in and provides that support. And we need to celebrate that. We need to ensure that we continue to give this information to Manitobans, that type 2 diabetes is preventable, and we will work with you and we will provide you the tools that you need.

If you have that diagnosis, we will provide you the services and the treatment that you need as well. We will ensure that we can help support you and yes, Madam Deputy Speaker, we will continue to collect that surveillance data. We will continue to do those analyses because we are committed to reducing diabetes rates in Manitoba.

**Mrs. Myrna Driedger (Charleswood):** Madam Deputy Speaker, I think it's really important that we do speak today about diabetes, and that it is a front-and-centre issue that should be on all of our minds. As has been indicated, the disease has reached epidemic proportions in Manitoba and it's particularly worse in Aboriginal communities.

In fact, the Canadian Diabetes Association really said that about 76,000 Manitobans have diabetes and that's twice as many as 1989; close to 10 percent of Manitobans have diabetes and that's higher than the national average of 8 percent, and that there are also as many as 23,000 people that don't know they have diabetes.

The Member for River Heights (Mr. Gerrard) who put forward this private members' bill also indicated that the numbers we see are significantly increasing from 5,000 newly diagnosed in 1999 to

6,000 in '02 and to 7,000 in '06. That is very, very significant in terms of numbers, but I think people would be interested to know that in Manitoba 16 Manitobans will be diagnosed with diabetes today and every day. That is a lot, 16 people diagnosed today with diabetes and every day thereafter.

The national average is 11. So Manitoba is far above the national average and this should cause some significant concern for Manitoba Health, for government, for Treasury Board because of the enormous costs that are related with diabetes.

Research has also shown that Aboriginals have a significantly higher risk of developing diabetes and that estimates of the prevalence of diabetes in Aboriginal people have been found to be as much as three to five times that in non-Aboriginal populations. Those are significant challenges for Aboriginal people, and we all know the toll that diabetes can take on individuals. As a chronic disease it is devastating.

I recently had a friend, a nurse who, because of having diabetes for a long time, has recently had to have her whole leg amputated, and for somebody to go through something like that and for her to be able to manage with it now is a horrible, horrible experience for her.

We talked to other people who are going blind because of diabetes. We talked to other people that have circulatory problems and heart problems because of diabetes. It just keeps escalating and escalating. It's not just that you have diabetes and your blood sugars are out of whack. What you have are body systems, other organs in your body that are directly impacted on that. That can have a devastating, an absolutely devastating effect on patients.

So what I find interesting as I looked at what the government is doing with this and looked at their Web site, what did I find on their Web site? The Progressive Conservative diabetes strategy from 1998 is the current strategy on the government Web site.

Now that's kind of ironic because here we have a government that day in and day out stands in this House and slams everything from the 1990s. Nothing, according to them, did we do right in the 1990s, but, obviously, there must be something really good because they still have an 11-year-old diabetes strategy on their Web site.

Madam Deputy Speaker, I have to say that when the NDP first came into government and their very first Minister of Health was appointed, after he got off his initial rant, the one thing he did say after looking at all of the books in health care was that 90 percent of what the Tories did in the '90s was good health care. He says, I'll give them credit, 90 percent they did right. Yet, we have this government day in and day out over the last decade, railing. All of the backbenchers, all of the other ministers in this government have just sort of taken up this tune that nothing was done right in the 1990s.

However, what would they know? They've never actually sat down in the Minister of Health's chair and actually looked at health care from that same perspective. The first Minister of Health gave credit where credit was due and said 90 percent of what the Tories did in health care was good.

Obviously the strategy for diabetes must be really good, but I would suggest to the government that it's probably somewhat outdated, 11 years down the road when we continue to see these numbers growing and growing under this government. So are they either not following that strategy, or is the strategy now outdated? What is the problem here? We cannot sit back and look at a strategy that's 11 years old and not wonder why we are not doing better in this province, well below the Canadian average and seeing 16 Manitobans newly diagnosed with diabetes today and every day. We're well below the national average.

I have a lot of concerns in terms of how the government is working with that strategy or whether they're working with it at all. It's sitting on their Web site but that doesn't mean much. We've seen a lot of spin from this government. We've seen a lot of propaganda from this government but we don't often see the kind of action that is really necessary to deal with issues. This is a really good example. Because they haven't seen the type of improved statistics year after year, I'm really questioning what they are actually doing with their strategy.

I support what this private members' bill stands for because we've had this government in place for 10 years. We don't hear very much about—and as the Member for River Heights (Mr. Gerrard) indicated in Estimates, we didn't have any minister that could answer as to how many diabetics there are in Manitoba.

\* (10:30)

I think it's really important that we do look at a more formalized process for reporting diabetes. If it is an epidemic, then let's get it together and treat it more like one, and have proper reporting, not just reporting at the whim of government. That's not going to do anybody any good. A government shouldn't just report things when they feel like it. This is too serious an issue, and regular reporting makes a lot more sense. I can certainly support looking at an annual report of some type by the minister because better information will lead to better action to address the issue. The current numbers, I think, are demanding more action. I hope the government doesn't look at this as a partisan private member's bill, because there certainly is merit to it, and I hope they would look at it.

I would also encourage them to evaluate more of what they are doing in diabetes. It's one thing to put out a bunch of feel-good programs or feel-good ads or, you know, do something here, do something there. I would encourage them to evaluate what they are doing, and, not just look at inputs, but look at outputs. What are they actually achieving? And to really take this diabetes issue a little bit more seriously than what they have.

I'm concerned that their approach has been superficial. They do things like lighting up the Golden Boy with blue lights, and I think that was a great idea. I congratulate the diabetes community for urging government to do that. But that almost tells me and says to me, the government needs to get far beyond the blue light. Symbols like that are good, and it's a good awareness. But I think the government, I'm feeling now, has perhaps dropped the ball on the whole issue of diabetes and a diabetes strategy in Manitoba.

I think what they need is a comprehensive, in-depth strategy, renew their strategy, get current and while they're looking at that, address this serious shortage of dialysis nurses in Manitoba, because we've got 34 vacant positions in Winnipeg hospitals alone, and this government needs to address that. How are we going to care for dialysis patients if we have such a high nursing shortage? Why hasn't the government fixed that? And at the same time look at the insulin pumps—

**Madam Deputy Speaker:** Order. The member's time has expired.

**Hon. Theresa Oswald (Minister of Health):** Madam Deputy Speaker, I'm pleased to stand today to speak on the subject of Bill 206. I've had the privilege, along with other members of the House, in listening to the Member for Charleswood offer a few ideas, and I'll take a couple of minutes to correct a number of the inaccuracies put on the record.

I'd start, of course, with her suggestion that she's never been given any credit, or their government has never been given any credit by members of this side of the House. I take exception to that, Madam Deputy Speaker. I know that, on more than one occasion, certainly you'll find repeatedly in *Hansard*, in different public environments when I've been speaking, I have taken time to give her credit, in particular for her contribution in advancing colorectal cancer screening here in the province of Manitoba. She has always been an impassioned advocate for this idea.

*Ms. Marilyn Brick, Acting Speaker, in the Chair*

It was the individual in partnership with the Member for River East (Mrs. Mitchelson) actually that enabled me to meet a very special person who told her story about the loss of her husband due to colorectal cancer screening and that, in addition to good advice that we were given from experts at CancerCare Manitoba, the Canadian Cancer Society and, of course, within Manitoba Health and Healthy Living, enabled us to be the second jurisdiction in Canada to announce a colorectal cancer screening program, indeed the first province in Canada to have that program on the ground.

I have, on frequent occasions and again today, offered credit where credit was due in that respect. Indeed, there have been other times where credit has been given to all members of this House when they have had good ideas brought forward. So what she's saying is just untrue, and I wanted to clarify that in a very specific way.

It's true, Madam Acting Speaker, that we have been critical of some of the decisions that the member opposite and her government of the day made, in particular when we look at the last serious recession that Manitoba faced. It was a time of very hard decision making. We reflect on those decisions that are hurting us even today here in Manitoba, and we commit not to go the same way. It is not our choice to fire nurses. It is not our choice to cut spaces in medical school despite how much they cost, and it certainly isn't our choice to freeze capital expenditures for health in difficult economic times.

So, yes, we have been very critical of the previous Conservative government on these issues. I don't anticipate that ever waning, but to paint with a wide brush that no credit is ever given is just not true.

I would acknowledge, also, that the diabetes strategy begun by the Conservative government had within it core principles that were strong, and that is why those core principles exist today in the diabetes strategy. Of course, we have built on those core principles, most importantly in the area of action. When there is such a serious situation in Manitoba, indeed in Canada, of increased rates of diabetes, we know that the most important thing that we can do is act, is act on the treatment side for those individuals that are already living with the burden of diabetes and, of course, arguably and more importantly, to be very aggressive on the side of prevention to try to stop more people from acquiring the illness.

On the subject of the bill and the issue of surveillance, I can certainly let the member know, of course, that despite some claims that there's no measurement going on and we don't know what's going on, that's not an accurate statement. We monitor, of course, using administrative data sources in an integrated national surveillance system. These current surveillance efforts, of course, will be published in the upcoming Diabetes in Manitoba report, and those surveillance efforts include a number of areas that are very important as we build our strategy and move forward in preventing and treating diabetes. The current surveillance efforts will include: prevalent cases; new cases; deaths; co-morbid conditions, including amputations, chronic kidney disease, circulatory system disease, health resource utilization, a very important point as we manage and endeavour to prevent illness; that will include hospital days, medical visits, projected prevalence within intervention sensitivity analysis and life expectancy. Certainly, we know that medical experts inform us that risk factors for diabetes occur over the long term and diagnostic criteria does indeed change over time, and this needs to be taken into account.

So, of course, we are reporting and measuring and, more importantly, Madam Acting Speaker, we are endeavouring to act, particularly on the prevention side. We know that our Premier (Mr. Doer) was visionary in his creation of the Ministry of Healthy Living. A number of provinces in Manitoba have followed suit, but Manitoba, of course, was first in the nation to have a dedicated

ministry on issues of prevention and promotion, and that's been a very critical portion of our strategy on prevention.

We also know that being able to build good partnerships, notwithstanding partisan politics, Madam Acting Speaker, but building good partnerships with the federal government on chronic disease prevention initiatives. I had the privilege of being the Minister of Healthy Living at a time when the chronic disease prevention initiative really started to take hold, and was privileged to visit with communities and individuals in the planning. Each and every man and woman involved in that process defined it as transformative, from a more parochial attitude of doctors know best, or nurses are the only people that can tell you how to change your way of living. This was literally from the ground up, and people were changing their lives, changing things that had not been changed in generations. That is no small thing, and so this initiative on the prevention side as it goes across Manitoba is yielding very important results.

\*(10:40)

We've also been able to build on what existed in those core principles from the previous government's strategy in being able to provide more on the treatment side. We know that the regional diabetes program includes prevention, education, care and support services provided through regional health authorities. Frameworks, developed in collaboration with over a thousand stakeholders, including First Nations, was released in '02 and provided recommendations in the area of prevention, education, care, research and support. We've been moving forward in all areas to implement these recommendations. We've now implemented 45 of the 53 and are actively working to implement the remaining.

We know by being able to cross the jurisdictional Rubicon and build dialysis in Garden Hill has been a significant step, not just for Manitoba, but, indeed, for all of Canada in terms of how governments approach acute care for people living with diabetes.

The Health Council of Canada has singled out Garden Hill as an important program, as has the Canadian Institute for Health Information. These are very important steps that need to be taken as we go forward in our work on prevention and acute care for diabetes.

Work that has been done, again starting from our tour around Manitoba with our Healthy Kids, Healthy Futures All-Party Task Force, in really being able to engage families, students, parents, teachers, coaches getting involved in increasing physical activity at the school level and, of course, engaging communities in important discussions about healthy foods in schools.

There's been some criticism, Madam Acting Speaker, about just adding phys ed to schools isn't going to solve the problem. I couldn't agree more, and, indeed, the report from the Healthy Kids, Healthy Futures All-Party Task Force says that. But having a dialogue where students can be exposed to more life activities that they can pursue into their twenties, thirties and forties, and on and on and on, is going to help them maintain a healthy lifestyle, which is at the core of diabetes prevention.

So, Madam Acting Speaker, we are working on surveillance and reporting. Those reports are being done, contrary to insinuation by members opposite. Measurement is being taken, and, most importantly, action is being taken. We all have to work together in this shared responsibility of combating chronic disease to work towards an even healthier Manitoba. Thank you.

**Mr. Kevin Lamoureux (Inkster):** I, too, want to put a few words on the record in regard to Bill 206. I think it's a bill that deserves a great deal of attention inside this Legislature and, ultimately, it's a bill that I think would do well in terms of passing and put some sort of burden of responsibility then on the government to actually take action on a very important issue to the province of Manitoba.

I don't think that we can emphasize just how critically important it is. It was interesting, just prior to standing up—provided information which shows in essence that the current government's strategy really hasn't been modified or changed since Gary Filmon brought in a strategy back in 1998 and 1999. In fact, it's a strategy that this government continues to promote and encourage, not recognizing that time has lapsed, and there are a number of things that even within the Gary Filmon report the government has failed on acting on.

One of those actions is the annual report in itself. It's interesting when opposition brings forward bills and ideas, there's a certain expectation; that expectation is that the government is really listening. The two most important departments in dealing with this particular issue, one might say, would be the

Premier (Mr. Doer), but the two most important departments are the Department of Health and the Department of Healthy Living.

Madam Acting Speaker, I look across the way and I see nothing in terms of interest from either one of those ministers. If, in fact, they were genuinely concerned about this issue, surely to goodness they would be listening to the debate today. Having a presence, I believe, is very important on such a debate.

Having said that, I do want to emphasize how important diabetes is to the province of Manitoba, recognizing that there are the different types of diabetes. The one that I want to concentrate some effort and some talk time on is the type 2, because the type 2 is something that is quite reversible in certain situations. If we had, in a progressive, or using the Minister of Health's (Ms. Oswald) words, an aggressive approach in dealing with diabetes, we could, in fact, be making a difference when you take a look at type 2 and what it can lead to.

I had a friend, not that long ago, who had diabetes, and I was surprised in terms of how much time he had spent in the hospital. Then, when he had left the hospital, he had his leg amputated, and that's when I really found out just to what degree diabetes can affect the lives of Manitobans. Sadly, a year or so later, complications led to, ultimately, his death.

Madam Acting Speaker, where you have life being ended prematurely, ultimately, kidney issues that quite often come through diabetes, which ends up into dialysis and many other issues. We hear of individuals that have gone blind as a result of diabetes. The impact it has on heart conditions, and so many other health-related conditions of an individual. One would think that it would be a no-brainer in terms of a government wanting to be progressive and aggressive in taking actions that would address this very serious problem.

What we know for sure is that there has been a dramatic increase in the numbers of diabetes cases in the province of Manitoba, a fairly significant increase. In '99, it was reported that there was somewhere in the neighbourhood of 5,000 that were detected in that particular year. In 2006, which is only seven years later, we have incident rating of reporting somewhere around 7,000, and we don't really know for sure, Madam Acting Speaker, because there is no obligation to ensure that there is an accurate reporting mechanism so that the Province

has a better assessment of just how serious the issue is in terms of actual numbers.

And that's what this bill is actually trying to do. You see, we, within the Liberal Party, believe that this issue is of critical importance to the province of Manitoba and, to not address it appropriately, at the end of the day is going to cost the province socially in many different ways. It will cost the province financially in many different ways. That's why we see this bill as a step in the right direction that will make a real difference in being able to provide better programming and better policy in fighting diabetes in the province of Manitoba.

If the government was wanting to take tangible actions that would really make a difference—you know, the other day, I introduced a bill to set the price of milk in the province of Manitoba. Can you imagine the impact of children that are drinking Coca-Cola or Pepsi-Cola, as a result of milk, in many cases, it's done because of a price point. How sad it is, but that's the reality of the situation. In many communities, the price of milk is so expensive that individuals, in fact, end up having to drink cola products as opposed to healthy products like milk.

\*(10:50)

One has to wonder why it is the government chooses to ignore that very important issue. You know, the government talks about well, we have now gardens that are being planted in a number of the different communities up north. And where the government has done well, I'll give them credit. You know, that's the initiative that does have great potential, but I think that we need to be thinking outside of the box in terms of how it is that we're going to be able to ensure that there's healthier eating in many of our communities throughout the province, Madam Acting Speaker.

I think that we need to go beyond talk and start taking more direct action. This bill will go a long way in the province of Manitoba getting a good realization of just how serious in terms of numbers diabetes is in the province. And whether it's type 1 or type 2 diabetes, both of these issues need to be better addressed, more directly addressed from the Province of Manitoba, and we would ask that the government recognize the value of this bill and allow it to, at the very least, go to public committee where members of the public would then be able to share their stories, their real-life stories and the impact that diabetes has had on their lives. The only way we can ensure that will happen is by the NDP allowing this

bill to go to committee in hopes that we'll see that today. Thank you.

**Ms. Jennifer Howard (Fort Rouge):** I think the debate today has been very interesting to listen to. Certainly, what comes clear from all of the speakers is that diabetes is a disease that affects many, many Manitobans. In fact, I think, like many of the issues that we deal with in this Chamber, this is an issue that leaves none of us untouched. I know that many of us have family members who struggle with diabetes, and I know that there are those among us who may be dealing with this disease in our own lives.

So it's an important issue that we speak about today, but I also think it's important to note that there are very specific effects of this disease on Aboriginal people. Often the experience of diabetes is made worse by the lack of services on reserve and in First Nations communities as well as the experience of crushing poverty that many Aboriginal people are dealing with.

Madam Acting Speaker, when I heard the Minister of Health (Ms. Oswald) and the Minister of Healthy Living (Ms. Irvin-Ross) both speak to this bill and outline some of the measures that our government has been taking, one thing that came very clear to me is the overwhelming focus, not only on treatment of diabetes but also on prevention of diabetes and prevention of the onset of diseases through the measures that we all know we should be taking in our lives, like better eating and regular exercise but also the prevention of some of the secondary effects of diabetes that can create tremendous disability and tremendous hardship in people's lives. Those are complications that we've heard about today such as amputations and kidney failure and loss of eyesight.

One of the things that I did hear the Minister of Healthy Living refer to is the practice of surveillance that we are engaged in. I think it's important to note that the surveillance systems that we are engaged in for diabetes are national in scope, but also are long term. So that kind of surveillance, I think, allows us to look at the disease over the long term and note the long-term changes in incidence, in severity, in risk factors, and it's that kind of information that helps to shape both our prevention initiatives but also our treatment initiatives.

I want to, for a moment, speak about the Chronic Disease Prevention Initiative. I know both the

minister and the Minister of Healthy Living have been champions of this approach, and it came clear to me at a meeting with representatives of various health organizations that many of the diseases that cause a great deal of illness and disability in our society have very similar risk factors: heart disease, lung disease, diabetes, many cancers. We know the path to prevention for many of those diseases and it is through better, more healthy diet.

I think recently I heard that if we all added a little more vegetables to our diet, we could be avoiding tremendous illness and disability in our future lives. We know of increasing activity and encouraging activity at whatever ability we have. One of the things that I have appreciated most about our initiatives, like the Manitoba in motion program that the Minister of Healthy Living spoke about, is that it allows people to become active no matter what their ability. It is not a physical exercise program that is only dedicated to those who may have elite abilities, who may be elite athletes but it has a place for everybody. No matter what your ability level, you are encouraged to get active.

I know that that program has been successful and it's certainly been recognized. I think it's important to note that in January of '06, Manitoba Health and Healthy Living received an award of recognition from the Alliance for the Prevention of Chronic Disease for the efforts in chronic disease prevention. Although it may take years and years and years to see the effects of that effort at preventing chronic disease, it is, I think, one of the more important programs for the future of Manitobans.

But prevention certainly goes beyond eating well and exercising and not smoking and dealing with the stress in our lives. Everything I think that we do as a government is geared towards helping Manitobans live healthier lives.

If you look at our efforts in areas such as education, in reducing poverty, in enhancing child care and early childhood development, in making sure that we have good job creation for Manitobans and that Manitobans have access to the prosperity that we all can share in, those are also prevention of chronic diseases. We know that some of the biggest indicators for disease are not your access to health-care services but are things like your income level, your education level and your ability to have a social support network. So all of the work that we do to make sure that all Manitobans have the

opportunity to live successful lives is also geared at helping them live healthier lives.

I think it's important when you look at some of the diabetes programming that we're engaged in that it is not only focussed on what government can do; it's focussed on what the whole community can do. As of January 2009, over 700 providers of services, including people from First Nation communities, have been trained in how to assess risk factors for diabetes but also how to assess the possibility of complication. So it is a program that reaches far beyond government, that works with community partners, educators, elders, health-care workers, everybody together to help people live healthier lives and prevent the incidence of diabetes.

I was listening to the Member for Charleswood (Mrs. Driedger) talk about the 1998 diabetes plan. I think it's interesting to note that there are some things that this government has done that were not part of that plan, and were certainly not part of any Conservative platform that I can recall, and one of those would be the provision of dialysis programming in Garden Hill and on First Nation reserves. That program, Madam Acting Speaker, I think, is very important to talk about because it has been singled out nationally as an example of how we can overcome barriers to diabetes care and prevention.

It's been recognized by the Health Council of Canada; it's been recognized by the Canadian Institute for Health Information, as a very important and innovative approach to diabetes care. That program was certainly not easy to put into place. That was one of the times that we had to deal with the questions of jurisdiction and decide that we were going to put first the care of Aboriginal people and First Nations people before the common jurisdictional debates that we are continually faced with when we talk about the health and well-being of Aboriginal people.

One of the things that was also very important to get that program in Garden Hill off the ground was finding a source of clean water. You can't run dialysis machines without a steady, reliable source of clean water. I think that example shows us how the infrastructure, the community infrastructure, the physical infrastructure on First Nation reserves in this country, holds back the provision of health-care services. I cannot think of very many communities in this province where the holdup to providing dialysis wouldn't be the availability of nurses, wouldn't be the

cost of equipment, wouldn't be the building of a structure, but would be the simple provision of clean water.

But despite all of those—

\* (11:00)

**The Acting Speaker (Ms. Brick):** Order. When this matter is again before the House, the honourable Member for Fort Rouge (Ms. Howard) will have one minute remaining.

## RESOLUTIONS

### Res. 6—Affordable Seniors Housing

**The Acting Speaker (Ms. Brick):** The time is 11 o'clock and time for private members' resolutions, resolution No. 6, Affordable Seniors Housing.

**Ms. Erna Braun (Rossmere):** I move, seconded by the Member for The Maples (Mr. Saran):

WHEREAS seniors and elders deserve quality affordable housing; and

WHEREAS it is important that seniors and elders have access to housing in locations that keep them connected to their community and their families and close to places where they receive the services vital to their health and well-being; and

WHEREAS the provincial government has invested \$98 million in the first phase of its long-term care and housing strategy for seniors, Aging in Place; and

WHEREAS the Aging in Place strategy includes expanded capacity for long-term care options such as supportive housing, specialized supports and supports for seniors in group living, replacement of three- and four-bed rooms with one- and two-bed rooms to help improve quality of life in personal care homes; and

WHEREAS Assisted Living programs have been expanded with an additional five units completed in 2007 with the goal of providing different types of living accommodations for persons with disabilities; and

WHEREAS the provincial government recognizes that one housing method does not work for all seniors and elders which has led to alternatives to personal care home placements that are affordable and linked to the community; and

WHEREAS the provincial government is committed to making sure that seniors and elders

have a range of services that fit their particular life and social needs; and

WHEREAS seniors and elders are often more vulnerable when in care and making sure that they are not exploited is essential to protecting the integrity of older persons; and

WHEREAS the provincial government has mandated the Manitoba Housing Renewal Corporation (MHRC) to monitor private seniors homes to make sure that operating agreements are fair and equitable for all seniors and elders; and

WHEREAS the Province of Manitoba must continue to support seniors and elders to ensure that they continue to be well cared for and have a range of services that continue to meet their personal needs; and

WHEREAS with budget 2009, the provincial government recognizes the importance of infrastructure spending as an economic stimulus, with \$387 million to be spent on social and affordable housing.

THEREFORE BE IT RESOLVED that the Legislative Assembly of Manitoba support the efforts of the provincial government in its ongoing development of seniors' and elders' affordable housing; and

BE IT FURTHER RESOLVED that the Legislative Assembly of Manitoba support the efforts of the provincial government in helping seniors and elders live close to their communities, families, and support services.

**The Acting Speaker (Ms. Brick):** It has been moved by the honourable Member for Rossmere, and seconded by the honourable Member for The Maples,

WHEREAS seniors—dispense?

**An Honourable Member:** Dispense.

**Ms. Braun:** Madam Acting Speaker, as the Member for Rossmere, I'm very pleased to present my private member's resolution on affordable seniors housing. We all know that seniors make up one of the fastest-growing demographics of our province.

*Mr. Rob Altemeyer, Acting Speaker, in the Chair*

As an MLA from the northeast corner of Winnipeg, I am very well aware of this group. I understand that we have one of the highest concentrations of seniors in this area of Winnipeg.

However, we are not the only community with seniors. All across the province, communities are seeing their seniors complement growing and are considering ways that will allow their seniors and elders to remain in their familiar surroundings.

As I mentioned earlier, Rossmere is one community where seniors are vital contributors to the vigour of our district. There are many groups in the East and North Kildonan area whose focus is our seniors, such as the Good Neighbours Senior Centre, which is the largest seniors organization in Manitoba. It has nearly a thousand members and will soon be moving into a brand new facility at the Bronx Park Community Centre this summer.

We also have numerous apartment buildings which have become primarily senior blocks where residents have joined together to create clubs and activity groups. Social connectedness is so important as we age, and I am so proud of the groups in Rossmere who volunteer many hours to organize excursions, community barbecues, or movie nights for their seniors.

Another group that I'm very proud of is the Millennium Gardens organizers. So many of the seniors had gardens which they tended not only for the joy of working the soil but also for the wonderful foods they could grow. But apartment life diminishes that opportunity. Through Millennium Gardens, seniors in North Kildonan have a chance to use their green thumbs again and grow wonderful vegetables and colourful flowers in raised beds, all within walking distance of their apartments.

Seniors bring richness to all the communities in which they reside. Whether it's Rossmere, Wellington, Pembina, Russell or Assiniboia, seniors are vital members of our community. They hold valuable knowledge and offer wisdom acquired through their many experiences and years of contribution to our province's society and culture.

I know that in my community, when I have conversations with our seniors, I can tell you that it always turns back to talking about being able to continue to live in their neighbourhood. They have a strong desire to remain in the community in which they have lived for many, many years.

As someone who moved to Rossmere as a child with my parents, along with other family members and many friends of the family, I know that their desire and their expressed wishes would be to continue living in Rossmere, in a neighbourhood that

is familiar to them and where all the supports they rely on are found.

Someone once told me that growing old is a series of losses, which is not a very pleasant thing to hear, but it certainly is true especially as you reach your senior years. So it's really important to us to minimize these losses, especially loss of community, network of friends and network of supports. We really want to make sure that our seniors have an opportunity to continue to contribute to their neighbourhoods, to their community and to their families and we can certainly do that by assuring that they can continue to live in their neighbourhoods.

The provincial government believes that seniors deserve the best care we can offer and we are working hard to ensure that our seniors receive the support they need in their home communities so they can continue to participate in these communities and enjoy their neighbourhoods, close to their family and friends. We believe that seniors are entitled to live as independently as they can so they can continue to be respected, active and vibrant members of our community.

Certainly in North Kildonan, these seniors groups that I mentioned are doing a variety of things in order to continue to be part of the community and to be contributing members to that community. Through our Aging in Place strategy, we are working to help seniors live with pride in their own communities while offering the supports they may need to feel safe. Through this initiative, three models of housing with services and supports for our aging seniors will be implemented in locations throughout the province. Health and Healthy Living provide the funding for the services and supports. Manitoba Housing and Renewal Corporation's focus will be on the provision of the models and public housing to enable low-income seniors access to service and supports they require to age in place.

My aunt, who is in her late 80s, enjoyed the opportunity to stay in her house as long as she could. She indicated to me how much she appreciated that she could stay in her home as long as possible. From her home on Lipton, she moved in to a supportive housing situation that is also in her community. I know that she really appreciated the opportunity to stay in her neighbourhood and continue to live there, close to her friends and family.

In 2007, as the first stage of our rural and northern strategy, the provincial government pledged another \$21 million for a new personal care home in

Neepawa and the expansion of rural and northern communities support programs.

Our third stage of the rural and northern strategy sees an investment of more than \$4 million which will allow seniors to enjoy the benefits of supportive housing in Neepawa, Dauphin and The Pas. These sites which are Manitoba Housing and Renewal Corporation owned, will continue to offer the same secure apartment setting but will also offer 24-hour support and supervision for the individuals who reside in the supportive housing units.

Supportive housing offers additional supports like a meal program, light housekeeping, laundry and the assistance of an attendant companion for these residents. These are often the kinds of things that make a difference and allow seniors to continue living independently and in the same community. I know this was certainly what my aunt experienced as she made the transition from her own home on Lipton to the supportive housing on Arlington.

In addition to the rural and northern stages, MHRC is currently investing over \$4 million in capital renovations to develop 48 affordable supportive housing units in Winnipeg. Since the introduction of Aging in Place, more than 380 new supportive housing units and over 2,700 supports for seniors in group living spaces have been developed to provide a range of services to seniors who do not require the medical care that would be provided in a personal care home.

Mr. Acting Speaker, I'm very pleased to bring forward and to be part of a government that is making sure that our seniors continue to be valued and appreciated in our community and provided with the kind of housing supports that are necessary to do so. Thank you.

\* (11:10)

**Mrs. Leanne Rowat (Minnedosa):** I'm pleased to rise today to put a few words on the record with regard to this resolution again. I say again, because it's worth noting that we debated this exact same resolution on September 16, 2008, with the exception of the clause related to budget 2009. So the creativity on the other side of the House, the government side, seems to be a bit weak.

No one on this side of the House disputes the need for more housing options for seniors, as

certainly Assisted Living is in high demand. It's just too bad that the NDP rarely seem to acknowledge that the need is, in fact, province-based or province-wide.

So many communities throughout Manitoba have demonstrated a high level of need for this kind of housing and the population of seniors is definitely growing. Seniors have been looking to this government for ways that they can actually remain in their communities and their homes. Seniors are looking for places where their families are. They're looking for places where they have built their lives for themselves and want to stay connected to the communities that they helped foster and assist. So that's true of seniors in southwestern Manitoba, in the north, in the city and they are very aware of the promises this government makes, but doesn't always deliver.

Above and beyond the accessibility issue there is the issue of quality, Mr. Acting Speaker. There's an exception—or expectation that housing provided by this government would be safe, affordable, clean and secure. But this record, when it comes to housing by this government, is not as positive as they would like the people to believe. There are so many examples of misappropriated funds, scandals, housing units that are allowed to fall into such disrepair that they are rife with mould, bed bugs or ants. Under this government's watch the housing portfolio is a mess.

Sadly, it's the tenants of the units that suffer as a result, and they suffer because money isn't going where it needs to go. To supply a safe, accessible and affordable housing option for families is something that is fairly weak. Unfortunately, given this NDP government's track record, Manitoba seniors have little reason to be optimistic. They see the splashy news conferences and read the news releases. But, more often than not, they don't see how these millions of dollars and announcements are going to make a benefit in their own lives.

This NDP government cannot even be trusted to be wise stewards of federal dollars. Take, for example, \$61 million that this government received in 2006 for off-reserve Aboriginal housing. Why, in many communities, are off-reserve Aboriginals still living in deplorable conditions? Where is this money and how many houses has this minister built with these funds?

We've seen communities like Duck Bay and Waterhen come forward and indicate that they're still waiting for this government to follow through on

promises being made. We tried to ask in question period but the minister deflected and refused to answer the questions. So when seniors see a \$98-million Aging in Place strategy, they have to wonder is this really going to benefit me or is the NDP just going to use the same \$98 million over and over for the next four years, and just continue to announce without actually moving those dollars forward and just continue to score political points with the voter.

The NDP has failed Manitoba seniors and those requiring housing in so many ways it's easy to see why those who have been in this province are less than optimistic.

Let's talk about the issue of personal care homes—access to them, staffing issues, closed beds—these are issues that impact a growing number of Manitoba families. Many of us in this House and many of our constituents have faced the issue of an aging parent, grandparent, aunt, and have wondered what to do next. I've even raised the issue of Sue Joyce, who turned 104 last December, who is paneled for care but is 100th on a waiting list, Mr. Acting Speaker. To me that speaks volumes of accessibility for the elderly.

For an elderly or a sick person, a personal care home is often the best option. Loved ones are cared for by dedicated and compassionate staff, and family members have the peace of mind to know that their needs will be looked after.

Unfortunately, the personal care home system doesn't function as well as it could if managed properly by this government. For example, we've got unused personal care beds in rural Manitoba that are shut down, sitting empty because there are not enough nursing staff to deal with them. This also plays into northern Manitoba, and visiting The Pas, these issues are as relevant as they are to anywhere in Manitoba.

Manitobans from all over the province are on wait lists to get into personal care homes and, sadly, many of them have to leave their home communities because of this.

Seniors have a spectrum of abilities to live independently as well, Mr. Acting Speaker. For example, many can live for years on their own with the assistance of a congregate meal program. Congregate meal programs are a cost-effective and vital means of allowing seniors to live independently, enjoy healthy meals and socialize

with other seniors. There are 39 congregate meal programs in Winnipeg Regional Health Authority, but only eight new programs have been granted funding since 1999. That's eight new programs out of the 39 that are presently operating.

One hundred and twenty residents, many of whom are over the age of 80, reside at places like 64 Nassau Street in Winnipeg. The residents applied for a congregate meal program and were approved two years ago but have been told there is a wait list of three to five years for this program. Some residents have been forced to move to Assisted Living facilities for the sole reason that 64 Nassau does not have a congregate meal program. Other residents, many with limited mobility, are forced to navigate icy sidewalks and rush hour traffic to walk to the nearest meal program.

The RHA distributes funding for these congregate meal programs, but this government has a responsibility to ensure that the funding is actually going where it's supposed to go, and funding the congregate meal programs, the services to seniors groups, all of the programs that are supposed to be available to help seniors live independently and enjoy their quality of life for as long as possible are just not there.

Perhaps most appalling, Mr. Acting Speaker, is the fact this government seems to be utterly ignorant of the conditions that are imposing on the tenants of Manitoba Housing units. These incidents are frightening and they are deeply troubling, and many Manitobans deserve to feel safe in their homes, but this government has failed in its responsibility to ensure that the homes are safe and that their homes are healthy.

So, Mr. Acting Speaker, in closing, I would like to just indicate that this NDP government has shown that it is incapable of managing the Housing portfolio, and that if they were truly committed to providing safe, affordable and appropriate housing options, they'd do something about the mould, mice, bedbugs that plague Manitoba Public Housing. They would do something about the wait lists for people that are waiting for care and support within personal care homes and seniors residences, and they would do something about the congregate meal program that seems to have stalled and is not moving forward.

So, in conclusion, I'd like to say that this resolution does little more than pay lip-service to the needs of seniors in Manitoba, and I will continue to support initiatives that the seniors deserve, a better

way of life than they are currently getting in Manitoba. Thank you.

**Mr. Mohinder Saran (The Maples):** Mr. Acting Speaker, I congratulate the Member for Rossmere (Ms. Braun) for bringing forward this resolution, and I am pleased to second it.

The provincial government believes that seniors and elders deserve the best care we can offer them. We are working hard to ensure that our seniors receive the care they need in their home communities so they can continue to share their lives with friends and loved ones in their neighbourhoods. Our government is investing in housing and support options that allow older Manitobans to age with independence and dignity.

We believe that seniors are entitled to live as independently as they can so they can continue to be respected, active and vibrant members of our communities. With a little support, seniors can continue to take part in their favourite activities and stay connected to their communities.

\* (11:20)

This government recognizes that one housing method does not work for all seniors and elders. This has led to the development of alternatives to personal care home placements that are affordable and linked to the community.

Through our Aging in Place strategy, we are working to help seniors live with pride in their own communities by offering the supports they may need to feel safe. Aging in Place provides for expanded capacity for long-term care models such as supportive housing, specialized supports and supports for seniors in group living; improved quality of life in personal care homes by replacement of three- and four-bed rooms with one- and two-bed rooms; and more spaces to ensure more seniors can receive the care they need.

Mr. Acting Speaker, I also come from the constituency which has diversity and has diverse cultural groups, so their needs are also unique. These programs can be expanded to take care of their unique needs.

There are some new cultural groups who just are—the majority of them are of first-generation immigrants, and their seniors had been used to a different way of taking care in their old days. So, we need some adjustments, to meet their physical and emotional needs. For example, seniors of East Indian

background, who cannot speak or understand English, either staying home or in personal care homes, need workers who can speak their language. Similar ideas can be and should be implemented in the hospitals which are close to their neighbourhoods.

We don't want our seniors dying before their actual deaths. What happens under the previous circumstances, those seniors go to the senior homes, they cannot speak the language, and the workers cannot speak their language. What happens? They stay there in isolation.

There are sometimes some examples we hear, that a senior was given food but he didn't want that particular item. He said, I don't want that item, but the worker took away food because they thought he didn't want to eat at all. When the family member comes, at that time this misunderstanding was cleared and he got proper food.

So, with these programs, we can make these unique cultures' seniors' lives more comfortable, providing the people workers in those areas who can speak their language.

The other way, also, their life can be made comfortable, having group homes, where are all those people belonging to those cultures, they can stay together and enjoy their old life together, instead of being put in the personal care home, where they may not know anybody at all.

So, I think in the northwest area, we can develop small units with a one-bed room capacity and then provide all the facilities over there so they can be together.

In such situations also I think we can expand these programs further. We can adjust our zoning in that area, like basements can be developed in a different suite where our parents can stay downstairs, and their sons and daughters, they can stay upstairs. They are living with their children, and they are living separate. Because of new cultural conditions, the sons and daughters have opted to stay independent. In that way, they will stay independent, as well as they will be close to their loved ones. This small adjustment can also help further to reduce crime. If grandparents are there to guide their grandsons or granddaughters, they won't fall into wrong hands. They can focus in life and get guided properly.

In the end, I recommend and I applaud the government programs, and I also hope that we can expand to the needs of the unique cultures.

Thank you, Mr. Acting Speaker.

**Mrs. Mavis Taillieu (Morris):** Mr. Acting Speaker, I want to put a few words on the record in regard to the resolution by the member opposite for affordable seniors housing.

Interesting though, I did speak to the same resolution last year so, as the Member for Minnedosa (Mrs. Rowat) said, we're seeing a recycling of resolutions. Hopefully, we'll have some new ideas coming from the opposite side, but I do want to say to the member she is at least persistent in bringing forth this resolution. Perhaps she can get her government to pay some attention to it in the future.

Mr. Acting Speaker, when we talk about affordable seniors housing, let's talk about affordable. People, seniors on fixed incomes, what have we seen? Increased Pharmacare deductibles from the NDP. We see issues in rising cost of living. We see that the government did not follow through on lowering personal exemptions. Costs are increasing for seniors all the time. Yet they try and talk about affordable, but they can't do both.

Mr. Acting Speaker, talking about seniors, and I think the Member for Minnedosa articulated very well the issues that seniors are facing under this government. Seniors in our communities deserve a lot of respect. I've heard it said that the health of a community is only judged by its senior citizens. I know that many senior citizens in our communities have put a lot of effort into that community, have raised the community by the inputs that they have had through growing up, raising their children and their families, and being a contributor to many of the social things that happen within communities. I think, because of that, we need to show seniors more respect within this province. The government has failed to do that because we would like, and I think seniors everywhere would like to see themselves living the rest of their lives in the communities that they grew up in, and they raised their families in and they have long-term roots in.

\* (11:30)

What I have seen is people that have to move to another community because there's not a personal care home or there's no affordable seniors housing in the community that they live in. They are forced to move to another community. Now this creates a lot

of problems, not only in terms of having to—for the other spouse or family members to travel a long distance to see their family loved one, but specifically for the senior who has to relocate from a community to a community that they have no roots in.

I want to draw your attention to an example of this. When I was visiting in the personal care home in Morris last year, I noticed that one of the women was sitting all by herself in the corner. So I went to speak with her and she told me she had just been moved into this personal care home in Morris, but she came from Austin. Now, Austin just happens to be the town where I grew up and so we had a nice chat about that, but the fact remained that there was no place for her in the one community that she had grown up and raised her family in and she had to go to a community where she knew no one. She was 80 years old and was in a place where she knew none of the other people and that, I think for anybody, has got to be very difficult.

So I think that we are failing affordable, I think we're failing seniors, but let me get to housing, Mr. Acting Speaker.

In 2007, there was an Auditor General's report on the maintenance branch of Manitoba Housing Authority. Now, what happened with housing? There was a commitment when the social housing agreement was signed in 1998 with the federal government, and there was money set aside which was to be used for maintenance and improvement in social housing stock in this province. But, by 2002, the Auditor General had noted that the amount that was supposed to actually be there was \$27 million less than the needed funding identified in this 10-year plan. In 2002 and 2003, all of the maintenance and improvement expenditures were funded from the special provision account. The 2002 actual budget was not used and in 2003, there was no maintenance and improvement budget at all. Yet, at the same time, the maintenance and improvement having not been done, the housing stock continued to deteriorate in the province of Manitoba. In fact, in the 2004 report, the Auditor General said, and I quote: Due to insufficient budget allocations, the condition of current housing stock of Manitoba Housing Association is placed at risk.

So, Mr. Acting Speaker, there was a lot of money—\$27 million, part of that designated from the social housing agreement in 1998 with the federal government and part that was to be contributed to the

maintenance improvement for social housing that was spent somewhere else. We don't exactly know where that money went, but when you talk about this housing portfolio in the province of Manitoba, it's an absolute disaster. What about the Aiyawin Corporation that is no longer in existence? Social housing provided to organizations and people that needed that type of housing, and yet what did we see? Millions of dollars taken out of the reserve fund, without approval of the Manitoba Housing corporation, and, in fact, monies being spent—mismanaged to the fact where family members were given untendered contracts and the money was never accounted for, there was never a purchase agreement, an agreement with this organization—and the government did nothing. What did they do? They gave them six months more time to spend more money and, in fact, they never did recover that money.

Actually, Mr. Acting Speaker, when you talk about affordable seniors housing, a lot of seniors who are looking for housing and can't get housing or are placed in position of housing that is substandard is because of the mismanagement of the monies that were provided for social housing in this province. Many of the housing places that seniors have to live in—they're not only infested with bed bugs, have mould issues, but seniors have to live alongside of drug dealers and gang members. What kind of a life is that? What kind of respect are we showing our Manitoba seniors in this province?

Now we do know that there are many more issues other than these in Manitoba Housing. In fact, many of these were brought to the attention of this government, and what did they do? Well, they did go and hire an external firm to probe the management practice of the Manitoba Housing Authority and the Manitoba Housing and Renewal Corporation. But how did they go about this? They posted it on an obscure Web site so no one really knew it was there. So no one really knew that they were actually doing this investigation, Mr. Acting Speaker. They were supposed to do it in six months. Of course, it always takes a lot longer to do that, and it cost the taxpayers \$881,000 to show all the problems that we have in Manitoba Housing in this province under the NDP government, and yet we see no improvements for seniors and for others living in housing.

Mr. Acting Speaker, there are a number of recommendations that came from that report, actually 52, for improvements. However, I cannot get into all of those because my time is running

short, but I do want to say, when we're talking about a resolution that talks to affordable seniors housing, it fails on affordability, it fails on improving the lives of seniors, and it fails miserably when we're talking about housing for seniors.

So with all of that, I do commend the member for trying to bring this forward again. Perhaps she'll have more luck with trying to get her government on board with her and perhaps next year, when we hear this resolution again, maybe she'll have gathered some support from her own government—

**The Acting Speaker (Mr. Altemeyer):** Order.

**Mr. Doug Martindale (Burrows):** Mr. Acting Speaker, I'd like to begin by commending the MLA for Rossmere (Ms. Braun) for introducing this resolution again. I note that members opposite were complaining that we brought it back and, of course, there's an easy solution to that. If we pass it, it will never be brought back again, so we can solve that complaint today.

I would also like to commend the MLA for The Maples (Mr. Saran), who, I believe, made an important contribution to this debate. He pointed out that many people from other countries have a different tradition. Instead of putting people in institutions, families live together, two and three generations under the same house or in the same home. That's certainly true of many of our immigrants from the Philippines and from India. Think about the implications of that. If they didn't live with their family members, we'd have a much greater need for housing for seniors. So, in a way, they're doing society and taxpayers a favour.

I know of an example of a couple of constituents of mine, a Filipino couple, who were seniors, and decided they could no longer live in their own home and, unfortunately, they moved from Winnipeg to Brampton, Ontario. I've been to visit them a couple of times in Brampton. They're really live-in caregivers for their grandchildren. I'm sure that the children appreciate that because it means that both of them can work and they're safe in the knowledge that, before school and after school, their children, who are also grandchildren, are well taken care of.

I think there are two very important parts to this resolution found in the THEREFORE BE IT RESOLVED clauses, and one says, that the Legislative Assembly supports the efforts of the provincial government in its ongoing development of seniors' and elders' affordable housing. We are

certainly doing that. I did listen to the speech of the Member for Minnedosa (Mrs. Rowat), and she had some concerns that she put on the record, but I think she missed the mark when she implied that we're not doing anything. A lot of her speech was really taken up with Manitoba Housing Authority. Manitoba Housing Authority doesn't just serve seniors, it serves a very broad range of people, although it is true that they do serve seniors. But if you look at the history of Manitoba Housing Authority, it's very instructive because we know, after we became government in 1999, that in the 1980s, the Conservative government of Premier Filmon wanted to privatize Manitoba Housing Authority, and so they put out some feelers and the private sector looked at their units and said, no, we're not going to buy them; we're not interested.

\* (11:40)

Now, why would that be? Well, that was because the maintenance was so sadly neglected that it would have cost a lot of money. Had they bought the units, they would have had to make great improvements before they could rent them out. So it wasn't economically feasible. So it wasn't attractive to the private sector even though, you know, ideologically, Tories want to privatize things and want to offload government services to the private sector and the private sector said no, we're not interested.

However, our government is doing something about that, and we do recognize that there's a need for improvements. So we are spending \$387 million on social and affordable housing and some of that is going into upgrading Manitoba Housing Authority units, and some of that is being invested in Burrows constituency because we have a large-scale MHA complex called Gilbert Park. I was at the news conference announcing, I believe it was \$15 million being spent renovating those units.

So this is part of our economic stimulus plan. Almost every government in the world has an economic stimulus plan except that—in fact our federal Conservative government has an economic stimulus plan, but in the Manitoba Legislature, the small minds over there aren't interested in economic stimulus. Their priority is keeping the debt down. They don't want to create jobs. They don't want to renew Manitoba Housing Authority even though under this resolution they say there's a need to improve Manitoba Housing Authority, and they

voted against the budget which invested money in Manitoba Housing Authority.

*Mr. Speaker in the Chair*

So I'm not sure where they're coming from except that they seem to be obsessed with one issue to the exclusion of all others. They don't care about renewing Manitoba Housing Authority units, they don't care about creating jobs, they don't care about being partners with the federal government who is investing money in infrastructure in Manitoba.

Now, I did also hear the Member for Minnedosa (Mrs. Rowat) say, and I agree with her, that seniors want to stay connected with their families and they want to continue to live in the communities that they're familiar with and that's not just true in rural Manitoba, it's also true in Winnipeg. So, for example, in the Keewatin-Inkster health region, we only have three seniors apartments, subsidized seniors apartments. One of those is Bluebird Lodge on Keewatin. Another one is Willow Centre on Tyndall, and the third is Fred Douglas apartments on Aberdeen.

Yet, there are a lot of seniors who live in their own homes, including widows, and they are getting to the age where they can no longer stay in their own homes and maintain their own homes, and so they are thinking about moving to, probably to an apartment, or even a townhouse, but they want to stay in the Keewatin neighbourhood or the Brooklands neighbourhood, the Weston neighbourhood, or the Shaughnessy Heights neighbourhood or even Inkster neighbourhood, and there's almost nothing available especially if their income is too high to rent in subsidized housing.

So the Keewatin/Inkster Neighbourhood Resource Council had a consultation on housing and they had two public meetings. I attended one of them. The meetings were very well attended. I believe there were about 40 people at Fred Douglas Lodge at the meeting that I attended. I organized a meeting at Northwood Community Centre for seniors, and there were about 40 people attended that. It's one of the best attended public meetings I've ever had in the last 18 years.

Almost everyone there was in agreement. They wanted to stay in either Weston-Brooklands or Shaughnessy or Inkster neighbourhoods, but the options were very few. So they were saying to Fred Douglas Society, we want you to build more

housing. They're saying to the government, we want you to build more.

We are trying to accommodate that. For example, Fred Douglas Society was interested in buying the vacant school grounds, Florence Nightingale School grounds when it was torn down, but they didn't have the capital to do that. They would love to get their hands on the land between Aberdeen and Redwood, which is still vacant. It was supposed to be the site of the Punjab seniors centre, but it's going to some other location, so there's vacant land there, literally across the street from Fred Douglas apartments.

But the newest development is that they had some units there with shared washrooms, very small. They're having trouble filling them up, so they've gutted them and they have a plan to renovate. Dudley Thompson is the architect. They will be suitable either for independent living or assisted living and they have an application into the government for funding. Hopefully, the federal government and provincial government will look favourably on this application as part of the stimulus plan and part of housing renewal because there's certainly a need in the community.

Fred Douglas Society actually operates three different kinds of housing. One is the Fred Douglas apartments that I mentioned on Aberdeen. They also own and operate a personal care home on Burrows Avenue and Heritage House downtown, which is the former YMCA residence, and it is Assisted Living. So I commend Fred Douglas Society for their support of various kinds of housing for seniors and hope that they are successful in getting more.

The other part of this resolution says that the Legislative Assembly support the efforts of the provincial government in helping seniors and elders live close to their communities, families, and support services, and I think I addressed that as well.

So we are spending a lot of money on housing which includes housing for seniors and the elderly, and we hope that all members of this Chamber will support this very good resolution of the MLA for Rossmere.

**Mr. David Faurichou (Portage la Prairie):** I do appreciate the intent of the honourable Member for Rossmere (Ms. Braun) that has sponsored this resolution before us for debate this morning. Perhaps my own observation is that the upper benchers on the government side of the House are getting rather

frustrated at the slow snail's pace in regards to this topic of seniors housing by the government today. I share her frustration because in Portage la Prairie, I will say that we are in desperate need of affordable seniors housing, supportive living facilities that allow for persons to reside on their own yet receiving some support that ultimately sees them in a quality of care that all of us want even for ourselves as we move into retirement.

Mr. Speaker, I will say though that this government is failing and failing miserably on management. A lot is made of the current government initiative to spend more on capital projects, but I hope the government is listening because the current Manitoba Housing projects that provide for seniors are being woefully mismanaged. I'm going to give a couple of examples and I hope the honourable Member for Rossmere listens to the examples of what is in fact current day status in our public housing for our seniors.

Our daughter just completed her occupational therapy practicum last year and was assigned to a public housing in the core of Winnipeg. Her program was designed to work with seniors that were residing at the core housing complex in Winnipeg. She identified the clients which she was to see and called and made notification and called for a meeting to work through the program that was being offered.

She was very, very impressed with the actual facility because there was a common room, very nicely taken care of. There was an exercise room and an activities room for seniors in the complex as well. But what she noticed immediately was there was no one, Mr. Speaker, no one in any one of those rooms. The seniors themselves residing in the complex were afraid to come out of their residence in order to go to the activities. The reason why was that this government is serving their own needs before the needs of seniors. There are individuals that yes, unfortunately, are in a state of affairs because of addiction, whether it be drug or alcohol, that are in need of housing. But these individuals need counselling; they need supports for their particular addictions. What was taking place in this particular complex was that when our daughter attended to the complex, she actually physically had to step over individuals that were passed out either by drug or alcohol. And that is the reason the seniors would not come out of their rooms, because they would have to do the same thing and they were afraid. This government thinks that's all right. Well, it's not all right, and you have to look, as a government, upon

the clientele within each complex, and what you're doing to seniors is not right.

\* (11:50)

In Portage la Prairie, again, I can give you an example of a—formerly known as a seniors complex that is now not more than perhaps one-third occupied by seniors. Others have now come to reside in that particular complex with mental and physical disabilities as well as individuals caring for young children. The seniors in that complex, once again, are very apprehensive about leaving their rooms because of children running in the hallways, individuals that are obviously mentally challenged. These may not be individuals that will cause harm to seniors, but the seniors definitely are apprehensive about leaving their rooms because they are uncomfortable.

Again, this particular housing facility, there was a call for help by one of the seniors. Ambulance attended to the particular complex. The ambulance, the emergency medical services personnel, could not access the complex because Manitoba Housing at that juncture in time did not have 24-hour management personnel on site. They went through the call board trying to raise somebody that would let them in, but because the individuals that are in that complex, again apprehensive as to who they were going to be letting in and whether or not the individuals were who they said they were, precious minutes went by because the ambulance was in attendance and they could not access the resident that had called for that help.

There are significant deficiencies in existing Manitoba Housing, and this government is woefully mismanaging to the detriment of our seniors who have so proudly served this province. They built this province.

Mr. Speaker, I'm not going to say that any of my comments should be taken in a bad light to those persons that are serving our Manitoba seniors in various capacities, and I want to make special mention of Ms. Bev Boyd, who retired just recently after many, many years caring for persons in long-term care. She, though, upon her retirement, expressed significant dismay on two points. One, she felt that she was letting down the persons in her care because she was unable to secure enough trained personnel to care for the residents of our long-term care.

There are beds closed, as previous colleagues have mentioned, because of the lack of staffing.

Again, another area of mismanagement by this government. There's no point in building grandiose new complexes if you cannot acquire sufficient numbers of trained personnel. The beds will just be opened and closed.

Another point that I would like to make is in regard to the staffing, the staff that are giving everything they have because they take pride in their work and they care compassionately about the residence in which they serve, but this government—years upon years have gone by while they have studied the level of staffing that is necessary to provide care.

I believe that this government has yet to come forward with a formula that will see to the adequate staffing of our long-term care facilities. The level of acuity has increased exponentially, and the honourable Member for Burrows (Mr. Martindale) recognizes the level of acuity and the level of staffing is in dire need. He makes a statement that it was increased, but they have yet to complete and implement the formula that will see adequate care provided to those—

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

**Mr. Blaine Pedersen (Carman):** Mr. Speaker, I'm quite pleased to put a few comments on the record as regard to this resolution. It seems somewhat unusual a majority government has to bring in a resolution asking their own government to help look after—for housing for seniors.

The last time I checked they were in control of the purse strings. They should be able to do this without resolution, but apparently they're not able to do that so their own members have to bring out resolutions asking them to do this.

One of the clauses in this resolution I found very interesting was to monitor private seniors' homes to make sure operating agreements are fair and equitable to all seniors and elders. This is actually a point that I brought up in question period here in the last week that we had seniors occupying a handicap suite who did not require the handicap facilities in there. Manitoba Housing has no policy to assist those people to move into another suite within the same facility in order to free up that suite when it was needed by a person who had a handicap and who could very well use that particular apartment.

It seems that the only way we can get anything to happen is to bring it to the minister's attention so that he can run down the food chain to make these things happen down on a local level. Our local community seniors' housing, which is financed by Manitoba Housing but run by the community, already has a clause in their lease agreements stating that either for a handicap suite or for a two-bedroom suite if the resident does not require that, they are obligated to move to another suite within the same facility when it becomes available, but apparently Manitoba Housing is not interested in this. They don't seem to want to move on this. It's a very simple clause that they could put in their rental agreement.

The community-run organizations have learned this a long time ago, that it's easy to do, but now we have it in a resolution asking their own government to do this. Why wouldn't they take the initiative to copy what community organizations feel works very well and very simple?

Another issue that certainly pertains to this resolution is congregate meals. I'm very familiar with the congregate meal program. We have congregate meals in our communities, an absolute valuable asset for our seniors not just for the nutrition but also for the social time involved in that. I know that the one complex where there are congregate meals five days a week, it's not unusual to see the seniors down visiting at 11:30 a.m., long before lunch is ever served. So it does serve two purposes. There are other congregate meal programs within my constituency that could—they're on a three-day week right now, three-day meals a week. They would like to go to five days. They're getting stonewalled by the RHA in terms of funding.

The RHA says they don't have the money, and, yet, we see in the budget it was right in this year's budget saying they're going to support congregate meals. So there seems to be somewhat of a double standard here. They say one thing and they do something else.

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

The hour being 12 noon, we will recess and reconvene at 1:30 p.m.

**LEGISLATIVE ASSEMBLY OF MANITOBA**

**Tuesday, May 5, 2009**

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