

**First Session – Forty-First Legislature**  
of the  
**Legislative Assembly of Manitoba**  
**DEBATES**  
and  
**PROCEEDINGS**  
**Official Report**  
**(Hansard)**

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**MANITOBA LEGISLATIVE ASSEMBLY**  
**Forty-First Legislature**

<b>Member</b>	<b>Constituency</b>	<b>Political Affiliation</b>
ALLUM, James	Fort Garry-Riverview	NDP
ALTEMEYER, Rob	Wolseley	NDP
BINDLE, Kelly	Thompson	PC
CHIEF, Kevin	Point Douglas	NDP
CLARKE, Eileen, Hon.	Agassiz	PC
COX, Cathy, Hon.	River East	PC
CULLEN, Cliff, Hon.	Spruce Woods	PC
CURRY, Nic	Kildonan	PC
DRIEDGER, Myrna, Hon.	Charleswood	PC
EICHLER, Ralph, Hon.	Lakeside	PC
EWASKO, Wayne	Lac du Bonnet	PC
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FONTAINE, Nahanni	St. Johns	NDP
FRIESEN, Cameron, Hon.	Morden-Winkler	PC
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GOERTZEN, Kelvin, Hon.	Steinbach	PC
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MALOWAY, Jim	Elmwood	NDP
MARCELINO, Flor	Logan	NDP
MARCELINO, Ted	Tyndall Park	NDP
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MICHALESKI, Brad	Dauphin	PC
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SARAN, Mohinder	The Maples	NDP
SCHULER, Ron, Hon.	St. Paul	PC
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WOWCHUK, Rick	Swan River	PC
YAKIMOSKI, Blair	Transcona	PC

## LEGISLATIVE ASSEMBLY OF MANITOBA

Tuesday, October 25, 2016

*The House met at 10 a.m.*

**Madam Speaker:** O Eternal and Almighty God, from Whom all power and wisdom come, we are assembled here before Thee to frame such laws as may tend to the welfare and prosperity of our province. Grant, O merciful God, we pray Thee, that we may desire only that which is in accordance with Thy will, that we may seek it with wisdom and know it with certainty and accomplish it perfectly for the glory and honour of Thy name and for the welfare of all our people. Amen.

Please be seated.

### ORDERS OF THE DAY

#### PRIVATE MEMBERS' BUSINESS

**Hon. Andrew Micklefield (Government House Leader):** Madam Speaker, I'd like to ask for leave to introduce Bill 209 this morning at 10 o'clock—second reading, 209.

**Madam Speaker:** Is there leave of the House to have second reading on Bill 209? *[Agreed]*

#### SECOND READINGS—PUBLIC BILLS

##### Bill 209—The Childhood Cancer Awareness Month Act

**Madam Speaker:** Second reading, Bill 209, The Childhood Cancer Awareness Month Act.

**Mr. Wayne Ewasko (Lac du Bonnet):** I move, seconded by the member from the Interlake, that Bill 209, The Childhood Cancer Awareness Month Act; Loi sur le Mois de la sensibilisation au cancer chez l'enfant, be now read a second time and be referred to a committee of this House.

*Motion presented.*

**Mr. Ewasko:** Good morning to everyone, and it gives me great pleasure today to stand and bring forward Bill 209, The Childhood Cancer Awareness Month Act.

I would first like to thank all the people in the gallery this morning for joining us on this sunny morning in—here witnessing the second reading on a very, very important act, bill, that is going to bring much awareness and educational purposes not only to recognize cancer for the month of September, but

specifically childhood cancer. And I think that's where we, as a government, and I know that this is a non-partisan issue and I'm looking forward to hearing from other speakers within the House from all sides speak to this bill this morning and see it pass on to committee this morning.

I know that many things within the province of Manitoba and also in Canada, we spend a lot of time reacting to various things as opposed to doing some prevention or proactive measures, and I think that is key. And I know, speaking with many of the people who are up in the gallery today, that seems to be on the forefront of everybody's minds is to get the diagnoses done earlier so that we can plan and make various arrangements as time goes on for treatment if the kids are diagnosed with some form of cancer.

I would like to say welcome to many people who are in the gallery today, and I am going to name them by name. We've got Jordan Birrell, Allie—or Jordan Birrell, Tori Gruhn, Allie and Sheen Gruhn as well. Jordan and Tori are the parents of Brody, and I will share a little bit more about Brody in a little bit.

We have Denis Foidart, Mary Hazel *[phonetic]*, Mia Hazel *[phonetic]*, Svetlana Chechelnitsky. Mary Hazel *[phonetic]* has a daughter, McKenna *[phonetic]* and McKenna *[phonetic]* is still with us, you know, and at kindergarten today. Svetlana has a daughter Daschia *[phonetic]*, and Daschia *[phonetic]* is actually eight years old. And it's nice to see Svetlana here with us today as well.

We have Dr. Greenberg, former medical head of Children's Hospital and Research. She's with us here today, but I know that she also has a very important meeting and she does have to catch a plane, so she probably will not be with us for the entire hour.

We have Dana and Brad Wood, whose daughter Darah I'm going to be speaking about in a few minutes, and as I watch the clock ticking down—I'm running out of time already—but I can't say enough about all of these people, but Dana brought this idea forward a few months ago to me and so we're championing, I guess, this, but on behalf of all members of this House, trying to bring recognition to childhood cancer awareness for the month of September.

With us also we have Don Mackenzie and we have Lois Blake, whose daughter Alex [*phonetic*] is still with us, and she was diagnosed with leukemia quite a few years ago, and it is just great to see—have you here, too, Lois, with us. Mary Horbas and Mia Magnayi, and actually I think I messed up earlier—I'm sorry. Mary and Mia Horbali [*phonetic*], I think I said a different last name earlier, so I apologize to you, and Mary's daughter, McKenna [*phonetic*], as I already said, is in kindergarten today, and Val DeRocco, as well—Auntie Val, as she's known.

So—also we have people from cancer society. We have Kyra Moshtaghi Nia if I pronounced that properly, Kyra, and sorry if I butchered that a little bit, and Erin Crawford, of course, who I've had the pleasure of meeting Erin a few times.

As time is going on throughout Manitoba here, I've had the pleasure of participating in various things such as the Children's Wish Foundation, and I know that Don Mackenzie is here and his wife Sarah, who is the manager of the Granite Hills golf course, hold the Children's Wish golf tournament each and every year that raises some significant funds for the Children's Wish Foundation, and we need to all support those various things that bring money in to help with the research and all the things that we need to bring forward—many different things—so I thank Don for attending here this morning as well.

\*(10:10)

I know that the Relay for Life out in our area throughout Pinawa, Lac du Bonnet and the Beausejour area is quite—has been quite successful over the years, and, again, this past year, I've attended. And I guess I'm going to be co-chair or one of the sub co-chairs for Relay for Life, which is going to be held in Beausejour this coming year, so I am going to be looking to some of you for helping us out with that as well.

I do want to tell a little bit of the stories, and two people that were unable to be with us today as well is Kally and Carole Oucharek, and Carole's husband, Robb. Kally is a young lady who, in the fall of 2015, had noticed a lump on the side of her neck and she was diagnosed with Hodgkin's lymphoma just this past February of 2016. Through many, many treatments and some emergent active care throughout Manitoba here, they had found that on July 8th, throughout the winter and that, with going through various tests and treatments, that some of her active cells—had deemed that she was in remission.

And Kally is unable to be with us today because she's actually attending Lac du Bonnet Senior School in Lac du Bonnet, and I know that Kally was the—one of the recipients for this year's money and helicopter rides that was done at the Children's Wish golf tournament at Granite Hills, so I know that Carole and Kally will, hopefully, if this bill passes forward, as I'm encouraging all members of this House, I know that they would gladly be here for committee when this bill is brought forward to committee.

Jordan and Tori, as I mentioned, they're here. They, unfortunately, were not so lucky. Brody—their son Brody, on Christmas Eve of 2014, was diagnosed with stage 3 rhabdomyosarcoma of the head and the neck. His treatment plan consisted of 43 weeks of chemo and 28 radiation sessions along with scans every three months to track his progress. On August 31st, Brody began to seizure and a CT scan showed that Brody's cancer had spread to his brain. Unfortunately, Brody passed away in September, September 1st of 2015, and through one of my friends, Rob [*phonetic*], brought Brody's story to me. And absolute sincere condolences to your family. I know that I watched the CTV news coverage of Brody's funeral or memorial service, and I know that many people were encouraged to wear superhero costumes to his service, and I know that his uncle dressed as the Hulk, and Brody's big thing before he passed was definitely superheroes. And so I thank you for joining us today in the gallery as well.

I do have to mention a little bit—I know that I'm running out of time as usual, and I thank you, Madam Speaker, for giving us this opportunity. Dana and Brad are champions—Wood—and Dana Hoffman. Darah was quite the athlete from what I've read, and I know that we share a common—we know common people within the constituency, of course, and I know that the whole family is quite athletic, and I know that Darah's memory is definitely not going to be forgotten within the community. I know that Dana has worked quite hard, not only for remembering what has happened with Darah, but also trying to bring awareness to various other people.

At this time, Madam Speaker, I'd like to ask leave for an additional minute. I'd like to ask leave of the House to see if I can—if I can get an additional minute to—and a minute won't do it, but I'm just asking if I can have an additional minute.

**Some Honourable Members:** Leave for five.

**Madam Speaker:** Well, the member has asked for leave for one minute. Is there leave as per the request of the member? *[Agreed]*

The member has leave for a minute.

**Mr. Ewasko:** Thank you, Madam Speaker, and I thank all the members of the House for that, and I guess this gives me a good lesson that maybe I should ask for more because it sounded like I was going to be given more time. But I will take the minute, and I just do want to just mention a couple of things. When I was reading Darah's story—and I thank Dana for providing that. I know that she has done many posters and told the story of Darah throughout the communities. And I know that my wife, Tracey, has—I mean, we thank our blessings each and every day when we send our kids to school, and I think all of us share that.

So I'd like to thank you guys for attending as well, and bringing this forward—Dana earlier—all of you for attending today because I can't—couldn't imagine what a lot of you have gone through, some with a positive outcome and some not so much. But you have to know that your strength and your words are going to be used in future to educate many of—not only us in this Chamber, but many, many Manitobans.

I know there's been some good work across Canada. I know there's been some great work here in Manitoba. We need to keep pushing this forward, and this is a good sounding board as an educational tool for absolutely everybody—doctors, nurses, parents. So thank you all very much for attending today.

Thank you to my colleagues in the Manitoba Legislature for allowing this bill to be debated here this morning, and I encourage all of you to pass it today. So thank you everybody.

### Questions

**Madam Speaker:** A question period of up to 10 minutes will be held. Questions may be addressed to the sponsoring member by any member in the following sequence: first question to be asked by a member from another party; this is to be followed by a rotation between the parties; the independent member can ask a question; and no question or answer shall exceed 45 seconds.

**Mr. Mohinder Saran (The Maples):** First of all, I appreciate the member for introducing this bill, and I think, also, we started the traditional a long time ago

when it was not allowed and then I give leave at that time asking the questions.

I will ask, how will this bill help promote awareness of childhood cancer?

**Mr. Wayne Ewasko (Lac du Bonnet):** I thank the member for the question: How will this bill help with childhood cancer?

I think, as many of us have spoken just as recently as—at about 9:30 this morning—this bill will help bring awareness, and I think it's not only awareness to us within this Chamber, it's absolutely everybody across Manitoba, whether that's nurses, doctors, parents. It's not necessarily—if they feel that something isn't quite right, they need to really stick to their guns and ask for further testing and whatever else from their doctors and nurses. We know that there's well over—

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

**Hon. Jon Gerrard (River Heights):** Madam Speaker, I would just ask the MLA for Lac du Bonnet, next September will be the first month which is so designated as cancer awareness month, I would give the member an opportunity to talk about what the plans are to bring awareness next September when it's the first cancer awareness month for children in Manitoba.

**Mr. Ewasko:** I thank the honourable member for the question.

I think some of the events or things that we're going to be doing to promote Childhood Cancer Awareness Month, which'll be next September, we will be doing in—working with—in collaboration with the many people that are here and the various organizations that we have consulted with.

I know other provinces have flown flags. I know the United States also declared September as Childhood Cancer Awareness Month as well. So we will be working in collaboration not only with the people up in the gallery and the organizations, but also with the parties to see how we can—

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

\* (10:20)

**Mr. Jim Maloway (Elmwood):** Proposing and passing this bill is important, but I'd like to know whether this government is going to commit to building the new CancerCare building, because that will have a great effect on this problem at hand.

**Mr. Ewasko:** I thank the member from Elmwood for the question. I know that our government has committed to bringing long-term, sustainable health care to our province, which absolutely includes cancer. I know that out in my constituency, we have a cancer hub at the Pinawa Hospital. And I know that some of the—if it wasn't for the good work of the nurses and the doctors out in that area, that we probably would not have that cancer hub. I know that our government has funded an additional \$4 million for the provision of cancer drugs for patients across the province, bringing the total amount to approximately \$50 million annually. So we have a lot of work to do—

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

**Mr. Alan Lagimodiere (Selkirk):** I was wondering if the member can speak about the cancer research going on in Manitoba here.

**Mr. Ewasko:** I'd like to thank the member from Selkirk for a great question, and like to congratulate him on his position as far as the Leg. assistant for the Minister of Health, and I know he's going to serve that role quite well from—coming from his background and his passion for health care.

Manitoba is very fortunate to have exceptional research organizations. And again, I thank Dr. Greenberg for being—for joining us here today as well. CancerCare Manitoba, research institute in 'incology' and 'hermatology', Manitoba Breast Cancer Research Group and many others, Madam Speaker, have done great work. But again, not—

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

**Mr. Saran:** What concrete measures or programs will the government enact in order to promote awareness of childhood cancer?

**Mr. Ewasko:** I thank my colleague, the member for The Maples (Mr. Saran), for the question. As I've already stated, but I definitely have no problems repeating it, it's some of the programs and various things, I think, that we're going to be developing to help bring awareness. I would also like to mention the collaboration with absolutely everybody who's in the gallery, the organizations, education, health. This is a non-partisan topic. And I really do feel that if we all work together and we continue moving various things forward, that hopefully one day we can see even more improvements as we go on.

**Mr. Maloway:** I'd like to ask the member: What new money will this government commit to ensure that

our health-care system is able to fight childhood cancer?

**Mr. Ewasko:** As the—and I'd like to thank the member also for the question. As he's very much aware, we have taken—we have received a strong mandate from the residents, from the voters of Manitoba in April to help with long-time—long-term, sustainable health care in the province. The minister has already brought forward an additional \$4 million for cancer treatment drugs. And as I've said before, we have a lot of work to do, but we're not stopping there. We're going to keep moving forward.

**Mr. Lagimodiere:** Can the member inform the House as to how childhood cancer affects Manitobans?

**Mr. Ewasko:** I'd again like to thank the member from Selkirk for the question. How does it affect Manitobans? It's a great question, and I don't think I've got enough time in my 35-second answer now that I've continued to talk, and I'm not going to ask for leave on top of that. I know that we're affected by this each and every day, and whether it's a family member or it's somebody that we know, and there's new connections absolutely every day. This affects us. And, I don't—there's no right age to get cancer by any means. But, at the same time, we know that when a young member of our communities are taken from us too early—

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

**Mr. Maloway:** I'd like to ask the member whether his government will commit to making sure that any new federal money for health care helps fund awareness and programs to fight childhood cancer.

**Mr. Ewasko:** That's a great question from the member from Elmwood, and it's nice to see that the members of the Liberal Party here as well.

I know that our Minister of Health are—is busy having those conversations with his colleagues all across Canada about making sure that the health transfer payments are not going to be reduced from the federal government. And I know that with the new interim Leader of the Liberal Party here in Manitoba, I know we're going to work collaboratively, hopefully, to make sure that Prime Minister Trudeau makes sure that the health fund transfers are coming to Manitoba the way that they should be.

**Madam Speaker:** Are there any further questions?

### Debate

**Madam Speaker:** The floor is open for debate.

**Mr. Rob Altemeyer (Wolseley):** I want to express my thanks and gratitude to the member for bringing the issue forward and also to everyone here, no matter how old they are, for joining us here today. Having the little ones who are actually impacted by cancer and their families here in the gallery certainly brings the issue home for anyone who might be lucky enough to not have had cancer have an impact on them personally, or their lives in some way.

I'm very fortunate to not have been personally impacted in my own health, but certainly in my own family and my own circle of friends, work colleagues here past and present, have faced this horrible, unfair, disastrous disease. To think that a little one can be stricken with something so serious at such a young age just speaks to some of the inherent unfairness in our world today.

And I just want to say that, you know, my own kids in our blended family of four children range in age from 17 months to 12 years of age, and I cannot begin to imagine what the impact would be on our lives if any one of them was impacted in the way that the families who have joined us here today have been impacted. And I hope from the very bottom of my spirit that their children receive every care and support that is available, and that they manage to someday, maybe when they're a little older, wear a t-shirt with a bad word on it in terms of what they did to cancer and that they win and that they win their fight and that their family wins their fight with this horrible, horrible illness.

The member is absolutely right; this should not be a partisan issue. I think all of us in the Chamber can agree that anything that can be done to try and help families and children who are battling cancer should be attempted. And to that end, we worked very, very hard on this front with the time that we had in office and I appreciate the member noting that, that there has been and continues to be great work going on Manitoba in the battle against cancer.

\*(10:30)

And this room, of course, can be very partisan—we all know that—but I appreciate his comments because there's a number of things that we put in place, which we hope this government will build upon and improve upon, when we were in office, from infrastructure in terms of building the facilities that are required so that when a person is stricken

with cancer they have a place that they can go to that is part of our remarkable Canadian medicare system. They can walk in off the street, diagnosed with a horrible illness and receive treatment that has a very good chance of being successful in many instances and at no cost to the individual.

South of the border that is unheard of. Most other parts of the world that is unheard of, that the capacity exists and that it is done free of charge, because the citizen of this country deserves to have publicly funded medicare where it doesn't matter how much money you have in your wallet. It depends on the seriousness of your illness, and that is one of the basic principles of medicare, and it's one of the reasons why we are all so proud to be Canadians.

That service does not come cheap, and you have to fight for the money in order to put it in place to make sure that the buildings are there, that the equipment is there, that we have phenomenal-trained health professionals, be they cancer specialists, oncologists, be they nurses, be they the technicians, be they all the support staff who make sure that the facility operates properly.

And in Manitoba we have the shortest waits in the country for radiation therapy. That didn't use to be the case, and that didn't just happen by accident, and it didn't happen overnight. It took a lot of hard work while we were in office to make sure those services improved. We're now recognized as having some of the fastest diagnosis and treatment and testing in the entire country, and this is already within a country which is an exception in the world today. A hundred per cent of the costs of approved cancer drugs are now covered so that a patient can stay at home with their families, and we all know that when a patient can do that their health outcomes are dramatically improved.

We made steady progress in fighting against cancer through improved access to screening services, expanding the treatment services and more prevention measures, adding up to over \$100 million. You have to go and fight for the resources to put it into the services that people like the families who are down here today deserve to have.

And one of the questions that we asked today in relation to this proposal and which we will continue to ask in question period and elsewhere: Is this government going to build the new CancerCare facility that we were fully prepared to turn into a reality? There hasn't been an answer to that question

yet, Madam Speaker, and we will be doing our part to push this government on this issue until we get not just an answer, but until we get the right answer and that, yes, they are going to fund this project and it is going to further improve the lives of the people that we were elected by to serve them here in this Chamber.

Another key thing that we have to keep in mind, Madam Speaker, is as much as all the families and anyone affected by cancer want to have good treatment services available, I'm sure everyone's preference would be to have cancer prevented at every opportunity so that they don't have to go through this in the first place, and this is something our government also took very seriously.

You look at the rates of smoking in Manitoba; they're on a steady decline, and that didn't just happen by accident. It was a piece of legislation that was passed. It was a reallocation of resources; it was massive public education work, which needs to continue and be further expanded by this government if we're going to continue to make sure that fewer families face the challenges and horrible impacts on them that cancer can cause.

And my own background in the environment, it behooves me to point out that one of the initiatives that our government put in place was a selective ban on cosmetic pesticide applications, specifically making sure that children would not be negatively impacted. You cannot be putting harmful pesticides onto playgrounds or in places where people have compromised immune systems and pretend that that's not going to potentially have an impact on cancer rates. And this government, for some reason, is now completely re-evaluating that legislative initiative.

So I would beg the member opposite who's brought forward this very good proposal, I would encourage all of his colleagues to talk to their minister, to talk to their Premier (Mr. Pallister) and help them connect the dots that when you start to remove very simple, very effective preventative measures you're going to likely have a negative impact on far more people than would otherwise be the case, and that's not our job here.

Madam Speaker, our job here is to make people's lives better, not worse, and I'm very fearful that if they do rescind the pesticide legislation that we brought in place—which we were encouraged to do not just by environmental groups, but by physicians

from across the country, from researchers who've been studying this issue for decades—the evidence is mounting. This is a good thing to do to protect the lives of children in particular who are vulnerable simply because of their size. Their body mass is small, so when a small amount of pesticide enters their body, it has a much bigger impact than it does when it impacts an adult. Adults can be impacted in the same way, but for children, for pregnant mothers, in particular, the risk is so much higher. We took that step. It could even have gone farther, and I hope the government keeps this in mind when they make that decision so they don't end up making more families—like the ones that have joined us here today at the Legislature—put them in the same situation that they are facing.

So let me just close by thanking the member again for bringing the issue forward, giving my strongest vote of encouragement and love to all the families and professionals and friends who are supporting them, and thank you for the chance to speak.

**Mr. Derek Johnson (Interlake):** This bill, Bill 209, will recognize September as Childhood Cancer Awareness Month in Manitoba, and I am pleased to second this bill brought forward by the member for Lac du Bonnet (Mr. Ewasko).

Madam Speaker, every cell in the body has a system that controls its growth, interaction with other cells and even its lifespan. When certain cells lose that control and grow in a way that the body can no longer regulate, it's called cancer. Different kinds of cancer have different signs, symptoms, treatments and outcomes. It's all dependent on the type of cell involved and how fast the cell grows.

All kinds of cancer progress in the same way. Cells grow out of control, develop abnormal sizes and shapes, exceed their typical boundaries inside the body and destroy neighbouring cells. In time, Madam Speaker, cancerous cells can spread, metastasize to other organs and tissues. As cancer cells grow, they demand more and more of the body's nutrition. Cancer takes a person's strength, destroys organs and bones, and weakens the body's defence against other illnesses.

Cancer is uncommon in children, but can happen. The most common childhood cancers are leukemia, lymphoma and brain cancer. As kids enter the teen years, osteosarcoma, or bone cancer, is more

common. Most of the time doctors don't know why kids get cancer. The things that cause our—cancer in our kids are usually not the same ones that cause cancer in adults, such as smoking or exposure to environmental toxins. In children a genetic condition such as Down syndrome can sometimes increase the risk of cancer.

Kids who have had chemotherapy or radiation treatment for cancer are more likely to get cancer again. In most cases, however, childhood cancer comes from random mutations in genes of growing cells. Because these changes can happen randomly and unpredictably, there is currently no effective way to prevent them.

This, Madam Speaker, is why we need Bill 209, to set September aside for awareness. Sometimes a doctor might spot early symptoms of cancer at regular checkups, however, these symptoms of cancer such as fever, swollen glands, frequent infections, anemia or bruises can happen with other childhood infections or conditions that are more common than cancer. Because of this, both doctors and patients might suspect other childhood illnesses when cancer symptoms first appear.

Once cancer has been diagnosed, it's important for parents to keep from—to seek help from a medical centre that specializes in pediatric oncology, which is the treatment of childhood cancer. The treatment of cancer in children can include surgery, chemotherapy, radiation and even bone marrow transplant. Doctors may use one or more of these treatments for a child who has cancer. The type of treatment needed depends on the child's age, the type of cancer and how severe the cancer is.

\* (10:40)

For children with leukemia or lymphoma, surgery is not usually the main treatment. This is because leukemia and lymphoma involve the circulatory system and the lymphatic system, two systems that are located throughout the entire body. This makes it hard to treat these cancers by operating on just one area. However, in children with solid tumors that haven't spread to other parts of the body, surgery can often effectively remove cancer when used in combination with chemotherapy and/or radiation.

Chemotherapy, or chemo as we know it, is a medicine that can eliminate cancer cells in the body. Kids with cancer can take chemotherapy medications

intravenously or orally. Some of the chemotherapy can be given into intrathecally or into the spinal fluid, as well. The drugs enter the bloodstream and work to kill cancer cells throughout the body. How long chemo lasts and the type and the numbers of different drugs used depends on the type of cancer and how well a child's body responds to the treatment. Every child's treatment is different, so a child may receive daily, weekly or even monthly chemotherapy treatments. The doctor may also recommend cycles of treatments which allows the body to rest and recover between periods of chemo.

All the medication used in chemotherapy carry a risk of both short- and long-term problems. In the short term, after getting chemotherapy, a child might have nausea or vomiting, hair loss, fatigue, anemia, abnormal bleeding, kidney damage or even menstrual problems. Because chemotherapy destroys bone marrow inside the bones—they make our red blood cells—it can increase the chances of infections. Some drugs irritate the bladder and may cause bleeding into the urine, hearing loss or liver damage, other may cause heart and skin problems. Longer-term effects can include infertility, growth problems, organ damage or increased of—increase of other cancers. Doctors always take side effects into account before giving chemotherapy and many use medications to protect patients against many of the side effects as possible.

Radiation is one the most common treatments for cancer. A child who receives radiation therapy is treated with a stream of high-energy particles or waves that destroy the damage—damaged—destroy or damage the cancer cells. Many types of childhood cancer are treated with radiation, along with chemotherapy or surgery. Radiation has many potential side effects, such as increased risk of future cancers and infertility.

Kids with certain types of cancer may receive bone marrow transplants. If a child has a type of cancer that affects the function of blood cells, a bone marrow transplant along with chemo to kill the defective cells may allow new, healthy cells to grow. Bone marrow transplants are also sometimes used to treat cancer that does not involve blood cells because they allow doctor to use higher doses of chemotherapy than a child would normally be able to handle.

Obviously, the main goal when treating kids with cancer is to cure them; this takes priority over everything else, even if it means unwanted side

effects as a result of the treatment. Thankfully, many medications and therapies can make kids more comfortable while undergoing treatment for cancer.

When possible, kids should be involved with their own cancer treatment. Talk to your child in a language he or she will understand and explain the facts about the specific type of cancer and its effects. However, when cancer affects younger children, toddlers and those younger than the age of four, simply telling them they are sick and need medicine to get better may be enough of an explanation.

For all age groups, the goal is to prevent fear and misunderstanding. Many kids feel guilty, as if the cancer is somehow their fault. Psychologists, social workers and other members of the cancer treatment team can be a great help in reassuring and helping them with their feelings. If your child is diagnosed with cancer, look to a cancer treatment team that will help guide your entire family through the pain, uncertainty and disruptions caused by cancer. If necessary, the team can also contact or visit your child's school to help explain the diagnosis to teachers and classmates. Replacing fear and misunderstanding with compassion and information is an important part of helping kids with cancer cope with the illness. Bill 209 will be an amazing tool to help make not only the parents, but teachers and classmates aware as well.

The diagnosis and treatment of childhood cancer takes time and there are both short-term and long-term side effects. But thanks to medical advances more and more kids with cancer are finishing successful treatment, leaving hospitals and growing up just like everybody else.

Madam Speaker, this is information that everyone should be aware of. Bill 209 will recognize September as Childhood Cancer Awareness Month in Manitoba and help shed light on prevention and cure.

Thank you, Madam Speaker.

**Hon. Jon Gerrard (River Heights):** Madam Speaker, I'm delighted to be able to support this bill which will make the month of September Childhood Cancer Awareness Month in Manitoba. I'm particularly pleased because for many years I was looking after children with cancer as the pediatric hematologist oncologist at the Children's Hospital here in Winnipeg.

The story of my journey to become a pediatric oncologist begins after I graduated from medical school at McGill and went to Minneapolis to do a pediatric internship. The University of Minnesota in Minneapolis was at the forefront of the care and treatment of children with cancer when I started my internship in 1971.

I learned very quickly from looking after children on the wards and with the mentorship of Dr. Mark Nesbit, Dr. Bill Krivit and Dr. John Kersey, among others, about the improving potential for more effective treatment for children with acute lymphoblastic Leukemia, ALL, and other cancers.

At that time treatment was improving, but the diagnosis of ALL was still essentially a death sentence. Think about that. In 1971 we didn't know that we could actually cure a child who had ALL. Twenty-two years later in 1993 when I left caring for children to enter politics, we were able to cure 75 per cent of children who developed ALL. It was a remarkable amount of progress in, for medical terms, a relatively short period of time, and that progress is continuing today.

How did that improvement happen? It happened because major cancer treatment centres in North America got together as part of the children's cancer study group and later similar things happened in Europe. And the idea was to refine and test new therapies in randomized control trials, and the University of Minnesota was one of these major centres. Treatment improved dramatically and quickly when all centres got together and many more children were enrolled in these studies.

In 1980, when I came to Winnipeg, Winnipeg was included within the children's cancer study group. We had then, under the leadership of Dr. Agnes Bishop, a multidisciplinary team: doctors, nurses, physiotherapists, occupational therapists, a child-life worker, a social worker, a teacher and a chaplain all working together to care for the child with cancer and help the family of the child deal with the situation of having a child with cancer.

Sometime in 1985, when Dr. Bishop became head of pediatrics, I took over as the section head and for a while, a few years later I was the Manitoba responsible investigator for the children's cancer study group. At that point, we had approximately 40 research studies all going concurrently trying to help children with cancer and deal with different

forms because there are many, many different forms of cancer.

The outcomes for children with cancer have improved dramatically. But it is still not an easy journey for many. And it is tough not only on the child, but it is very tough on a family having to deal with such a serious disease and having to make many, many trips to a hospital or to the clinic to look after a child.

So I'm really pleased that we are moving forward today on this bill. I hope we will all be able to pass it and then have some very strong plans for helping with the awareness next year in September.

So I thank all MLAs for this opportunity to speak on this bill, and I will pass it on to others.

Thank you, Madam Speaker.

\*(10:50)

**Mr. Mohinder Saran (The Maples):** I appreciate the member for bringing this bill, and this will give us a chance to think and discuss in details. And we know that supporting kids and families when they need it most has a substantial and lasting impact on their lives.

Almost every family has been touched by cancer. It affects us all. When cancer affects a child, it changes the life of the child forever. It also changes the life of their family and community.

Our government invested to make Manitoba one of the strongest CancerCare hubs in the world, and also I would like to point out before that, cancer patients, if at home was not able to get a drug, they have to spend money on it. And sometimes, people don't have deep pockets. That expensive drugs, they won't be able to afford. But our government made that change. And now, every patient at home also can get that drug free.

Our government was committed to keeping kids active, healthy and safe. All Manitoba families deserve access to safe, high-quality health care close to home.

Almost every family has been touched by cancer. It affects us all. We invested to make Manitoba one of the strongest CancerCare hubs in the world. We expanded the CancerCare family and were delivering the fastest testing, diagnosis and treatment in the country. Manitoba has the shortest waits in the country for radiation therapy. From the time someone suspects cancer until they start

treatment, we were committed to reducing this length of time to two months or less. We covered 100 per cent of the cost of approved cancer drugs so more patients can stay at home with their families and offered new supports for rural cancer patients.

We made steady progress in the fight against cancer with improved screening, expanded treatment services and more preventive measures by investing more than \$100 million in the battle against cancer. Our cancer patient journey strategy is a \$40-million comprehensive cancer strategy, the best in the country. We created 17 cancer hubs to enhance early detection and make the diagnostic and treatment process faster. We were providing faster cancer screening and testing by having more pathologists and cancer testing co-ordinators. We committed over \$70 million toward a new CancerCare building that would combine screening, care and cancer research all under one roof. Will this new government commit to matching our goal and making the new CancerCare building a reality?

We opened an Urgent Cancer Care Clinic to give cancer patients access to emergency care based on their specific needs, while taking pressure off ERs. We know that supporting kids and families when they need it has a substantial and lasting impact on their lives. That's why we invested in important programs that make a difference and get kids off to a good start.

We know that one of the most effective ways to use our resources is to help support patient-parents and their children. We invested \$4.5 million in the Healthy Baby program to make sure low-income families have the support they needed to give their babies a strong start. The Manitoba Prenatal Benefit provides financial support for low-income mothers to make sure they are getting the nutrition they need during pregnancy and in their child's early months. The community support program means that more mothers and their babies are receiving public health and other support services. Manitoba now has more babies being born at a healthy weight, fewer pre-term births and an increase in breastfeeding. We also made investments to improve care for mothers, including building a new Women's Hospital at HSC, opening a new birth centre in south Winnipeg and investing \$2 million to further expand the maternity ward at St. Boniface hospital.

Our NDP team was committed to universally accessible public child care that supports families, strengthens the economy and gives kids a strong

start. We committed to eliminate the child-care wait-list by adding 12,000 new spaces. We had the lowest child-care fees outside of Quebec under the NDP. We ensured child-care centres continued to hire and retain the best workers by doubling training opportunities, offering a pension plan for workers and increasing wages.

We moved most school-age spaces into schools to keep child care close to home and allow for more infant and preschool spaces in centres. Pat Wege from MCCA commended us for recognizing most young families need accessible and affordable early learning and child-care spaces. The MB Child Care Coalition also praised us: As a broadly based coalition, whose membership also believes in a universally accessible child-care system, we congratulate you.

Healthy living for kids: We were the first government in Canada to ban smoking on beaches and playgrounds in our provincial parks to protect these young people who use these spaces. We helped thousands of students and their families stay safe while getting active by supplying over 104,000 low-cost helmets through schools and child-care centres across the province.

Income should never be a barrier for staying safe, which is why we distributed more than 9,600 helmets at no cost to low-income Manitoba families.

We believe that while our students are learning the skills they need to succeed in post-secondary or the workforce, they also need to learn how to stay active and healthy. New Democrats committed \$50 million to build and renovate new gyms at over 12 schools in Manitoba. They built on the over \$26.5 million we invested to build six new gyms, one gym addition and three wellness centres at 10 schools throughout Manitoba.

We were building new gyms and wellness centres at Miles Macdonnell Collegiate, Kelvin High, Laura Secord, Green Acres, Dakota Collegiate, Lord Nelson, La Vérendrye and MC Miller collegiate.

Our—

\* (11:00)

**Madam Speaker:** Order.

When this matter is again before the House, the honourable minister—or the honourable member will have one minute remaining.

**An Honourable Member:** Madam Speaker, point of order.

#### Point of Order

**Madam Speaker:** The honourable Minister of Crown Services.

**Hon. Ron Schuler (Minister of Crown Services):** Madam Speaker, on a point of order, could you canvass the House to see if there is leave to allow this to go—this motion to go to the vote?

**Madam Speaker:** I would point out that the member does not have a point of order.

\* \* \*

**Madam Speaker:** But the question has been asked. Would there be leave to put this to a vote?

**An Honourable Member:** No.

**Madam Speaker:** The honourable—oh, leave has been denied.

#### RESOLUTIONS

##### Res. 9—Recognition of the Importance of Integrated Service Delivery for the Support of Children and Families in Manitoba

**Madam Chairperson:** The hour being 11 a.m. and time for private members' resolutions, the resolution before us this morning is the resolution on Recognition of the Importance of Integrated Service Delivery for the Support of Children and Families in Manitoba, brought forward by the honourable member for Kewatinook.

**Ms. Judy Klassen (Kewatinook):** Madam Speaker, I move, seconded by the MLA for River Heights,

*WHEREAS the integration of child protection services with other related services for children such as public health, counselling, FASD prevention, maternal and child health and child care has proved to be a success in better supporting children and families and in breaking the cycle of child apprehension; and*

*WHEREAS that success has been demonstrated in Nelson House under the Nisichiwayasihk Cree Nation Family and Community Wellness Centre and in Brandon with West Region Child and Family Services; and*

*WHEREAS the integration of services works very well in Nelson House to provide an effective circle of care for each child and family, is consistent with the widely used Signs of Safety approach to insure the*

*safety of the child and helps families stay together; and*

*WHEREAS the approach in Nelson House has been associated with drastic reductions in youth crime, relapse of addictions and, most importantly, a 43% drop in child apprehensions and removal of children from their homes; and*

*WHEREAS the integrated services delivery model using multimodal family and child support brings all affected organizations to the table in determining the best course of action to address the individual child; and*

*WHEREAS this approach enables all organizations to understand one another's roles in respect to the welfare of a child; and*

*WHEREAS this collaboration remedies the issues of the overlapping and duplicating of services between already stressed resources.*

THEREFORE BE IT RESOLVED that the Legislative Assembly of Manitoba recognize the importance of integrated services delivery using multimodal support for children and families and urge the provincial government to take the necessary actions to implement—[interjection] Sorry. Do I sit down?

**Madam Speaker:** The honourable member for Kewatinook (Ms. Klassen).

**Ms. Klassen:** —take the necessary actions to implement this co-operative and partnership model in other agencies throughout Manitoba.

**Madam Speaker:** It has been moved by the honourable member for Kewatinook, seconded by the honourable member for River Heights (Mr. Gerrard),

THEREFORE BE IT RESOLVED that the Legislative Assembly of Manitoba recognize the importance of integrated services delivery using multimodal support for children and families and urge the provincial government to take the necessary actions to implement this co-operative and partnership model in other agencies throughout Manitoba.

**Ms. Klassen:** *Translation unavailable.*

Hello, my grandfathers. Help me to do this in the right way, and for those here today, to hear it in the right way.

I'm sure we've all imagined or heard our children say they wanted to be a rock star, or perhaps you yourself had wanted to be a rock star. Close your eyes and imagine. Picture the MTS Centre filled to capacity with over 10,000 screaming fans. Now imagine again. Close your eyes and picture children sitting there in those 10,000 seats. Those are Manitoba's CFS children. Let that gravity hit you. We could fill those seats, 10,300 seats of CFS children.

I rise in the House today to appeal to my honourable colleagues. My goal is simple. We must reduce the number of children in care. Even the noble Truth and Reconciliation Commission recognized that this must be their first call to action, to address this egregious situation. And I quote: We call upon the federal, provincial, territorial and Aboriginal governments to commit to reducing the number of Aboriginal children in care.

While campaigning, I saw many aspects of the CFS system. There were small, positive accomplishments, but there were also largely negative ones. The largest obviously came from the recently released report that Manitoba now has over 10,000 kids in care, and a large portion of those are indigenous.

I've heard stories of heartbreak, of suicide, lateral violence, and I interviewed workers who had that haunted, pained look, who whispered, it's the mandate. I've seen the terrified look on some CFS kids in urban areas, and I've seen some kids look—with looks of pure joy due to customary practices.

Customary care is an important option that we facilitate wherever possible for Aboriginal children who are not able to remain with their immediate family. It is a model of Aboriginal child-welfare service that is based on the belief that a child is a sacred gift from the Creator. Under this integrated service delivery model, that approach can be utilized.

I've personally taken care of FASD infants. They are so tender and gentle. I even once babysat a newborn that was addicted to crack. You could tell he had sparkling blue eyes, even though his pupils were severely dilated. He felt like a plastic doll, so rigid and stiff. For the two hours I held him, he wouldn't stop bouncing. My sweet auntie was always willing to take in these addicted infants. I don't—I still don't know how she can do that. My arms were exhausted after only two hours.

Providing robust services and care for our youth with complex needs is our responsibility. The issues facing these—this vulnerable population requires breaking down the silos. When we analyze what the multiple services service providers hope to accomplish is quite evident there is need—it's quite evident that there is needless duplication.

We need to bring these organizations to the table. Everyone has a pot of money they utilize. However, collectively, this makes for a larger pot. And we will realize so many other gains. Working collaboratively will also enable cost savings that can be put towards other benefits, such as reducing red tape.

I want to speak about the holistic approach to community wellness in Nisichawayasihk. That Cree Nation Family and Community Wellness Centre was established to support holistic wellness by providing additional opportunities for the citizens of NCN to build on their strength as individuals, as members of families and as part of their community. They focus in on five areas: public health—focused on illness prevention, health promotion and health protection across the lifespan of its citizens; child and family services—they are responsible for the investigation of child maltreatment, therapy and case management services for children; counselling services and family enhancement—offering holistic programming to support and empower individuals, couples and families; child-care youth centre and community wellness—preparing young learners for school years with daycare and child-care services; home, elder and community care—providing continuing care for respite for elderly people with disabilities and those with acute illnesses. This model improves transparency and adds the element of internal accountability.

The Circle of Care and Signs of Safety approach to child protection casework is based on a practitioner's model. It treats the families with respect and dignity and builds on the strength of the family, rather than focusing on their weaknesses. It is used in over 200 jurisdictions and has evolved and continues to evolve, based on how the approach is actually used and applied by practitioners, teams and agencies.

The most critical thing is that it's the parents and the people those children belong to that need to think the assessment through, not just what the professionals think should be done. The component I value of this model is that it encompasses the act of

measurement. As a business person, the measure of your inputs are your profits realized. With this model, you can literally measure strategies that you have employed.

Within the Signs of Safety, as the child-welfare system continues to implement cutting-edge approaches to its work, one component of best practice is the measurement of fidelity to practice. Fidelity is the extent to which an intervention is being delivered as intended. Measuring to what degree practices are implemented as intended is critical to determine the best next implementation steps and the degree to which an intervention improves the outcomes for children and families.

\*(11:10)

I would like to point out four recommendations of the Phoenix Sinclair inquiry, Achieving the Best for all our Children: Nos. 2 and 55, 60 and 61.

Numbers 2 and 55 speak to family enhancement service partnerships and allow for delivery of holistic services, and, notably, Nos. 60 and 61 speak directly to the need to move to provide integrated service delivery.

Child and Family Services of Western Manitoba is a private, non-profit community-based charitable agency. It is—it's led by a community-elected and community-represented volunteer board of directors. The agency integrates a variety of family strengthening programs and services to families. We need a fundamental change in the way that child welfare is funded, and that change must involve funding primarily based on having children stay with their families rather than putting them into care.

Unfortunately, we know that CFS agencies are funded by the number of kids in care, so organizations want to keep these children in care rather than return them to their families.

In 2013, under the NCN model, 250 children were actually diverted away from the system. With funding cuts, my fear is now that we will regress. Without funds to support these families I feel the number of kids will rise again. We know the fastest growing population is indigenous youth. We have the highest per capita population of indigenous people in the country. We also know that when you're looking at funding, the Province gets equalization transfers and transfers for health and other areas. Some of those are on a per capita basis including First Nation. In short, this province gets

one of the highest per capital equalization transfers because of those facts.

I hope all MLAs will support this resolution and recognize and move toward a model of integrated service delivery for families and children. It's a model that reduced the number of kids in care by 43 per cent. It's effective and it has reduced youth crime so it provides benefits all—any way you look at it.

Thank you, Madam Speaker.

### Questions

**Madam Speaker:** A question period of up to 10 minutes will be held and questions may be addressed in the following sequence: the first question may be asked by a member from another party; any subsequent questions must follow a rotation between parties; each independent member may ask one question; and no question or answer shall exceed 45 seconds.

**Mr. Jim Maloway (Elmwood):** I'd like to congratulate the member for this resolution, and I want to ask her, what consultations have been done regarding the implementation of integrated service delivery in other regions of the province.

**Ms. Judy Klassen (Kewatinook):** I'm sorry. Can I—can you repeat the question?

**Mr. Maloway:** Well, Madam Speaker, I'm very pleased and happy to do that for the member.

I'd like to ask her what consultations has she had regarding the implementation of integrated service delivery in other regions of the province.

**Ms. Klassen:** Thank you, I appreciate that question.

I have been, along with my campaign—during my campaigning I've received a lot of recommendations. While I was on the road I have spoken with the director himself of the NCN program. I've also gone to numerous organizations, CFS agencies throughout Manitoba because I have family throughout Manitoba who work in the system.

Thank you.

**Hon. Andrew Micklefield (Rossmere):** Could the member explain what stakeholders contributed to the creation of this PMR?

**Ms. Klassen:** I'm having trouble hearing because of my cold, so I apologize.

I have met with a lot of people regarding this issue. There's organizations that are very interested in this resolution that I'm putting forth. Obviously, they don't want to be named, because they don't want to—they want to remain those—non-partisan. And so, I—without consulting with them first, if I can answer that directly.

Thank you.

**Mr. Wab Kinew (Fort Rouge):** The approach that the member from Kewatinook raises today requires a lot of resources. For instance, in the Nisichawayasihk, they are currently constructing 10 housing units to house the families being overseen by this program, where those families will receive intensive supports.

Can the member from Kewatinook talk about the resources that government would have to come forward with in order for this PMR to be fully and properly implemented?

**Ms. Klassen:** Yes, there's a lot of groups that have funds available to them. And once they see the duplication that they're creating in the communities, funds will be freed up and go towards other—the other organizations that are perhaps lacking. Once the pot comes collectively together, they will have the funds to, you know, enable housing developments and such on their communities.

**Mr. Alan Lagimodiere (Selkirk):** Can the honourable member from Kewatinook tell us why it's vitally important for all areas of government to work together to protect endangered children?

**Ms. Klassen:** Because it's part of why we were elected. I'm speaking about—I'm bringing a voice to those most vulnerable in our province, and so I believe that we all value our children, regardless of where they live. Unfortunately, a large number of these kids are indigenous children, but I believe everyone here has compassion and has the heart to help these children.

**Mr. Kinew:** Earlier this year, the Canadian Human Rights Tribunal ruled that the federal government is guilty of racial discrimination against First Nations children for underfunding child welfare services on reserve. That is an issue that cuts to the heart of this PMR. So far the federal Liberal Party has refused to comply with the Canadian Human Rights Tribunal decision.

Will the member from Kewatinook undertake, as part of the work going along with this PMR, to

demand that her federal counterparts do the right thing and end racial discrimination against First Nations kids?

**Ms. Klassen:** Thank you for the question. I do continually advocate and I tell anyone that will listen to me in Parliament that this—the rights—the tribunal has to be addressed, that our kids—that they acknowledge the recommendations of the tribal—tribunal, and so that the racial discrimination against our First Nation kids must come to a stop—full stop.

Thank you.

**Mr. Micklefield:** Could the member explain, please, what other jurisdictions have in the way of integrated service delivery?

**Ms. Klassen:** Clarification? How do you mean? Jurisdictions?

**Madam Speaker:** The honourable Government House Leader, on clarification.

**Mr. Micklefield:** In other parts of the country, is there—are there models that are similar to what is being proposed? Have some of these ideas been tried out or successful, or is what is being proposed a modification of something else that maybe has been attempted but not gone so well?

**Ms. Klassen:** Yes, and that's why I specifically added Brandon and sciences safety—the wellness centre in Brandon is a organization that is 100 years strong, so I think that they've demonstrated that—they've put the pie in the pudding, or whatever. Their organization has drastically reduced the number of children in care as well. The sciences safety model is implemented in over 200 jurisdictions, and they're based out of Australia.

Thank you.

\* (11:20)

**Mr. Kinew:** Indigenous language and indigenous culture are one of the most powerful interventions you can make in the life of an indigenous child. Chandler and Lalonde have shown that BC First Nations with language, culture and self-determination do not have suicide. Other empirical evidence shows that language and culture is a hedge against substance abuse and drug and alcohol abuse.

I don't see a mention of language and culture in this private member's resolution, so I'd like to ask the member from Kewatinook the role that she sees

indigenous language and culture in having an integrated service delivery approach.

**Ms. Klassen:** My goal was to make it not so limiting. I did want to include everything under the sun, but then, again, that's speaking to imposing once again. I believe that if the community values indigenous languages as to be part of the integrated service delivery, that they should include that component as well as the cultural aspect. There's a lot of communities that are just growing their cultural aspect, so I didn't want to overstep them as well.

**Mr. Lagimodiere:** Yes, can the member speak to why it is vitally important to protect vulnerable children at an early age?

**Ms. Klassen:** We see that there's this new science growing that a child who is adversely affected in childhood, the disease manifests in—there's a whole bunch—a wide array of diseases that manifest them in their adulthood, and so the cost savings, if we get these children young enough so that we can flourish them rather than stifle them, we won't have enormous health-care costs in the future.

**Mr. Kinew:** It's troubling to hear the member from Kewatinook talk about indigenous language and culture as in some way limiting. So I'd like to ask her whether she's actually reviewed the literature that shows the positive interventions that come from introducing indigenous language and indigenous culture to indigenous kids.

**Ms. Klassen:** I stand corrected; I didn't want to imply that. I meant it as a limiting feature. There's a lot of communities in Kewatinook that are finally getting introduced to their culture. There's a number of them where they don't practise ceremony; they don't practise—it hasn't been brought to their areas. They are trying to bring that stuff back to their communities, but it's a work in progress. And I appreciate the member's question for clarification.

**Mr. Micklefield:** Could the member please talk about why more information sharing across agencies and departments is important to protecting children who are potentially in danger?

**Ms. Klassen:** It reduces red tape. If organizations are able to quickly find out certain aspects of a child's file, they're not going to repeat unneeded processes and procedures; they'll have that access firsthand. They'll be able to determine the best course of action

to make sure that child is protected first and foremost.

Thank you, Madam Speaker.

**Madam Speaker:** The time for questions has expired.

### Debate

**Madam Speaker:** The debate is open.

**Hon. Andrew Micklefield (Rossmere):** It's an honour to address this private member's resolution brought forward by the honourable leader—or the Liberal member—pardon me. We certainly will be supporting this resolution and would like to put a few comments on the record why we might want to do so.

Certainly, the government needs to be engaged in facilitating whatever will improve the lives of Manitobans and we're committed to making our province the most improved. We've said that more than once and we recognized that in order to do that we do need to have an integrated service.

What I mean by that is that we need everybody talking to each other. We need lines of communication to be open and we want to remove unnecessary or unhelpful blockages to that communication, and that was reflected in what we recently put forward in The Protecting Children Act, which, I think, while it's different, it certainly has some common themes that we want people not to be off in their own corner feeling like they have to solve all these problems, but we want people to feel and know they're part of a community that is able to collaborate, to work together and to find some practical solutions.

And it's so often the case. And I think everybody in this House would attest to this, that no one organization or agency or department has the full perspective, has the answers to all the questions, and we've seen this demonstrated in other areas. And so I would applaud the Liberal member for bringing it to this area as well.

I think that we've seen, for example, personal care homes for seniors that have been a collaborative effort between various groups, occasionally some faith groups have stepped forward and taken initiative and said that within the contours of our own culture, within the contours of our own faith persuasion, we would like to provide a caring-for-seniors service, and there are examples of

where those groups have done a fine job of caring for seniors in a manner that has been applauded all around government. It served hundreds, possibly thousands—I don't have the numbers in front of me—of seniors in our province well. And, also, quite often, this does reduce the burden on government, which is something that all governments are grateful to receive.

We've also seen collaborative efforts with children, and I think of the fine work of numerous independent schools around our province who care for thousands and thousands of children and young people. I think the number is something like 14,000 right now; it's certainly a huge number. And, you know, for something like 25 years, that has been happening in our province.

It has been a blessing to the government because the government has been saved substantial funds by these institutions. It's been a blessing to the parents and the families, and it's an example of another collaborative effort where the government's involved but where others are involved as well. And I think that's what I'm hearing in this resolution, that not that the government should be hands off, not that the government is irrelevant, but that community organizations have a role to play in this. And, certainly, we would agree with that philosophy that community organizations can be very important, very critical, very helpful players and partners as we seek to improve the lives of all Manitobans.

You know, we know that in this province there has been a—what someone called a government-heavy approach that has not always served us well. In April of last year, the then-NDP government released a FIPPA that stated there were close to 11,000 children in care under age 18, and I'm not including in that number those who are over 18 who still were accessing some kind of government care with Child and Family Services that may've—that probably would have put the number above 11,000 but I don't want to claim a specificity that I don't have access to on that. We do know it was 10,852 children under age 18.

Now this is a horrific number not just from a statistical perspective, but we must remember, these are real people's lives here, these are real children, these are brothers who may not know where their sisters are and sisters who may not know where their brothers are. We must be looking at new approaches

to finding solutions for this, and I think this is what the resolution seeks to pursue.

So we need to be open to these new ideas. We need to be open to a conversation. Possibly the member and myself may not agree on everything, even the specifics of how this could be worked out, we might have some disagreement. But if we're agreed on where we're headed, then I think that's a really good starting point, certainly one that I would welcome, certainly one that our government would welcome, because 10,852 children in care last year is far too many, and not only is it too many, but the way that those children were being—and I'll use the word handled was unacceptable.

\* (11:30)

Children in hotel rooms—being tucked in at night in a hotel room by one worker and then woken—waking up and stepping out into the hallway of a hotel they've never been in and finding another worker is there and, you know, one of the great things about kids is that they open up to people quickly. So I would imagine, I'm sure it happened many times, that a child would have a fun time in the evening, in the midst of a horrific situation, would find that maybe there's this one person that they could trust. Maybe there's one person they liked who was a worker or a staff person. The kids probably wouldn't think of it in those terms, but maybe they would go to sleep hoping that they would be there, possibly that that worker would say something like, I'll see you tomorrow. And then that didn't happen, and maybe for a variety of reasons. But this is not how it should be done.

Community organizations have a role to play. That's been demonstrated for centuries. In fact, very often we find, don't we, that it was these very organizations historically which began to care for people in a variety of ways. And, over time, the needs grew and the government responsibilities grew, and the community organizations ended up taking something of a step back from that involvement. And I think this resolution is a call to step forward towards more participation, more collaboration, more partnership, more ownership. And I think that we should all respect that government, absolutely, has a role. But government's not the only player in these kinds of scenarios. And I would imagine that, as we look at years to come, we will discover that the role of government is as a facilitator and a partner, not as the sole proprietor of

social services. I think that we can certainly consider how that might play out.

But, you know, we have, according to Statistics Canada, 2 and a half per cent of children under age 14—again, this number doesn't take us all the way up to 18; this number is just up to age 14. Two and a half per cent are in the foster system in Manitoba, and that's sadly the highest proportion in Canada. It's nearly twice as much as the next highest province.

Something is out of whack here in Manitoba. And it behooves us, as legislators who find ourselves here in this House, to think carefully about these things, to think soberly about these things, to think seriously about these things, because these things are actually not things. These things are children. These things are families. These things are people. Now I don't have the numbers for 10,852 children, but I would imagine that is thousands of families who are affected by this. I would imagine that is thousands of parents who are wondering and worrying: What has happened to my children? When will I know? Why is my call not being returned? And what will happen?

I would applaud any move to improve this situation because it is certainly a situation that needs to be improved.

Thank you, Madam Speaker.

**Mr. Wab Kinew (Fort Rouge):** Madam Speaker, *Ojibwa spoken.*

I would also like to invoke our grandpas, grandmas and beseech them to listen to our words here today in the House.

I thank my sister from Kewatinook, from, you know, the communities on the east side and the north of Manitoba, for bringing this PMR forward here today. It is certainly an important one and it brings to our attention a lot of good work that's happening in our province.

So I'm pleased to rise today in support of a principle that I think many of us can get behind, which is that, when the safety of a child can be assured, that children belong with their families, that indigenous children belong with indigenous families, and, specifically with the example provided in the PMR, that kids from Nisichawayasihk belong with families from Nisichawayasihk.

And so I'm pleased to rise because this is an issue that's very near and dear to my heart. It's very

emotional to think about the young brothers and sisters from our communities who grew up without the benefit of a strong family unit, who grew up without the benefit of having a dad who's going to sit down and do the homework with them, grow up without a mom who's going to embrace them when they are feeling down and lift up their spirits, and to, you know, really provide the TLC, the affection, which the evidence shows is how you cultivate resilience in a child.

The evidence actually shows that when children are shown affection by loved ones, by people in their lives that matter to them, that it actually reduces the amount of stress hormones coursing through their veins, and over and above increasing the likelihood that they would be successful in any manner of areas, it would actually help to prevent long-term health consequences such as hypertension and so on and so forth.

In my own life I've been able to play a small role, you know, to try and help some of these young brothers and sisters to get an education. We launched the tuition waiver program at the University of Winnipeg which covered the full cost of post-secondary education for young people aging out of the child welfare system. I would encourage the people on the government side to educate themselves about this initiative and consider lobbying their counterparts, who are ministers of the Crown, to extend that privilege to all kids aging out of care, not just the ones that the post-secondaries can fundraise for.

I'd also share with you, Madam Speaker, that I have close relatives who work in the child welfare system who do the work of trying to support families, in some cases, of trying to place kids who've been apprehended, and one of the fond memories that I have from earlier this year is an instance where a young baby, only a few days old, had to be apprehended from a family, a First Nations family from Northern Manitoba. There were concerns around safety, concerns around addiction.

However, working with my relative who was at the CFS agency and drawing on our network here in the city, we were able to place this beautiful little boy, only a few days old, with a wonderful family here in Winnipeg—two women who are going to raise this child as their own son, with all the affection and the love and the support that this baby boy deserves. And when I had a chance to meet this baby with his

new moms a few months later and to see the smiles on their faces and to see the happiness and the love that this family unit has, it truly filled my heart with joy.

And, of course, I do fully appreciate the scale and scope of the tragedy that our sister has raised today, that for all the hours and the effort that it took for us to help this one young child find the supports that they need, we must now replicate that 10,000 more times—perhaps 11,000 more times, and so I'm here, ready to do my part. I'm standing up and willing to support whichever initiative we can undertake to ensure that that happens for every single child in care here in our province.

Now, we know that Nisichawayasihk is doing very important work in this area. One of the points that I shared in the question period is that under this program in Nisichawayasihk, they're actually constructing 10 homes—10 homes where the families with kids whose safety is of paramount concern, will be able to live. We know that housing is such a powerful intervention because housing is one of the social determinants of health, and where children have better housing, they're perhaps a little bit closer to having a better outcome.

\* (11:40)

But under this program, this integrated service-delivery model, not only will the family stay in the house with the children, they will also reside there with support workers, with workers who have been trained to support the families and to provide them with the advice, the counselling and the support necessary that they may be able to have a good standard of well-being, a good quality of life.

And in support of that principle that I shared earlier of kids from Nisichawayasihk ought to stay with families from Nisichawayasihk, well, I can share with you, Madam Speaker, that the support workers who will reside in these homes are local people; they're local people from Nisichawayasihk. In the language of our brothers and sisters from Nisichawayasihk, they are Ininiwak, they are Iskwewak, they are local people. And so, that is truly a good model, and I am very hopeful that this will be a best practice that will lead to better outcomes for many of these children.

It's also worth pointing out and putting on the record here today that these workers from the program, many of them are also enrolled through a

social work program accredited by the University of Manitoba, and I believe it's one week out of the month will be devoted towards them working towards their accreditation and university education.

So, when we look at all the different dimensions of this program, that it perhaps supports families better, that it allows local people to intervene with the families in their own backyard, and yet at the same time also become educated and also be able to create a career path for themselves, it seems to me that this program is a win-win-win. It really is. And it's because of the hard work of people in the communities, it's because of hard work of people like Dr. Michael Hart at the University of Manitoba that we are here.

And just as an aside, to me, this really highlights the way forward in this era of reconciliation that Manitoba and Canada now finds it in. And it is the following truth—people in communities know the solutions, absolutely they do, there are smart people in every community in our province who know what needs to be done in their own backyards. They don't need solutions opposed from the outside, they don't need somebody to come in and tell them what to do. All they need are allies, they need resources and they need the support of government officials such as ourselves here in the House today.

So again, there's many hours that we could spend elucidating and extrapolating on the need for a program like this, but I would say that this integrated service-delivery approach combined with the customary care model that other communities are using, such as in Misipawistik, that that in addition to the inclusion of indigenous languages, which Nisichawayasihk, which almost all the communities in Kewatinook speak, is the way forward. And so integrated service delivery, along with customary care and indigenous languages and cultures, I think we put those things together, we can do better for all children in Manitoba and that's what I got elected to do.

Miigwech.

**Mr. Bob Lagassé (Dawson Trail):** Thank you, Madam Speaker, for the opportunity to speak towards this private members' bill. For those who know me and those who don't, I have—this is near and dear to my heart, it's an incredibly emotional subject for me and I will try to make it through without a lot of tears.

For the past 17 years I have worked in social service, and I have seen the failings and the good things that come with that system. As it sits—and I'm pleased that I can support this bill. The Protecting Children (Information Sharing) Act will further support organizations and others who provide services to at risk and vulnerable children. Why this is important is, you know what, I'll tell you my story. I'll tell you what's happened over the last 17 years.

My wife and I had, newly married, decided that we were going to live our lives to help and support other people, people in need, children in need in particular. So we decided as a young married couple to move out to Niagara Falls and run a group home for children that were sexually abused, physically abused and/or neglected, or just experienced some kind of trauma. So, as a newly married couple, we decided this was a good idea. Little did we know that would add extra stress to our marriage, especially with a newborn baby.

We went out there and we learnt the horrific stories of children and how communication is important when it comes to dealing with children in care. We stayed out there for approximately eight years, had our two other children, and then moved back home where I continued to work in the field out here in Manitoba, and this is where I saw the true failings of the system.

We learnt of Phoenix Sinclair. We saw all the—sorry. We saw the hardships—excuse me. Sorry. As you can see, my heart breaks for these kids and for these families. Sorry. Okay, I'm going to try to regain my composure here and get back to where I was going.

In our own lives, we've had plenty of children come in and out of our homes. Twenty-two, to be exact. And with each child, we felt we lost another one of our children, because we never loved them any less than our own. These kids deserve so much better than what we are giving them as a government, as people as a whole, so this is why it's important for these resolutions and these bills to be put forward, so that we can protect the most vulnerable in our system.

I have come across children in my—I've come across children who have been placed with me, who have come with nothing but a shirt on their back, no underwear, no shoes, no anything. Vulnerable children that we as a society should be protecting and

building up; not only kids, but the families. We should be building the whole family up so that they can succeed, so that we don't have to rip children away from their families.

I deal with—sorry. It's probably not the best subject to have me speak on because of how near and dear it is to my heart. When campaigning, it was no secret why I was coming into government. I told everyone at the doors that my first priority was that I would represent their needs, but I'm really there because I feel we have a very broken system when it comes to children in care. And we can do so much more for these kids and these families.

So, again, this is why bills like this are incredibly important, and this is why we should not ignore that these are people. These are individuals. These kids have names. These families have names. So, the kids that do need to be in care, we need to give them the proper loving families. We need to not place them in group homes or shelters or in hotels. Hotels are completely unacceptable. A staff model does not work for children.

So I'm going to jump back into some of the notes here. Children who are in danger of falling through the cracks of the existing system will benefit from a change in legislation. This legislation will assist hard-working professional and service providers who diligently ensure that our children receive the support services that they need and enhance their protection.

Our government has begun this hard work to require and repair the damage, correct the course and move towards a balanced and sustainable way. We continue to seek out new ways to form partnerships with various government and community organizations, and this is important because the communities do have the solutions. There's lots of solutions out there and lots of people that are willing to get engaged, and this is why we need to pull in all these stakeholders and consult and talk with the people who know on the front line—and I'm not talking just professionals; I'm talking about families. Because often, a family is just in a case of poverty, and all they need is a hand up. They just need to be able to succeed on their own.

\* (11:50)

During the NDP's decade of decline, debt and decay, which I've talked a little bit about what I've

seen, the previous government had 17 years to bring forward more effective legislation for children in care but they chose not to.

We are focused on fixing this and we believe strong consultation, as I said, with our stakeholders and active listening to Manitobans, will deliver results.

We look forward to further consultation dialogue as we move this important piece of legislation forward to protect our children.

Manitoba had the second highest rate of children using food banks of any province in Canada, 44.3 per cent, of this 61,691 people were using food banks in Manitoba in 2014, and those are children. The national average is 36.9. Under the NDP, Manitoba had the highest child-poverty rate in Canada.

While I was thinking about it I was going to say I had all the great stories, all the ones about the positive things of children in care, and not that it's positive that a child would be in care, but the good things that do occur and the many front-line support workers that are out there supporting these kids. The ones that often we paint as villains, we paint them as horrible foster parents, and don't get me wrong there are in every profession good and bad workers, and when it comes to foster parents similar there's nothing—it's not immune to that.

So, before I continue to ramble, I will conclude and say thank you again for the opportunity to speak to this.

**Madam Speaker:** Is it the pleasure of the House to adopt the resolution? *[interjection]*

Is the House ready for the question?

**Some Honourable Members:** Question.

**Madam Speaker:** Is it the pleasure of the House to adopt the resolution? *[Agreed]*

I declare the motion carried.

**Hon. Jon Gerrard (River Heights):** Madam Speaker, I ask that the motion be made unanimous.

Do you want a recorded vote? Okay.

**Madam Speaker:** The honourable Official Opposition House Leader.

**Mr. Jim Maloway (Official Opposition House Leader):** I would request that this be made a standing vote, but it's a deferred vote until Thursday.

**Madam Speaker:** The deferred vote shall take place at 11:55 a.m. on Thursday, and according to the rules shall not be further deferred.

**Hon. Andrew Micklefield (Government House Leader):** Madam Speaker, we'd like that to be a recorded vote, please.

**Madam Speaker:** That is what has been deferred 'til Thursday. It will be a recorded vote on Thursday.

Further business?

**Mr. Micklefield:** I would like to seek leave of the House to call it 12 noon.

**Madam Speaker:** Is there leave of the House to call it 12 noon? *[Agreed]*

The hour being 12 p.m., this House is recessed and stands recessed until 1:30 p.m.

**LEGISLATIVE ASSEMBLY OF MANITOBA**

**Tuesday, October 25, 2016**

**CONTENTS**

<b>ORDERS OF THE DAY</b>		<b>Resolutions</b>	
<b>PRIVATE MEMBERS' BUSINESS</b>		Res. 9—Recognition of the Importance of Integrated Service Delivery for the Support of Children and Families in Manitoba	
<b>Second Readings—Public Bills</b>		Klassen	2346
Bill 209—The Childhood Cancer Awareness Month Act		Questions	
Ewasko	2337	Maloway	2349
Questions		Klassen	2349
Saran	2339	Micklefield	2349
Ewasko	2339	Kinew	2349
Gerrard	2339	Lagimodiere	2349
Maloway	2339		
Lagimodiere	2340	Debate	
Debate		Micklefield	2351
Altemeyer	2341	Kinew	2352
Johnson	2342	Lagassé	2354
Gerrard	2344		
Saran	2345		

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