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DEBATES
and
PROCEEDINGS

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MANITOBA LEGISLATIVE ASSEMBLY
Thirty-Ninth Legislature

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LEGISLATIVE ASSEMBLY OF MANITOBA

Thursday, May 21, 2009

The House met at 10 a.m.

PRAYER

ORDERS OF THE DAY

PRIVATE MEMBERS' BUSINESS

Hon. Dave Chomiak (Government House Leader): Mr. Speaker, I think there's consent of the House to deal with Bill 226 under private members' business in the name of the Member for Minnedosa (Mrs. Rowat), and that is The Pregnancy and Infant Loss Awareness Day Act. I believe that was the matter that has been agreed to by all members of the House to be debated this morning.

Mr. Speaker: Okay. Is there agreement to go directly to Bill 226? [*Agreed*]

SECOND READINGS—PUBLIC BILLS

Bill 226—The Pregnancy and Infant Loss Awareness Day Act

Mrs. Leanne Rowat (Minnedosa): I'm very pleased to rise today to speak to Bill 22—[*interjection*] Oh, sorry, move it first, sorry.

I move, seconded by the Member for Morris (Mrs. Taillieu), that Bill 226, The Pregnancy and Infant Loss Awareness Day Act, be now read a second time and be referred to a committee of this House.

Motion presented.

Mrs. Rowat: Mr. Speaker, I'm very pleased today to rise and speak to Bill 226, which is looking at establishing October 15 of every year as Pregnancy and Infant Loss Awareness Day.

Every year in Manitoba many Manitoba families suffer the heartbreaking loss of a pregnancy through miscarriage, stillbirth or during delivery. In other cases, a newborn's short life ends before they even leave the hospital. These losses can be a source of tremendous grief for parents and families. After losing a baby, everything changes.

A day to commemorate these losses and to acknowledge the grief those families face will help to build awareness, establish support and, most importantly, help these families heal.

Even the shortest of lives have a profound impact on parents grieving a loss. This grief is especially difficult because we don't always know how to grieve the loss of someone we never got the chance to know very well. There are many support groups and resources dedicated to helping grieving families deal with infant loss.

One Web site puts it perfectly when it states that, and I quote: "You do not have to meet your son or daughter before you begin to love them. We got a glimpse into our children's personalities every hiccup, stretch and kick that we celebrated in wonderment and joy. We sang to our babies, read them stories, made big plans for their future and dreamt of the day when we would finally get to be introduced to them and introduce them to the world, a small part of which we lovingly prepared especially for them at home.

"Some of us had had a few glorious days with our babies; some, few precious moments. The depth of our love is unchanged by their death for these little lives lost could not have had a bigger impact on us.

"Parents need the opportunity to show the world our grief is not morbid or unhealthy nor should it be shoved aside. It is real and deep-reaching and we long to remember our babies' lives, no matter how brief, with pleasure and love instead of grief.

"Our goal is to raise awareness of baby loss so that friends, families and the community at large can begin to understand these experiences."

There are many other goals to raising awareness about the realities of infant loss. Some groups advocating for Infant Loss Awareness Day want to see more resources dedicated to programs and services for those who have suffered infant loss. Others hope that the awareness will come with establishing October 15 as Pregnancy and Infant Loss Awareness Day, and it will encourage governments to ensure quality, accessible prenatal and postnatal care is always made available to pregnant women.

We heard a very sad story from one woman, who, after losing her baby, had to share a room with a woman who had just given birth to a healthy baby, adding to her grief and trauma.

Pregnancy and Infant Loss Awareness Day aims to get people in governments talking about these situations and devising solutions. Some families and especially women who have lost a baby have said that the prevailing attitude in our society seems to be that women who have suffered a miscarriage, in particular, should just get over it. The goal of Pregnancy and Infant Loss Awareness Day is to change that attitude and to recognize and provide support.

Mr. Speaker, a similar day of remembrance has been observed on October 15 in New Brunswick since 2005 and in most U.S. states for many years. In 2001, the U.S. House of Representatives unanimously passed a resolution supporting the goals of Pregnancy and Infant Loss Awareness Day. In many places, events are held to commemorate October 15. For example, the Walk to Remember is an annual event. It was first held in 1986 in Chicago at the Fifth National Perinatal Bereavement Conference. In the U.S., tens of thousands of people participate in these walks every year. The Walk to Remember has just begun to take off in many cities in Canada, and, in 2007, the walk was held here in Winnipeg for the first time.

The goal of the walk is to raise awareness that it's okay to talk about baby loss and, in many cases, families need their loved ones to acknowledge the loss and be willing to talk about it in order to help them get through the grief.

This is an opportunity for Manitoba to emerge as a leader among the provinces. There is a significant support for this initiative all across Canada, and to have Manitoba recognize October 15 would send a message to these supporters that their efforts have paid off and their concerns have been heard.

Sadly, in some cases, parents who have lost a child cannot assume memorial or funeral costs. As anyone who has lost a loved one knows, a funeral and memorial of some kind are often critical to the grieving process. I know hospitals, like Victoria Hospital, did provide memorial services for families who have lost their child.

* (10:10)

It helps us to work through our grief. It provides a sense of closure to many and can help provide a sense of peace. Unfortunately, the cost of a funeral for a baby who has never left the hospital is not usually covered by private insurance plans.

Heaven's Little Angels is a registered charity in Winnipeg that exists to help eligible families fund funeral and monument costs for the baby that they have lost. I think that this is an organization that should be given credit for their efforts and for the support that they provide to so many families in Manitoba.

Establishing October 15 as Pregnancy and Infant Loss Awareness Day will help to raise awareness of the particular difficulties faced by these parents. After a life is lost, all we can do is help with the healing process. Pregnancy and Infant Loss Awareness Day is about paying tribute to the memory of these babies and the enduring love their parents always feel.

In closing, I would hope that all members of the Legislature will support this legislation, and I look forward to October 15 of this year being the first day of remembrance. Thank you.

Hon. Theresa Oswald (Minister of Health): It's my privilege to stand today to speak to Bill 226, The Pregnancy and Infant Loss Awareness Day Act. It's a very interesting concept, Mr. Speaker, we know, not new in the world, but one that's being presented as an idea in Manitoba to proclaim a day, October 15 each year, as Pregnancy and Infant Loss Awareness Day.

I listened very carefully to the remarks of the member opposite, and she raises, I think, some very interesting and compelling points. Her research on this item, you know, citing one particular Web site, I found one section thereof particularly compelling. That was the statement that some individuals who experience this really tragic situation in their lives can be looked upon by some in society as having perhaps unduly unhealthy feelings of intense grief about the loss of a baby. How could you feel that way, some people might ask? You never even knew this person. You only knew them for some hours or maybe even only a few days.

I think the statement that the member made from her reference material that really strikes a chord with me is that these are not feelings that should be perceived as morbid. These are not feelings that should be perceived as unhealthy. Indeed, those mothers and fathers who have prepared for the arrival of this gift in their lives only to have it taken it away so abruptly, have very real feelings, and these are the kinds of sorrows from which people never fully recover. Whether it's a relationship that you have developed with a person that you never got to meet but prepared for—you read a lot of books.

You chose colours in a room, and you quilted, perhaps. Maybe you were lucky enough to have a mom or a dad that could knit, and that's what they had been doing, to their arthritic demise, for months before. You chose names—probably hadn't decided—but you did all of those things.

These are the things that are fundamental, Mr. Speaker, to a relationship, and when that is taken so abruptly and you feel such intense sorrow, this is not unhealthy and it is not morbid, if I may quote and paraphrase from the member's research. So I think it's the fundamental point on which the discussion about this bill should be made, and I think it's a really important one.

I don't think that there is likely a member of this House that isn't in some way intimately connected with this issue. It might have been you yourself, or your partner. It might have been your brother or your sister. It might have been your mom or your dad, your neighbour, and you have seen it up close. It's the grief I'm talking about.

So I acknowledge that this is a really interesting concept that really does deserve some very close and thoughtful consideration.

We know that having supports in our society for families that are going through this loss and this grief is really a centre of maternal care and newborn care. We know that there are providers in Manitoba that are very specially trained to help families try to overcome this seemingly insurmountable obstacle in their lives.

We know a lot of these people are midwives, by the way, who have such excellent relationships with families. We know some of these people are OBGYNs. We know some of these people are nurses. Everything that we can do to be supporting those individuals in helping to support others, I think, is really important.

Many hospitals, if not all, in Manitoba have some form of grief and bereavement counselling services available. Oftentimes these are through spiritual care departments, but sometimes they are not. As the member has acknowledged, we know that hospitals in Manitoba, many hospitals but not yet all, will provide financial supports to families who have lost a baby while at their facility. There are even facilities like Health Sciences Centre that will hold bereavement and memorial services on site, which

can be a very important part of the grieving process as well.

We know that our community health access and resource centres offer an array of options for families that are facing this kind of unbelievable grief. There are choices, whether it's within a particular cultural or spiritual kind of environment in which a person would seek counselling and seek support, or just another kind of connected environment where a person does not have to go through these very painful days and very painful times alone.

We know that there are supports in place for mothers and fathers receiving employment and income assistance to assist them in the costs associated with funeral and memorial services, but there is an opportunity, I believe, for more to be done in order to acknowledge and support these very, very difficult times in individuals' lives.

I've spoken with the member about this bill, and we had a frank discussion about the fact that, sometimes, when we get into conversations such as these, some people may take opportunities to ramp it up into a more heated political debate concerning life and choice. These can be very complex issues indeed, and people are entitled to hold their beliefs in whichever way, but, in speaking about this bill with the member, it was very clear that this was not an issue that dealt with the anti-choice movement. I think that's important to put on the record. This is very squarely a conversation and a concept that's about planned childbirth and about unexpected losses and everything that surrounds that, emotions, finances, healing.

That has been the case in other jurisdictions where this has been an acknowledged day. I think that's a really important point to put on the record for people who may feel concerned about the politics surrounding politics. So I think it's important to put that on the record.

I can also say that, when we are working to invest in a new era in maternal care for Manitoba and really aspiring to provide a continuum of choices and opportunities for women and their families, this ought not be a piece that is forgotten. We can build birthing centres and new women's hospitals and employ more midwives and train more people to provide the best culturally appropriate compassionate care, but we need to remember this particular group.

Maybe they're, arguably, a very small group, but they need to be part of our consideration.

* (10:20)

So I look forward to hearing the debate on this bill. I look forward to working with the member on this issue and, again, I acknowledge that this is a very interesting concept potentially for Manitoba and look forward to more discussion on it. Thank you, Mr. Speaker.

Mrs. Heather Stefanson (Tuxedo): I want to thank the Member for Minnedosa (Mrs. Rowat) for bringing this bill forward in this House, Bill 226, which, essentially, establishes October 15 of every year as Pregnancy and Infant Loss Awareness Day.

I think this is a very important day to be recognized in Manitoba for the many people who have suffered heartbreaking losses of a pregnancy through either miscarriage or stillbirth, or often during delivery, as well, Mr. Speaker. I hope that members opposite will think long and hard about supporting this bill. I think this is a very important bill and should receive the support of all members of this House.

Mr. Speaker, each year in Manitoba many families suffer from the loss of a pregnancy, as I stated, through either a miscarriage or stillbirth or during delivery. In other cases, a newborn's short life ends before they even leave the hospital. These losses can be a source of tremendous grief for parents and families and, after losing a baby, everything changes in one's life.

I know of several of my friends and family members—some family members—who have suffered the loss and have gone through a miscarriage, and it's very difficult, Mr. Speaker. I think there is a lot of misunderstanding around this. In many cases, people will say, oh, just get over it. It's very difficult when you are carrying a baby and you lose that baby. Your body is still getting used to carrying that baby in utero and the loss is tremendous. You still have the hormones. You still are going through a very, very difficult time and I think there needs to be awareness brought to this issue about what it is that a woman goes through when we have these losses.

It's not just the loss within ourselves, and I can speak from my own experience of having the privilege and the honour of having two healthy babies of my own, but knowing what it's like. Certainly, my husband, each step of the way that we went through those pregnancies, we went through

this together. While, as a woman, we feel the loss within our body, within our mind and everything, it's also felt in a tremendous loss for our partners, as well.

I do know of several friends who have gone through this, and I know of one instance where they actually did hold a funeral service for a baby that was lost in utero. It very much helped the family deal with the grieving process and to go through the process. I know it certainly helped them and I think that there are many things that we can do to help bring people through the tragic loss of a baby, either through miscarriage or stillbirth or in the delivery process.

I just want to thank again the Member for Minnedosa for bringing this issue to the forefront for debate in the Legislature. I think that bringing more awareness to this issue is what we need to do, and certainly having a day which establishes—October 15 would be the day every year as the Pregnancy and Infant Loss Awareness Day.

Mr. Speaker, I know that there are other jurisdictions that have a day of remembrance similar to this day that has been October 15. In New Brunswick, since 2005, they have had a day of remembrance similar to what is being proposed here. There are several U.S. states that also have similar days, so I think it's not unprecedented. It is recognized, the similar day in other jurisdictions, and I think in many ways it's time for us to, maybe, be more of a leader on this. One other province is there right now; I mean, I think we should follow suit on that but also send a message to other provinces that this is a very important day.

With that, Mr. Speaker, I will leave it at that, but I do want to encourage members opposite to support this bill, and I hope they will allow this to go through today.

Thank you very much, Mr. Speaker.

Ms. Sharon Blady (Kirkfield Park): Mr. Speaker, I just want to take a few moments to put some words on the record about this bill, because it is something that is very significant. It's not surprising to see that the members that have spoken up to this point have been women and mothers, and that this is an issue that is very close to many peoples' lives. The loss of a child, regardless of whether it's in utero or in those early stages just after birth, is really a significant thing and is something that I know has touched our family greatly. I know that it's not just about the

impact that it has on the mother and on the parents but, really, the impact that it has on an entire family.

It's been something that has affected both sides of my own family, to the point that I have an aunt who went through repeated losses of infants in early and later stages of pregnancy. Now she spends a good part of her time in retirement actually knitting and crocheting garments and receiving blankets for those infants that are lost, so that the parents can have those times, those few moments that they have with the child that may have passed on before they had the opportunity to meet them, and that they have, again, something that is associated with every other woman's pregnancy that goes well.

There is much to be said about the kind of grieving that goes on there, and I know that there isn't a day that goes by where, in addition to the two children that she had and raised to healthy adulthood, that she doesn't also think about the other children that she lost.

Another aunt, as well—there's a cousin that I will never know because this cousin was born about 35 years ago and never made it out of hospital. She was born in a crisis labour and with multiple defects that never allowed her to leave the hospital. That loss of Allison Lynn [*phonetic*] is something that affects our family to this day. You can't walk into my aunt's house without noticing the photo of an infant that never left the hospital. That's the one sort of major photo of her that exists, as well as those snapshots that were taken of her. She's a cousin that I never met because while she was born out of province, funeral and everything occurred long before those of us in this province had the chance to meet her.

The idea of pregnancy and infant loss is something that is significant and is something that, as was mentioned earlier, touches probably more people than we're aware of, but is not something that is always readily acknowledged and that is left to a private form of grieving because of the sensitivity around the issue. Again, the question is: How can you grieve for someone you barely knew? Well, again, those of us that have had the privilege of carrying children know that you get to know that little person rather early on, and you start talking to them long before you feel that first kick. Once you do start feeling the movement and the motion, you do wonder what they're up to down there. I'm convinced that both of my kids were apparently budding martial arts experts in utero, and I have the bruised kidneys to show for it.

* (10:30)

I've had, at least, the opportunity though to go on and see what exactly those pointy little elbows and knees are capable of doing, and that's something that unfortunately not every woman shares because, again, something that's not necessarily discussed is that many times the complications or the situation that leads to the loss of a child under these circumstances also compromises fertility. So sometimes it is not just a loss of a pregnancy but the loss of future pregnancies, as was the case with my aunt in the loss of Allison Lynn [*phonetic*]. So it becomes a grieving process on more than just one level.

This is where really supporting families through this kind of loss and grief is important. While we all know that there are stages of grieving and grief and loss, and that people will put time lines on them or stages, that really, the loss of a child under any circumstances, is very different. It's something unique. No parent ever wants to outlive their child, but to not be able to hold a child, nurture a child, see first steps or even see them out of the hospital and show them off to family, try to figure out whose chin they've got, whose nose they've got, is that gas or is that a grin, to be deprived of those opportunities is a completely different kind of grief and loss.

I do think it is important that we have things in place at this point and that there are things that we can do, whether it's through the care that's provided through midwifery and those that are in the prenatal care end of the health-care system, it is still something that goes beyond. As much as some people in their professional lives might have to deal with this and help families through this, it is still something that takes an emotional toll on all of those involved. I commend those that have to deal with this on a daily basis and that are trained and compassionate enough to deal with this because it is something that takes an extraordinary amount of care and sensitivity and to encounter it on a repeated basis while helping women to give birth and then having to help them mourn. I think we should commend those that work in that part of the health-care field and in the spiritual care for what they do to help people at those times because there again, so many of us that don't necessarily know what to do under those circumstances.

The losses that families feel at this time—again, we can put in as many resources as we can. We can have organizations like The Compassionate Friends

in place. We can assist families with covering costs for funerals if they are on EIA or, you know, different things have been put in place within our society. But again, nothing really can completely address the sense of loss that families feel.

We can continue to work towards making, first of all, the childbirth process a better process for women to help alleviate those situations as much as possible. That's the one thing that we can say: that we are creating a system, especially with the increased numbers of midwives that are coming into this new era of maternal care, that hopefully will alleviate some of the situations. Because one thing that, again, has too often happened under a western medical system that's so counterintuitive to more traditional understandings and indigenous understandings around birth, is that we've medicalized the birth process, and in many respects, women have given up a certain amount of control. So now, with the advent of more midwives and more doulas coming into the birthing process, we're returning that control back to women.

I think that's another part of the process: that, if we return the birthing process back into the hands of women, these particular situations will actually, hopefully, be lessened in number in terms of medical interference. But that also, in the unfortunate case where a loss occurs, again, it becomes less about a loss in a harsh medical environment but again, instead, part of a rather natural process that, for lack of a better way of putting it, was marked with misfortune and loss. I think that's the other thing we need to do is create a culture of understanding and a culture, again, where women are in control of the birth process with the support of their partners, family, extended family members and the medical profession.

Again, I do believe midwifery is a huge part of that. I was lucky enough to have had my second child at home under the care of a midwife and would advocate that it is probably one of the best choices for most women in terms of the ease, the comfort level, the recovery time. Again, I consider myself lucky to have had that, but also understand the loss, as it's been experienced by my family and so many other families.

So, Mr. Speaker, I commend the Member for Minnedosa (Mrs. Rowat) for bringing this forward and I think that there is so much to be said and so much that we are already doing, but we will never in

any respect be able to do enough for the women and the families that experience infant and prenatal loss.

Mrs. Mavis Taillieu (Morris): I'm pleased today to speak to Bill 226, which establishes October 15 of every year as Pregnancy and Infant Loss Awareness Day.

I do want to commend the Member for Minnedosa for bringing this bill forward because I know that she's a very passionate advocate for families. We know that she did bring another bill before this Legislature, the grandparents' rights bill. She was the one that spearheaded that and brought that to this Legislature and after that, the government decided that it was a good bill and brought their own legislation in to actually make that happen. I just want to commend her for her caring with issues that revolve around family.

When you think about this, when you think about the loss that you would feel to lose a child, whether that be during the pregnancy or shortly after a pregnancy, when the baby's born, it's really something that is quite unimaginable. I noted the other speakers here today, the Minister of Health (Ms. Oswald) and the Member for Kirkfield Park (Ms. Blady), speaking about some personal experiences with family, and the Member for Tuxedo (Mrs. Stefanson) also, and speaking about their own families and speaking about their own children. I think we can all feel very fortunate to have had healthy pregnancies—and I know, myself, I have two sons who are now grown and moved away from home, but it was quite an experience to go through that pregnancy, both pregnancies, and I can't imagine the loss that would have resulted if I had lost those children.

I think that there are bills that come before this Legislature, Mr. Speaker, that are political bills, and there are bills that come before this Legislature that are not political bills and this is one of those bills that—there's no partisanship to the feelings of loss and grief when a person or persons lose their children. I believe, listening to everybody speak here today, that we all feel the same way: that it is something that is very important, something that can be recognized in our society and our province, something that sets aside a day for people to remember and somehow that does lend to the healing process. I believe that if you lose a child in childbirth or in utero you would always be feeling that grief, but somehow it doesn't translate to others around, your own grief doesn't translate to others around you the further out from

your immediate family that you go. So this day, setting it aside and as awareness day to really engage the public in the understanding of what it is, what it means when there is a loss of a child, it would really, really be a help to those people suffering through this.

* (10:40)

I note that this has already been done in New Brunswick and in several states in the United States, so it's something that other people are looking at and have done. I note that in many places there are events to commemorate this. One is called the Walk to Remember and this is something that was first held in Chicago in 1986 at the Fifth National Perinatal Bereavement Conference. A Walk to Remember has just begun to take place in other cities here in Canada. In 2007 the walk here was held in Winnipeg for the very first time.

So, Mr. Speaker, I again want to just say that this is a very good bill. It's a non-partisan bill. It's a bill that does something for families and those who have lost children, and it sets aside a day that people can remember. It raises awareness of the issue of loss. I would look forward to all of the members in this House supporting this bill and let's just pass it on to committee. Let's pass the bill. I look forward to the next October 15 celebrating Pregnancy and Infant Loss Awareness Day.

Thank you, Mr. Speaker.

Mr. Kevin Lamoureux (Inkster): Mr. Speaker, it's actually my great pleasure to be able to rise this morning to talk about Bill 226, and, first off, by complimenting the Member for Minnedosa (Mrs. Rowat) in terms of taking such an important initiative and step in recognizing a very important issue to the province of Manitoba, in particular to many families that are directly and also indirectly affected by the loss of a baby.

Mr. Speaker, I know that it's very hard for individuals to really try to comprehend. We can all have sympathy and try to understand and comprehend in terms of what a mother or a father who loses a child before it even leaves the hospital. We can all try our very best to understand what's actually going through their minds and the impact it has on a mother and a father, but, as much as we want, we can have all the sympathy, but unless you're actually in that situation and going through a tragedy of this nature, you just cannot imagine what goes through the mind of a parent that has lost a baby

even before it is allowed to leave the hospital in a healthy fashion.

I look at Bill 226 as a way in which we as a Legislature can, in a very compassionate way, recognize some of the feelings and some of the grievance that goes through the minds of fathers and mothers when they lose a child. We can all attest to individual cases or friends, in some cases family members, that have had the misfortune of having to experience this first-hand and the great sadness and depression that it causes. I don't say depression lightly because I know, as many members of this Chamber are aware, that a great deal of parents do enter a phase of depression as a result of losing a child.

I've even known grandparents where they have shared in the sorrow of the loss of a child, and the impact that it does have is overwhelming. As one speaker made reference to, years after you will still see in a very loving compassionate way a mother that has lost a child through a miscarriage where they will have reflections of that child still in their home and justifiably so.

With today's medical technology that's there, I have seen pictures of ultrasounds and, you know, when you see that little heart beating, Mr. Speaker. There is something to it. You know, the Member for Kirkfield Park (Ms. Blady) made reference to the kicking that occurs in the womb and the experiences that a mother has when she feels that. I can tell her that the feelings that a father gets when he gets the privilege of touching his wife's tummy as it kicks and you can feel that kick is something that you cannot describe in terms of the emotions and those positive wonderful feelings that, there's my child that's in there.

It does become a wonderful blessing to be able to experience that, and we can only imagine the hardship that is caused when that life doesn't evolve in the way we would like to see it in terms of being able to leave the hospital and go into that special room that's been created. You know, it's a dream that has been taken away, and we don't necessarily understand why but, Mr. Speaker, we do know, and the—one organization that I didn't hear but I love the name of it, that was Heaven's Little Angels. I understand it's an organization that, at least from what I understand, assists in terms of burial costs for babies that never do leave the hospital. I think just the name of it, I love the name in itself. I think that there is a great deal of compassion that's out there in

the public when they hear a tragedy that occurs within our hospitals, or miscarriages that occur even outside of the hospitals when a life is ended prematurely.

Mr. Speaker, when we look at this particular bill, and that's why I applaud the Member for Minnedosa (Mrs. Rowat) in bringing it forward, I'm not too sure in terms of the origins of it. She makes reference to other jurisdictions that have actually adopted the legislation. There's a good idea. Here we have an opportunity, collectively as a Legislature, to demonstrate our compassion and goodwill by acknowledging October 15 on an annual basis as a day to remember for infant loss awareness, and I commend the bill to the Legislature and appreciate the efforts of the Member for Minnedosa in bringing it to our attention.

I do anticipate, whether it's today or at a later point, that the bill would ultimately pass. Personally, I think that we could probably be doing the community as a whole a favour by seeing the bill pass sooner as opposed to later, especially when I hear that we have now the Walk to Remember here in the province of Manitoba. I know there's a great deal of preparation that's involved in many of these walks, and I think it would be a wonderful opportunity to be able to let the organizers of events such as that know that Manitoba has now passed a law recognizing October 15. Maybe they might be able to enlighten or make the public a little bit more enlightened about the issue of infant loss, Mr. Speaker, in the Chamber, I mean in the public. I think that would be a positive thing. With those few words, we're prepared to see the bill pass today if the will of the government is to allow that to happen.

Thank you, Mr. Speaker.

Hon. Kerri Irvin-Ross (Minister of Healthy Living): The loss of a child or a pregnancy is unbearable, and every member of this House can reflect on personal experiences, whether it's themselves, family members, or their friends.

The anticipation of giving birth to a child, a new beginning, the hopes and dreams and opportunities that are wrapped up with that experience for the parents and for the family and for the community, that's shattered. That is shattered when that untimely death or loss of the pregnancy happens. And there are no words, there are no programs that can replace that loss, but what we need to do, as a compassionate and caring society, is provide those necessary supports. Those necessary supports come in many

different ways, whether it's listening, grieving with them, sharing tears, sharing your own experience, that's what's valuable at that time.

* (10:50)

I am very familiar of that loss. It's been experienced by my friends and acquaintances, and how that loss is with that family and that woman for the rest of their lives. So, that speaks of that importance of that immediate support of compassion and caring but, also, of that acknowledgement that it is life changing. For some, they say that they will never be the same again, that a part of them has passed as well. We need to acknowledge that but we also need to support those individuals in daily living, and that encouragement to live their life to the best of their ability.

The different supports that we are able to provide through the professionals in our health-care system are invaluable. The supports that the nurses, the doctors, the midwives, the social workers provide and the mental health workers provide is invaluable as they go through this horrendous, horrendous experience of grieving and bereavement.

Those supports are necessary to families to be able to express those emotions, to move forward and to find a way to move forward. It's easily said but more difficult to accomplish.

I know that, as a parent, I think about the loss of my child or children and how that's no different now that they're teenagers than when they were newborns. It is difficult. I can stand up before the House and I can talk about education, prenatal benefits that we provide, that in some way and some cases can prevent these losses. But not every loss is predicted nor preventable.

But, I think, as a society, we need to continue to work with parents, parents-to-be, about different strategies to ensure their wellness and the wellness of their children. But, in addition, we need to be comfortable, compassionate, in addressing those issues of loss. We will continue to provide the prevention services throughout the province, and we will be there, and the front-line workers will be there to support the families and acknowledge their loss and support them throughout their daily living.

I know that many members before me have spoken passionately and personally about their own experiences, and I congratulate them for taking that risk and putting that on the record. That takes some bravery in doing that, and, by doing that, we bring

awareness to this issue, in some small way provide support to the families that have experienced this today, yesterday, a year ago, five years ago, 25-plus years ago.

So I thank the member for bringing forward this bill, and I want to speak about our commitment, as a government, of being there with families and communities. Thank you.

Ms. Flor Marcelino (Wellington): I am grateful for the opportunity to speak on behalf of Bill 226, The Pregnancy and Infant Loss Awareness Day Act.

Mr. Speaker, although I'm a mother who gave birth to five healthy kids and never experienced any problems with any of the pregnancies, I know of a lot of friends and families who have experienced miscarriage or lost an infant loved one, and their loss and pain is so great.

I remember it was very difficult for me to condole and console with them at that time. There were no words good enough to ease their pain. I remember visiting a friend who had a miscarriage, and it was supposed to be the first for her, and they looked forward to this baby being born. When she had the miscarriage, to her it seemed like the world fell on her, and all of us, her friends, truly felt the pain. When I visited her, I had no words to tell her. I remember just embracing her, sat beside her, we cried together and I wasn't able to say any words to tell her for at least an hour. Afterwards, I felt we had enough time for ourselves to grieve and we were able to converse on a more cheery topic afterwards, but all I could see is it was really very painful for her.

Mr. Speaker, I would personally find it to be very hard for a woman who lost an unborn child or a very young infant, to be reminded of her loss a day each year. For the loss of a young infant, I would personally prefer celebrating the precious moments, hours, days or months that a baby was alive. Though, very briefly, the joy brought by the young infant to everyone in the family is so immense that it is surely an occasion to celebrate the life given and be grateful for.

Mr. Speaker, it's true that time heals all wounds. While it is also true that there is a scar to remind one of the wound, and this scar could also propel people to avoid pitfalls that may lead to experiencing another wound-inflicting encounter. So to prevent or minimize the occurrence of another painful miscarriage or death of an infant, this government, through its many programs, which I have here, is

working towards a new era of maternal care for moms and babies, which includes: a new state-of-the-art women's hospital; 11 new midwifery positions throughout Manitoba—and two filled to date; and \$1.1 million to implement the priority recommendations of the Maternal and Child Health Services Task Force. I think these are very, very valuable programs that the government has undertaken.

As well, it is planning a new south end birthing centre with our partners at the Women's Health Clinic and the Winnipeg Regional Health Authority, and for expanded midwifery education into southern Manitoba. We're also committed to further renovate the maternity ward at St. Boniface. Already—

Mr. Speaker: Order. When this matter is again before the House, the honourable Member for Wellington will have five minutes remaining.

* (11:00)

RESOLUTIONS

Res. 11—Lack of a Policy for Manitoba Persons with Disabilities

Mr. Speaker: The hour being 11 a.m., we will now move on to resolutions and we will deal with Resolution 11, Lack of a Policy for Manitoba Persons with Disabilities.

Mr. Peter Dyck (Pembina): I move, seconded by the honourable Member for Carman (Mr. Pedersen), that

WHEREAS the provincial government does not provide a policy to ensure persons with disabilities have priority access to wheelchair-accessible units in Manitoba Housing units; and

WHEREAS Manitoba Housing rents affordable and suitable housing to Manitobans in need and administers and manages approximately 13,100 rental housing residence across the province; and

WHEREAS Statistics Canada's 2006 post census data indicates that 15.7 percent of Manitoba's population has a disability and that this number is expected to rise with an aging population; and

WHEREAS a total of 169,170 Manitobans identified themselves as having a disability and that Manitoba's rate of disability was the sixth highest among the provinces and territories; and

WHEREAS Manitoba Housing does provide wheelchair-accessible units to persons living with disabilities but does not have a policy to ensure persons with disabilities are given priority access to these units; and

WHEREAS Manitoba Housing has persons with disabilities on waiting lists for wheelchair-accessible units—or suites, sorry—that are occupied by persons with disabilities—without disabilities; and

WHEREAS the provincial government has failed to ensure that there is adequate housing for persons with disabilities in Manitoba; and

WHEREAS Manitoba Housing should strive to make every effort to ensure limited wheelchair-accessible suites are available for persons with disabilities as required; and

WHEREAS Manitoba Housing should adopt a policy to transfer tenants without disabilities from their wheelchair-accessible suites to regular units within the same complex, as required, whenever persons without disabilities are on the wait list for the wheelchair-accessible units within that complex.

THEREFORE BE IT RESOLVED that the Legislative Assembly of Manitoba urge the provincial government to acknowledge that persons with disabilities deserve priority for wheelchair-accessible Manitoba Housing units; and

BE IT FURTHER RESOLVED that the Legislative Assembly of Manitoba urge the provincial government to create a policy that would transfer tenants without physical disabilities living in wheelchair-accessible units to regular available units in the same complex in order to make the wheelchair-accessible units available to persons with disabilities.

Mr. Speaker: The honourable Member for Pembina, on the ninth WHEREAS, where the bottom sentence it should read: whenever persons with disabilities are on the wait list. The honourable Member for Pembina had stated: whenever persons without disabilities. So can we just take the resolution as printed? [Agreed]

WHEREAS the provincial government does not provide a policy to ensure persons with disabilities have priority access to wheelchair-accessible units in Manitoba Housing units; and

WHEREAS Manitoba Housing rents affordable and suitable housing to Manitobans in need and

administers and manages approximately 13,100 rental housing residences across the province; and

WHEREAS Statistics Canada's 2006 post census data indicates that 15.7 percent of Manitoba's population has a disability and that this number is expected to rise with an aging population; and

WHEREAS a total of 169,170 Manitobans identified themselves as having a disability and that Manitoba's rate of disability was the sixth highest among the provinces and territories; and

WHEREAS Manitoba Housing does provide wheelchair-accessible units to persons living with disabilities but does not have a policy to ensure persons with disabilities are given priority access to these units; and

WHEREAS Manitoba Housing has persons with disabilities on waiting lists for wheelchair-accessible suites that are occupied by persons without disabilities; and

WHEREAS the provincial government has failed to ensure that there is adequate housing for persons with disabilities in Manitoba; and

WHEREAS Manitoba Housing should strive to make every effort to ensure limited wheelchair-accessible suites are available for persons with disabilities as required; and

WHEREAS Manitoba Housing should adopt a policy to transfer tenants without disabilities from the wheelchair-accessible suites to regular units within the same complex, as required, whenever persons with disabilities are on the wait list for the wheelchair-accessible units within that complex.

THEREFORE BE IT RESOLVED that the Legislative Assembly of Manitoba urge the provincial government to acknowledge that persons with disabilities deserve priority for wheelchair-accessible Manitoba Housing units.

BE IT FURTHER RESOLVED that the Legislative Assembly of Manitoba urge the provincial government to create a policy that would transfer tenants without physical disabilities living in wheelchair-accessible units to regular available units in the same complex in order to make the wheelchair-accessible units available to persons with disabilities.

Just wait. I have to move it.

It has been moved by the honourable Member for Pembina, seconded by the honourable Member for Carman (Mr. Pedersen),

WHEREAS the provincial government—dispense?

Some Honourable Members: Dispense.

Mr. Speaker: Dispense.

Mr. Dyck: Thank you, Mr. Speaker, and yes, I probably did read it incorrectly, so I thank you for drawing that to my attention.

In Manitoba there are approximately 169,170 Manitobans who have identified themselves as having a disability, and as I indicated in the resolution, this is where this whole thing stems from. Manitoba's rate of disability was the sixth highest among the provinces and territories, Mr. Speaker. In fact, Statistics Canada's 2006 post-census data indicates that 15.7 percent of Manitoba's population has a disability and that this number is expected to rise with an aging population.

Now, I don't know if the other members in the Assembly here also got their stats forms just in the last few days from Statistics Canada. I know that I received mine and, as I was going through the numbers, I was surprised at what my own constituency, in fact, some of the numbers that were revealed to me. As I say, I found it very interesting, but also very enlightening.

Mr. Speaker, there are several organizations committed to improving the lives of persons with disabilities in Manitoba. The Manitoba League of Persons with Disabilities is one such organization that is committed to removing barriers which prevent people with disabilities from entering and using public buildings and services. Their efforts have resulted in greater accessibility to education, employment, support services, transportation and accessibility for persons with disabilities throughout the province.

Now, we commend this organization for all the hard work they've done to improve the lives of so many people in this province and who live with a disability.

Housing for persons with disabilities is an area of great concern and today's private members' resolution is intended to call on the provincial government to provide a policy. Mr. Speaker, I want to reiterate that it's to provide a policy to ensure that persons with disabilities have priority access to

wheelchair-accessible units in Manitoba Housing units.

Mr. Speaker, I want to thank the MLA for Carman (Mr. Pedersen) for in fact drawing this to my attention and, as a result of it, this is where this resolution has come from. But I think all of us members in this House, in this Chamber, do have housing units of this nature within our own constituencies. The fact that there are those people who have disabilities—and again, the numbers have been drawn to our attention—indicate the need that we give priority to their needs.

Now, the government is the province's largest landlord, and Manitoba Housing rents affordable and suitable housing to Manitobans in need. They administer and manage approximately 13,100 rental housing residences across the province. Now, currently, Manitoba Housing does provide wheelchair-accessible units to persons living with disabilities but does not have a policy to ensure persons with disabilities are given priority access to these units. Mr. Speaker, the reason that this resolution is brought forward is the fact that there are cases within this province where people who need the wheelchair-accessible unit are living side by side with someone who has it, has the wheelchair-accessible ramp, but the unit does not have the accessibility in their own suite, has to wait and has had wait up to three, four months in order to be able to get a unit where this accessibility is prevalent.

So, what we are calling on, I believe everyone in this House would agree that there should be a policy which would simply indicate that, if you are living in the affordable units that are owned by the Province, and you do not have a need for a ramp, that certainly you should be prepared to give up that suite for someone who has need. That's what we are calling for, Mr. Speaker, and I believe that it makes eminent sense that if there is a policy—and I also would agree that right now probably those who are in the administrative end of this feel somewhat hand-tied because they don't have the authority to go out there and say, listen, you can be very happy that you do not need the ramp. However, you are living in a suite that has the ramp provided. Would you be prepared to give this up to someone who is in need of it?

Mr. Rob Altemeyer, Acting Speaker, in the Chair

So, as a result of this, that's where the resolution came forward. We believe that the Province should put forward a policy which addresses this, which

gives them the opportunity to be able to speak to the needs of the people with a disability.

Now, Mr. Acting Speaker, I don't want to go into detail of giving the names of the people who are out there needing this, but I think it is important that we continue to give this consideration. It became clear during this struggle that Manitoba Housing, as I've indicated, did not have a policy to provide persons with disabilities a priority over units that are wheelchair accessible.

* (11:10)

In essence, the provincial government has failed to ensure that there is adequate housing for persons with disabilities in Manitoba. Now, we believe that Manitoba Housing should strive to make every effort to ensure limited wheelchair-accessible suites are available for persons with disabilities as required. As such, we are calling on the government to adopt a policy to transfer Manitoba Housing tenants without disabilities from the wheelchair-accessible suites to regular units within the same complex as required whenever persons with disabilities are on the wait list for the wheelchair-accessible units within that complex.

We are asking the provincial government to acknowledge that persons with disabilities deserve priority for wheelchair-accessible Manitoba Housing units. We're also asking the provincial government to create a policy that would transfer tenants without physical disabilities living in wheelchair-accessible units to regular available units in the same complex in order to make the wheelchair-accessible units available to persons with disabilities.

Again, I believe it's a very straightforward resolution. I would ask all members to support this. I know that in their heart of hearts they would agree with this. Probably, their concern is that I'm asking them as government to do something and maybe it's putting a guilt feeling on them to just look at a policy of this nature, and I hope that that is not what is taking place. I believe it's just something that, as I say, there are instances within the province where the need has been there. We have seen the need and because those who are administering the need for the suites and, in fact, determining who is in need of a suite, do not have a policy that backs them up.

So with those few words, Mr. Acting Speaker, I want to thank you for the opportunity to put this resolution forward today, and certainly I do trust that

the members here will see it fit to move this and to pass this resolution. Thank you.

Ms. Jennifer Howard (Fort Rouge): I'm pleased to be able to stand today and talk about this resolution. I do thank the Member for Pembina (Mr. Dyck) for putting it forward because I do think the issue of housing for people with disabilities is an issue that merits discussion in this Chamber.

I did review the resolution and did think about it and, although I think the intent is sound, to provide housing for people with disabilities, I am concerned with the effects of such a resolution. I believe it calls on Manitoba Housing to transfer tenants from one suite to another, and while that may seem to make a great deal of sense, that if you're not requiring an accessible suite but occupying one that you're simply moved, I worry that just taking that action could violate tenants' rights under The Residential Tenancies Act. All tenants have rights under that act; they have rights to due notice and, so, as we move forward to work on this issue I think we have to make sure that we're respecting existing laws. So I am a bit concerned with the effects of this resolution on the rights of tenants under The Residential Tenancies Act.

I think another issue that we have to take into account is the supply of housing overall, and the merit of holding suites that are available vacant while people are needing housing because they have to be vacant in order for people with disabilities to move into them. So the issue, while seemingly is straightforward, actually is quite complex about how we achieve that, and I'm not sure that complexity has been taken into account in the resolution.

I do want to speak also about the principle of visitability which is a principle that this government has been working on in the housing and in the buildings that we have direct involvement in, as well as looking for ways to provide encouragement to the private sector to build visitability into the housing that they build.

Visitability is a word that's a little tough to say and not everybody understands what it means. But essentially it's a principle that we can make all housing accessible to people with disabilities through some very simple design changes that don't necessarily cost any more but do perhaps challenge our way of thinking about housing.

So, Mr. Acting Speaker, when we're building new houses, when we're building new apartment

blocks, when we're retrofitting them, we can make sure that there are not steps to the front entrance. Many houses that you will go to today, for no reason whatsoever, have big long sets of stairs up to the front entrance, simply because that's the look of houses, that's the look that builders like and that's the look that consumers like. But it isn't necessary. We can have housing where everybody can get into the front door. We can build housing with main floors that have, at minimum, a bathroom that's accessible and a bedroom that's accessible. It's not only sound planning for people with disabilities, it's sound planning for everyone.

Recently, at the Society for Manitobans with Disabilities conference I got to hear David Lepofsky speak. He's a Crown attorney in Ontario and has led the movement there for greater accessibility. He reminded us that people with disabilities, we are one of the strangest minorities, because we are, in fact, the minority of everyone.

Everyone in this Chamber could very well have a disability. They could have one now that we don't all know about. They could have one tomorrow. They could have one if they live long enough and age long enough and lose some of the mobility that they currently enjoy. When we invest in housing that's accessible, we aren't only investing in housing for people who today need it, we are investing for all of us who may one day need it. It makes a great deal more sense to build in that accessibility from the beginning, so when people are in housing and they become disabled, they can remain in that housing. They don't have to move and find a new place to live. This is a principle that we're currently applying to the work that we're doing, and it's something that I personally appreciate, because I have had the experience of being in a wheelchair and needing that kind of accessibility and not having it.

When I was younger, from the time I was about 10 until the time I was 13, I depended on a wheelchair or crutches or other mobility aids to get around. We lived in a house with stairs in and stairs out, and so we had to come up with lots of innovative ways for me to get in and out and for me to get around. I credit my mother for coming up with a way for me to load the dishwasher even—there's no way I was getting out of any of that, no matter what challenges I had. I credit her with that attitude.

The Member for Pembina (Mr. Dyck) spoke about the organizations in our province that are doing incredible work. I had the fortune to visit one

of these organizations, Ten Ten Sinclair, that builds accessible housing, and does so in a way that mixes accessible housing, that mixes housing for people with disabilities with housing for everyone. I think that is the way we want to go. I don't think anybody wants to be cut off from the rest of the world because they have a disability. We looked at one of the most recent examples of a project that we've partnered with Ten Ten Sinclair on. That's Place Bertrand which will be in St. Boniface, which I think is ready to begin accepting tenants in 2009. This is a good example of the housing development that will have accessible housing, that will have housing for families, that will have housing for people who require rent subsidy and will have housing for people that don't require that subsidy. It's the building of a community—a community that's inclusive of everyone. I credit Ten Ten Sinclair for that vision, and I know that we as a government have been very honoured and privileged to be a partner with them in creating that vision.

I also have in my own constituency some of Ten Ten Sinclair's focus units, which are quite incredible condo units for people with disabilities that pool together their home-care requirements and are able to manage their own care and to make sure that they have home care that meets their needs but that they also have a say in how that care is developed. For those people, it's given them a tremendous amount of independence. That movement, I think, for being able to live independently in the community, for making sure that the community has accessible housing and supports for people with disabilities, really came about from people who were fed up with the status quo.

Ten Ten Sinclair was founded by people who were in wheelchairs, who may have been paraplegics or quadriplegics, who are young folks who are looking at the only option for their lives—living in a nursing home for the rest of their lives because that was the only model that was available. They did not stand for that and instead came up with innovative models where they could live independently, where they could exercise the same kind of control over their own lives that many of us take for granted. So we have worked very hard to build accessible and visitable housing in every region of this province.

While I respect and trust the sincerity of this resolution, I must say that it is interesting to see this resolution come from a party that walked away from the creation of social housing in the '90s. I wish they hadn't. I wish they hadn't done that, but it reminds

me, this resolution reminds me of every time they stand to decry the nursing shortage or the doctor shortage in the province with no appreciation on anything they might have been responsible for in the '90s could possibly have implications today. When you don't build housing for a decade, when you don't fix the housing that you own for a decade, then you have to spend an awful lot of time and money taking care of that later. So I appreciate their intent and sincerity today to create housing for people with disabilities; I only wish that they had had the passion to do that 10 years ago.

* (11:20)

I would also like to talk about the Disabilities Issues office, which we created and which is working with Manitoba Housing on these issues of accessibility very much to create a plan for all of Manitoba Housing to build in accessibility to the way that they work. I would like to let members know that Manitoba Housing does place a priority on working with people with disabilities to find them suitable housing. They know they can do a better job of that and we know they can and they're working very hard to do that, but I don't think this resolution is probably the best way to ensure that the rights of everyone who lives in Manitoba Housing is respected. I think it's something we need to continue to work on and we will.

I thank the members for bringing that concern forward, but we do need to build housing for all Manitobans and I appreciate the efforts of community groups that are working with us to do that and we will continue to make record investments in housing and to make up for the unfortunate past neglect of the '90s.

Mr. Blaine Pedersen (Carman): Certainly interesting to listen to the Member for Fort Rouge (Ms. Howard). Here I thought she was going along and kind of at least accepting and then she goes down to the low blows. What she was talking about, the decade of neglect—is that this decade or a previous decade?

An Honourable Member: Previous one.

Mr. Pedersen: Oh, okay. But, anyway, this is a very serious matter and it came out of my constituency from a community-run seniors housing—actually, it's not community-run, it's run by Manitoba Housing and Renewal and it's a seniors complex. What happened there was that there was a couple that moved in to this suite that had disabled access. The

wife was in a wheelchair and the husband was not disabled in any form. So it was good, they were using the apartment, but then, unfortunately, she passed away and the husband was still living in this suite that was accommodating four disabled people.

What happened was the unit manager went to this person and said, okay, there's another suite down the hall, within the same building. Will you move into that suite? Because we have a person from the community who is wheelchair-bound who really could use this suite. And when we're talking about disabled suites—and I don't have experience of—I've got some disabilities, as the Member for Fort Rouge alluded to. Sure, I have some disabilities, but I don't have mobility disabilities. But we're talking about a bathroom that's accessible for people in wheelchairs, 36-inch doors versus the 30- or 32-inch doors, that's what we're talking about, shelving units that are accessible for when you're in a wheelchair, and that's what this suite was designed for and was set aside for. Unfortunately, there's no policy within Manitoba Housing that would require this person to move to another suite within the same complex as it became available.

Throughout our communities and in the same town and in different towns throughout my constituency, we have community-run seniors housing. What there is, in the lease agreement that you sign when you go into this unit, there is a clause in that lease agreement that states, if you do not need the features that are offered in this suite, you will be moved to a regular suite within the same complex as it becomes available—the last thing we want to do is be putting anybody out on the street, we're not talking about that. That's in the lease, so I don't know where this idea comes that it goes against The Residential Tenancies Act, because this is perfectly acceptable out in the real world. Unfortunately, Manitoba Housing has just not picked up on this small little issue here.

So what we're asking then is for Manitoba Housing to follow the example of community-run seniors housing. This is not major changes in policy, this is common sense. It works in our privately run—I should say community-run seniors housing, because we use that as an example. Many of the community-run seniors housing are, indeed, financed by Manitoba Housing and Renewal. I've had experience on the board of these housing units that annual reports are sent in to Manitoba Housing and Renewal, that the rental rates, the lease agreements are all pre-approved by Manitoba Housing and

Renewal. So this is not a major change that could happen.

In the case of the example that I was using, the person who was requiring this disabled suite in this housing unit was currently living in a—well, we used to call them house trailers; now they're called mobile homes or modular homes, whatever you want to call it. It was an older trailer. It was very difficult for this person to have any kind of quality of life. Since this issue came up, I took it to the Minister of Housing (Mr. Mackintosh), and the issue has been resolved since I brought this up. When I brought it up in question period a month ago, the minister says, well, any time there is, just bring it up and he'll look at it. Well, if we have 13,000 rental housing units and 169,000 Manitobans that, potentially, could be in this, there needs to be a better system. What you do by creating a better system is you put this in policy so that the people who are managing these units actually have the ability to put common sense in place. I guess, perhaps it's too simple. Maybe we have to have a commission on it and study this for a while or something, but really, it is very simple to do.

What we're encouraging the government to do is to—the members here, as they speak to this, is we're certainly looking for support on this resolution. If all else fails, if they're looking for an amendment to it to take out some language in here which maybe they don't like, fine, we'll live with that. But take a look at this, seriously consider this because this can be done, and it really will not affect Manitoba Housing units as they exist today.

We're faced with more and more people now. As our population ages, we're going to be faced with more. We already have tremendous pressure in our rural community, particularly my experience in our rural communities, with suitable housing for seniors. Whether that is in terms of personal care or extended care, or however it is, we know that home care is not the answer in many, many of these cases. The government has put out the blanket policy of trying to keep people in their homes as long as possible, and that's fine as long as it's safe and the people are willing to do that, but we have such a backlog of units available that are units that we could be filling with people.

Right now in Carman they're actually building—another private corporation, too, and God bless private corporations, and thank goodness there are some of them left in Manitoba—they're actually

building a seniors housing. It's condo units, the people are buying in. But what's going to happen, though, and I believe it's something like 45 units in the first phase, and there are four phases to be built, but what happens is that we will have people who want to downsize, particularly seniors who will want to downsize, and they're going to move into these units, and it's going to free up a lot of housing within our towns so that when we have other people, particularly young people with families, the housing becomes available.

* (11:30)

It's a process. As you get a little bit older, you realize this process is coming along a lot faster than what many of us want to realize, but you move into—you're in a house; you downsize into either an apartment or a condo or whatever, and eventually, you're going to hopefully be healthy enough that you'll want to move into something like a seniors housing that we have. My own mother lives in one of these units, and she's 89 years old. It's just the best thing because it has congregate meals in there. There are community events within that.

So within those units, again, we need to make sure that it works within a common-sense frame. If we have disabled suites within there, we need to make sure that they're available for those who need them and not being tied up by people who don't require those. Again, just summing up then—I see my time is out, Mr. Acting Speaker—I ask that the government members take a serious look at this—

The Acting Speaker (Mr. Altemeyer): Order. With respect, the member's time has expired.

Ms. Sharon Blady (Kirkfield Park): I'd just like to put a few words on the record regarding this issue because I do have to echo the sentiments of the Member for Fort Rouge (Ms. Howard) regarding some crucial issues around this resolution that, again, while there might be some good intentions involved, really, there is a great deal of complexity in the issue around housing for people, you know, with mobility issues.

Again, I echo some of her sentiments as well, in terms of issues around disability. I think those of us that consider ourselves able-bodied should realize that we are really, in many respects, just temporarily non-disabled. Really, anything can happen to us, and at various phases of our lives, we will face different issues that could qualify under either short-term, long-term, even episodic issues of disability, so this

does need to be given priority, the idea of looking at issues around disability.

To look at the focus of this particular resolution, again, it's kind of problematic because there is that idea or prioritizing wheelchair-accessible housing within Manitoba Housing units and, really, that's a very narrow focus. I come from a background in architecture where, at the time, in the '80s, it was called barrier-free design. It has since moved on to a terminology called universal design. Universal design is something that really needs to be addressed across the board and, as the honourable Member for Fort Rouge said, it really has to be addressed in private sector as well as public sector housing, because universal design factors in mobility issues, but it also factors in vision issues, other kinds of complexities, and that, ultimately, universal design is design that is best for everyone. The more universal design we have incorporated into all kinds of housing, the better off we all are and the less likely people will have to be to move on to specialized housing.

A good example is from a very simple perspective within universal design, is the location of electrical fixtures. The standard location where they are placed in most housing units, whether those are in single-family dwellings or whether in apartment blocks, light switches are placed at a particular height, as are electrical ones that tend to be outside, either too high, in the case of light switches, or too low, in the case of electrical outlets, for many people with mobility issues, with other kinds of physical aspects to their disability, and sometimes even vision issues.

Mr. Speaker in the Chair

There are, through universal designs, better measurements that not only accommodate those people, but interestingly enough, make it easier for someone like my five-year-old to be able to turn on and off his light. So what we really need to look at here is not a narrow focus that talks about moving a handful of people out of the way of others who are somehow prioritized as higher up the list in terms of need, but we really need to, as a society, fundamentally restructure what we consider ability and disability issues and to accommodate some within this idea of relocating someone, as was mentioned before, could be in violation of the Residential Tenancies branch. What you could also have is basically the law of unforeseen consequences occurring, so it's really about a larger, much more

fundamental shift in the way we think as a society and also how we address housing issues as a whole.

So universal design is something that should really be encouraged across the board in all kinds of construction, and that things should be done to accommodate, again, everyone. Because, at some point, literally, as we said before, we all will be, or potentially will be disabled in some way, shape or form, whether we live long enough or our vision is impaired.

It's interesting that the title of the resolution is: a lack of policy for Manitoba persons with disabilities, but then focusses on a very small, specific aspect of it rather than having a broader more global perspective. I think that, in itself, shows a lack of vision, again, the prioritizing of one particular group, when in fact, there are many other issues.

The title speaks so much to the perspective of members opposite, again, in a very ironic way. Because not only does this, again, possibly violate The Residential Tenancies Act but, in fact, it was this government that established the accessibility committee with representation from the Disabilities Issues office to evaluate the mobility requirements of the Manitoba Housing portfolio. It is this government that has worked to implement comprehensive policies and programs that promote accessibility and inclusion for all Manitobans living with a disability.

So we understand that equality needs to be addressed from a wide range of issues and everything from housing to employment to income assistance, so it's about a holistic, broader package. If anything, we have had a vision. We have had a comprehensive policy. The limited nature of the resolution, while, again, shows some goodwill, really shows the lack of a comprehensive policy from members opposite.

As was stated earlier, it's kind of ironic that members opposite like to talk about the shortfalls that they see in this day and age, after a decade of this government, but they fail to recognize the implications of their actions in the decade that they held power. When somebody starts to dig a hole and uses a backhoe to do it and does it for a decade, guess what? It takes a while, possibly even longer than a decade, to fill that hole, because you're not only filling a hole of a decade of damage but then you're covering a decade's worth of growth. So I really wish members opposite would understand the

incremental and exponential nature of math, and accept the responsibility.

You can claim that we're not doing enough, but maybe if we weren't having to backfill the hole you spent a decade diligently digging, and if we weren't having to backfill the hole that was dug by the federal government on issues like national day care, maybe we would actually be at the places we should be at, and where we would like to be at. But again, when you're digging up from somebody else's hole, and that person has the gall to say you're not digging up fast enough, there's some issues there around credibility that need to be addressed.

It's just obvious, I'm sorry. It's kind of like, the sky is blue, gravity works. You spend a decade to dig a hole, it's going to take a while to get out. So this is it. We have been doing these things. We have a strong government record. Unfortunately maybe we're not where we'd like to be, but again, we had to start off in literally a deficit situation, at the bottom of a hole.

So we have passed legislation requiring that voting places be accessible to persons with disability. We've established a universal design access policy to improve accessibility in government-owned and leased facilities. We are the ones that put the wheelchair ramp on the front of the Legislative Building in 2007. I don't remember any of those kinds of landmarks in the decade that the members opposite were in power. In fact, I remember a time when I actually sat there building a ramp on the front of a house that I shared with someone with a disability. I don't know how many members opposite actually had to live in a house that they had to retrofit themselves to accommodate mobility issues, but I've done that—been there, done it, got the T-shirt. So I actually have a vague clue as to what I'm talking about, as opposed to referencing other people in case work.

So I think that, again, there are some credibility issues here regarding this resolution. I appreciate the fact that they finally got onboard and are working to be supportive of members with disability. It's just unfortunate that mindset hadn't caught on in the '90s. Thank you very much, Mr. Speaker.

* (11:40)

Mr. David Faurshou (Portage la Prairie): Mr. Speaker, well, I did listen with intensity regarding the honourable Member for Kirkfield Park's (Ms. Blady) commentary to this resolution. I

know that she is motivated to provide for others, as we all are in this Chamber, but I find it rather curious that she's attempting to defend a government at the present time that really, truly is taken on Manitoba Housing and providing for those less fortunate in a very, very ad hoc manner.

I know she went on and said that it's because of previous governments that this current situation exists. Well, that's not the case whatsoever. We look at my own constituency, as an example. I have seen no, and I repeat, no additional Manitoba Housing units built in Portage la Prairie over this course of this decade. It was the previous decade that we did see housing units created in the constituency. So I fail to see what the honourable Member for Kirkfield Park was actually talking about.

It goes to prove that she is ill-informed. She only speaks from notes that are provided for her to regurgitate in this House from wherever they may be manufactured because she obviously does not know what is really happening in Manitoba Housing units today. I've spoken twice in this House about the clients that occupy Manitoba Housing units and how it's so very, very important that we have a homogeneous clientele within a particular Manitoba Housing complex because—I use the example of the seniors that were afraid to come out of their particular unit, their particular suite, because there were individuals that were passed out in the hallway of this particular unit because of substance abuse.

There is an example of persons in need, need to address their substance abuse and assist those individuals, but it's not in keeping with the best interests of the seniors that are already living in this residence. This government just doesn't seem to get it. They talk about something, and then they don't do anything about it.

This resolution speaks to what I have already spoken about in this Chamber on numerous occasions and that is about having a policy recognizing the individual's needs and having a policy to guide those persons within Manitoba Housing to actually look at what is most needed and most, shall I say, adaptable to their particular needs and recognizes also, too, the needs of the individuals that are already living in that residence.

You know, Mr. Speaker, I've got to say that the honourable Member for Kirkfield Park talked about accessibility to the Legislative Assembly and how it was their government that spent the dollars on a wheelchair accessibility to this facility, but she did

not mention that there were two accessible ramps to this building already and—[*interjection*] The honourable Member for Minto (Mr. Swan) is saying that it wasn't through the front door. I want to say that I've come through the side door myself. I use the ramp as access to this building very frequently, and I wonder sometimes when persons are really, truly in need of a roof over their head because they are homeless and this government wants to replicate a change to this building that essentially is not recognized in the historic value of their—

An Honourable Member: Backdoor's enough?

Mr. Faurschou: Well, the Member for Fort Rouge (Ms. Howard) says backdoor, front door. Really, honestly, having access to this beautiful facility, whether it's from the east, the west, the south or the north, the entrances are absolutely magnificent—[*interjection*]

The Member for Fort Rouge wants to say that they want to mail this statement out. Well, I'm all about accessibility; I'm all about recognizing persons with disabilities in which—I have a physical disability myself. This is not about looking poorly upon persons with disabilities. This government is all about making headlines and wanting to make statements. It's not about the practical application, really, that's happening here. I can think of a lot of opportunities to put forward programs and to address those needs that are faced by Manitobans and replication and duplication strictly for the self-promotion of this NDP government does not sit well with myself, Mr. Speaker.

If the honourable member wants to mail out what I've stated in the House, I encourage her to do so because I believe that accessibility to every government building is very, very important. But to replicate and duplicate something that already exists, I don't believe is in the prudent, best interests of all Manitobans because we can all go out there and look at the needs that are facing Manitobans on a daily basis.

So, Mr. Speaker, I encourage persons to support this resolution because it does speak to putting forward the policies which bring organization and guidance to providing for persons in need. This particular resolution, I've heard examples that speak to the necessity of this resolution being passed. We have to be able to recognize individuals' needs and to address them and, also, too, to keep in mind always the need for homogeneous clients within our respective housing complexes so that those that

reside there feel comfortable within that complex and are able to enjoy their life within the Manitoba Housing units.

Thank you very much, Mr. Speaker.

Ms. Bonnie Korzeniowski (St. James): I think I'm going to be doing a lot of repeating what my colleagues are saying but I think there are some things that are worth reinforcing.

However, I want to preface this all with a reminder I'm sure members have heard before and maybe getting tired of but I did work as a clinical social worker for many years, and as a big part of social work in hospitals and centres, worked at geriatric centres and just about any aspect that you want to think of, besides psychiatry.

* (11:50)

I just want to say that a big part of the job is discharge planning, and I've had my share of having to help people with all forms of disabilities find places to go to when they leave hospital. So I do know as much about what wasn't done in the decade before 1999 as what we have done since. Just to clarify which decade, in the 1990s the Tories, along with the federal government, withdrew from all low and moderate income housing development partnerships, and that would certainly include housing for the disabled.

So, contrary to this resolution that suggests that our government has failed to ensure that there is adequate housing for persons with disabilities in Manitoba, Manitoba Housing places priority on providing suitable housing to accommodate persons with disabilities. An assessment is conducted for all applicants to ensure suitable housing is provided to those with the greatest need. The assessment recognizes any special circumstances which impact their need for housing, including the need for an accessible or mobility unit, and priority on the waiting list is given to persons with disabilities who require a mobility unit. This government is always looking at ways to better accommodate individuals with disabilities.

Now, in reference to contravening The Residential Tenancies Act by forcing people out of their homes, I'm just not quite clear what the opposition is thinking. What kinds of people would be in an accessible unit who weren't disabled? I don't know how they would get in there in the first place. So, unless the person who was disabled when they got into it suddenly became able again or died, even

so if they died the family is still living—[interjection] I don't know the individual circumstances, but it behooves me to think of how you would get that person to live, and what if there isn't another available unit.

I want to speak to that. As a landlord, I can tell you I've certainly had my share of discussions with the residential tenancy people in trying to figure out how to alleviate my problem of what I refer to as the tenants from hell that are destroying your property, and I can tell you how difficult that is to get people out of homes that don't want to go. I know that the only reason you can put someone out, regardless of what they're doing to destroy it, is if you as a family or your family member moves in. That is the only criteria.

So I do know this personally, and I challenge the suggestion that people would be quite willing to leave the home they've been in for I don't know how long to allow someone else if there's no other appropriate—and I would suggest that there isn't, because they would probably move. At any rate I agree with my colleagues on that issue.

We have established an accessibility committee with representation from the Disabilities Issues office to evaluate the mobility requirements within Manitoba Housing's portfolio.

I just want to speak also to some of the disabilities issues. In 2001 the government of Manitoba released full citizenship, a Manitoba provincial strategy on disability to help persons with disabilities achieve full participation in all aspects of our society. We also established a Disabilities Issues office to act as a link between Manitobans with disabilities and the minister to create a more inclusive society and, in recognition of the International Day of Persons with Disabilities, we've committed to new initiatives that will benefit persons living with disabilities, including stronger government information and service standards. Stronger requirements will be phased in across the provincial public sector so that public government events, publications and services must be accessible and actively offered in Braille, audio type, computer disk and larger print. Enhanced support for family caregivers of adults with disabilities as a result of negotiated settlement facilitated by the Manitoba Human Rights Commission, the social allowance room and board rate increase by 28 percent to \$566 from \$441 effective in April, 2009, bringing it in line with the rate paid by someone who lives with

a non-relative. This change recognizes the important contributions family make in providing care and support to their loved ones with disabilities. As well, it promotes independence for adults with disabilities and greater stability.

I have so much more I could say, but I want to leave room for my colleagues to add their bit. Thank you very much.

Hon. Andrew Swan (Minister of Competitiveness, Training and Trade): It's a pleasure to rise, and I guess you never know how private members' hour is going to go in this Legislature. The opposition members seemed to be quite happy until the Member for Kirkfield Park (Ms. Blady) actually pointed out some historical facts in this province, and the conversation seemed to take a different turn. I was going to spend my moments talking about, first of all, the investments this government is making in Manitoba Housing. I was going to spend some time talking about investments that we've made in supported living and encouraging more and more people to live in the community to truly be part of our economy. I was going to spend my time talking about some of the things my own department is doing working with the Department of Family Services and Housing to provide more opportunities for people with disabilities to be integrated into the work force so that they can be part of the economy and so that their employers as well can gain the benefit very skilled, very loyal, excellent employees.

I was going to do all that in the short time I had until the Member for Portage la Prairie (Mr. Faurchou) just put on the record that he didn't agree with this government's decision to allow people with disabilities to enter into this building through the front door. I'm absolutely amazed at the view of the Member for Portage la Prairie. It surprises me. We were very proud as a government in 2007 to make sure that people who need assistance were able to come into this beautiful building, as the Member for Portage la Prairie said, but that they're able to come in through the front door, and not through the side entrance, not through a back entrance, but through the same door that any other Manitoban is entitled.

I'm surprised and, frankly, I'm disappointed with the comments of the Member for Portage la Prairie. It is surprising that he, and I expect his caucus would continue to maintain that position, and I suppose in private members' hour, when the conversation gets heated, you get to find those opportunities, and you find those moments when you truly find out the

difference between the political parties in this province. On this side, I see New Democrats who believe in everybody having the same opportunities and again, we see the Progressive Conservatives believing that backdoor access, or side-door access, or something less than something that's dignified is good enough.

So here we are today debating this resolution, Mr. Speaker, and certainly I'm very proud of the steps this government has taken to improve the accessibility of government buildings, of housing, making sure that the private sector as well does their part to make sure that individuals who do have a disability have the same access, can go about daily lives with dignity. That's certainly what this government is all about.

Mr. Speaker, it was this government that established a universal design access policy to improve accessibility to government-owned and

leased facilities. Truly there are times when there's a cost to that, but there is a cost to providing services to all Manitobans, and it's certainly something that all Manitobans can and should take on when public buildings are being constructed and being renovated.

In terms of housing there are many things that this government has done, and I can just talk about a few right here in the city of Winnipeg. MHRC has recently provided more newly renovated units—five more newly renovated units in the housing for assisted living project in its building at 340 Princess Street in the downtown—

Mr. Speaker: Order. When this matter is again before the House, the honourable Minister for Competitiveness, Training and Trade will have six minutes remaining.

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

LEGISLATIVE ASSEMBLY OF MANITOBA

Thursday, May 21, 2009

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