



Third Session - Thirty-Sixth Legislature

of the

**Legislative Assembly of Manitoba**

**DEBATES  
and  
PROCEEDINGS**

**Official Report  
(Hansard)**

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**MANITOBA LEGISLATIVE ASSEMBLY**  
**Thirty-Sixth Legislature**

Member	Constituency	Political Affiliation
ASHTON, Steve	Thompson	N.D.P.
BARRETT, Becky	Wellington	N.D.P.
CERILLI, Marianne	Radisson	N.D.P.
CHOMIAK, Dave	Kildonan	N.D.P.
CUMMINGS, Glen, Hon.	Ste. Rose	P.C.
DACQUAY, Louise, Hon.	Seine River	P.C.
DERKACH, Leonard, Hon.	Roblin-Russell	P.C.
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DYCK, Peter	Pembina	P.C.
ENNS, Harry, Hon.	Lakeside	P.C.
ERNST, Jim	Charleswood	P.C.
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EVANS, Leonard S.	Brandon East	N.D.P.
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GAUDRY, Neil	St. Boniface	Lib.
GILLESHAMMER, Harold, Hon.	Minnedosa	P.C.
HELWER, Edward	Gimli	P.C.
HICKES, George	Point Douglas	N.D.P.
JENNISSEN, Gerard	Flin Flon	N.D.P.
KOWALSKI, Gary	The Maples	Lib.
LAMOUREUX, Kevin	Inkster	Lib.
LATHLIN, Oscar	The Pas	N.D.P.
LAURENDEAU, Marcel	St. Norbert	P.C.
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McGIFFORD, Diane	Osborne	N.D.P.
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REID, Daryl	Transcona	N.D.P.
REIMER, Jack, Hon.	Niakwa	P.C.
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VODREY, Rosemary, Hon.	Fort Garry	P.C.
WOWCHUK, Rosann	Swan River	N.D.P.
Vacant	Portage la Prairie	

## LEGISLATIVE ASSEMBLY OF MANITOBA

Thursday, May 15, 1997

The House met at 10 a.m.

## PRAYERS

## ORDERS OF THE DAY

**Hon. James McCrae (Government House Leader):**

Madam Speaker, would you be so kind as to call bills for second readings, the ones listed on page 4, Bills 29, 30, 31 and 32. Once we have introduced those bills, it may be that the representative of the official opposition can indicate now which bill or bills they might wish to debate this morning. If not, we will take them in order as listed from page 1 on the Order Paper. But you can take your cue from the opposition with respect to which bills they might like to debate.

**An Honourable Member:** Seven and eight.

**Mr. McCrae:** I am told, Madam Speaker, that after those second reading introductions, we move to Bills 7 and 8 and following.

## SECOND READINGS

**Bill 29—The Education Administration  
Amendment Act**

**Hon. Linda McIntosh (Minister of Education and Training):** I move, seconded by the Minister of Environment (Mr. McCrae), that Bill 29, The Education Administration Amendment Act; Loi modifiant la Loi sur l'administration scolaire, be now read a second time and be referred to a committee of this House.

**Motion presented.**

**Mrs. McIntosh:** Madam Speaker, Bill 29, The Education Administration Amendment Act, that I am tabling today introduces two changes to The Education Administration Act. They are housekeeping changes that we believe will better facilitate the system. The first will better enable us to meet the requirements of the recently concluded agreement with the Canadian copyright licensing agency, which is also known as Can

Copy. The second change introduces a general immunity clause to protect the department and government from liability resulting from errors or disputes arising from assessment of teacher and clinician credentials and classification and/or classification.

To take the changes required to the amendments of the recent Can Copy agreement first. As the legislative companion to the copyright regulation MR213/96, this amendment repeals subsections (c) and (d) of Section 3.1(4) of the act, which require copyright fees to be set in regulation and require the name of the specific grant from which the fees are to be deducted.

The amendment introduces the flexibility needed to meet the new requirements of the Can Copy agreement by allowing the minister to make regulations concerning, first, the designation of educational institutions covered by the agreement without actually having to name all of the institutions; (2) respecting the terms and conditions with which these institutions must comply in copying works covered by the agreement; (3) requiring those institutions to pay fees for the authorization to copy works and the amount of those fees. The minister, under subsection 3.1(5), can deduct the amount of these fees from any support or grant.

These changes are needed, Madam Speaker, so that the Instructional Resources unit which is responsible for administering the copyright regulation and for monitoring the Can Copy agreement can better respond to copyright licensing provisions, and teachers need to have easy access to copyright material beyond what is permitted in federal copyright law. This has been an irritant for schools and for teachers trying to obtain material for students.

No money will be saved or generated by these changes, although grant money will be deducted from school district or division budgets to pay for the right to make reproductions of printed material. The collected funds are paid to Can Copy which, in turn, compensates the authors of material being reproduced, and the licensing agreement with Can Copy has already been approved by the minister.

The second set of changes to The Education Administration Amendment Act which is the introduction of a general indemnity from liability clause in subsection 19(1), the clause will in greater measure shield department officials who have worked in good faith from the expense of legal proceedings in the event there is a dispute over classification assigned by the Professional Certification and Student Records Unit, where it would go to court, and the determination of classification was made without employee negligence.

Under The Education Administration Amendment Act, the Minister of Education and Training has the authority to make regulations respecting the qualifications of teachers and clinicians. The Professional Certification Unit administers the regulation by assessing teacher/clinician credentials against criteria that include academic qualifications and then by assigning a classification. Teacher and clinician salary levels are determined by classification and experience with a classification through their local collective agreements.

From time to time, a teacher or clinician will dispute the unit's assessment and classification. This could mean, in some cases, that those professionals have been paid less than the amount to which they might have been entitled or overclassified and paid more. These disputes can sometimes end up in court. Where an error in classification has actually been made, the process must continue and is costly in terms of staff time and legal expense.

What we are proposing is designed to take a look at what is called in common vernacular the nuisance claims. By that I mean that these are claims that are not linked to negligence on the part of the staff in assigning a classification level to the professional. It may be that the person has not sent in additional information that was required, et cetera. In those cases, it is not deemed correct that a clerk should be held liable for assessing a classification based upon the information provided which if it is not complete would result in a misclassification. We feel there has to be an onus, if we are going to proceed, for fairness in the civil service delivery of service to be applied to clerks who are simply working with available information.

The amendment will not affect the process by which appeals of classification decisions are made or decided.

The Provincial Evaluations Committee will continue to hear appeals of classifications decisions by department staff. The committee comprises representatives of teacher and employment organizations as well as representatives of teacher education institutions.

In short, Madam Speaker, those are the main points: one, to make the Can Copy agreement workable for the field; and the other, to ensure that employees who have not committed negligent acts not be subject to court proceedings for errors made by others than them.

With those few brief remarks, I conclude my comments on this bill. Thank you for your attention.

\* (1010)

**Ms. Diane McGifford (Osborne):** I move, seconded by the honourable member for Dauphin (Mr. Struthers), that debate be adjourned.

**Motion agreed to.**

### **Bill 30—The Farm Practices Protection Amendment Act**

**Hon. Harry Enns (Minister of Agriculture):** Madam Speaker, I am pleased to introduce for second reading at this time Bill 30, seconded by the honourable Minister of Rural Development (Mr. Derkach), Bill 30, The Farm Practices Protection Amendment Act (Loi modifiant la Loi sur la protection des pratiques agricoles), be now read a second time and referred to a committee of this House.

**Motion presented.**

**Mr. Enns:** Madam Speaker and members of the House, this is a modest but, nonetheless, important amendment to The Farm Practices Protection Act that determines the operations of the Farm Practices Board. Some members will recall that several years ago this government introduced the original legislation that sets up a board that has the authority to look at how the farmers of Manitoba run their operations.

It is important that we in Agriculture do address this issue. Farm practices that are not acceptable to our neighbours, that are not acceptable for sustainable

reasons in terms of the landscape, farm practices that can jeopardize valuable other resources such as underground water, streams and aquifers, all those issues that quite correctly are being looked at on a daily basis by all of us as Agriculture continues its operations, very often, in manners, in means that are not always traditional, by that, the scale of operations, the size of the operations, different technologies being applied.

There is a perception, Madam Speaker, that the Farm Practices Protection Board has the authority to bring about changes to an agricultural operation that is usually a farm practice that is unacceptable or disturbing to neighbours. That is the perception that is out there. In the legislation as currently exists, it really does not have that authority. It has the authority to make orders, to ask a farm operator to comply with the board's finding that a practice is not acceptable, to modify his farm practices and so forth. But that is all that the board can do under the existing legislation.

In the main, I must say, it has worked. But there have been several instances where a farm operator has refused to comply with the findings of the board or the recommendations of the board to alter, amend or change an unacceptable farm practice.

Under the current system, that is all the board can do. It is then still up to the complainant, the original complainant to take the farm operator to court. What is changing, what I am asking the House to consider to change here is simply to allow the board, when it is faced with that circumstance, to take the order to court. It is taking some of the greater level of responsibility on the part of government, if you like, to ensure that farm practices are being carried out in an environmentally acceptable sustainable manner throughout Manitoba.

Madam Speaker, I recommend this legislation to the board. I know that various farm practices, particularly some of those that are high-profiled operations in the livestock area that have attendant with that operation's concerns about the environment—honourable members will be only too aware of what I am alluding to—that this gives the Farm Practices Board some additional muscle or teeth and, on behalf of a legitimate complaint, can lodge this with the Court of Queen's Bench. It must be assumed I think, and I think safely

so, that any justice looking at the complaint would consider very seriously those findings that the Farm Practices Board have already arrived at in handing down, with the authority of the court, compliance orders to a farm operation that is not meeting the current requirements.

Generally speaking, Madam Speaker, it also allows I think, and I would invite a debate when honourable members respond to these changes, a more general discussion about the need for this kind of legislation, the need for a constant evolution, if you will, of regulations, guidelines that govern farm practices.

Madam Speaker, agriculture is and continues to be of tremendous importance to the economic well-being of this province. Manitoba farmers have demonstrated over and over again their capability of responding to those challenges in a new and innovative way with the constant application of new technology. There is, for the province of Manitoba, ongoing opportunities for very significant expansion in a whole spectrum of agricultural foods and some that are new to this province. I need not remind honourable members that this concentration on particularly the expansion of various sectors of the livestock industry—and when I speak livestock, I really want to be very inclusive. I speak of all livestock, from poultry to dairy to beef to hogs, pork, and including some of the nontraditional livestock opportunities that are out there, in bison, elk. I should report to the honourable members that we now have some 12 elk farms established in the province of Manitoba, but we will leave that for another debate, another time.

But much of this of course is driven because of the lasting aftereffects of the reduction or the loss of the Crow. We simply have to find ways and means of utilizing the lower value but high volume feed grains that our farmers are capable of producing in this province, and the obvious choice is to add value to those feed grains through various forms of livestock. With livestock comes attendant other issues and problems that all too often get more notoriety and misinformation about than I would like to see. I think what this bill represents is this government's, my own, concern about the fact that these kinds of operations be conducted and carried on in Manitoba in a manner that is acceptable environmentally speaking, that is

acceptable to neighbours who have to live on the same landscape with these farming operations, and to ensure the long-term sustainability of these farm operations, that we can, in fact, live up to the commitments that this government has and continues to make to sustainable development, that ensures that our environment is not damaged, that our land, in fact, can with confidence be farmed in this manner and passed on to future generations in an acceptable manner that will maintain these operations for many generations to come.

So, Madam Speaker, I commend Bill 30, amendments to the Farm Practices Board, to honourable members opposite. I look forward to any discussion on the amendments themselves, but, as well, as the opportunity presents itself when we are discussing these bills in principle, on the greater issue of farm practices as are carried on in the province of Manitoba. Thank you.

\* (1020)

**Ms. Diane McGifford (Osborne):** Madam Speaker, I move, seconded by the honourable member for Dauphin (Mr. Struthers), that debate now be adjourned.

**Motion agreed to.**

### **Bill 31—The Livestock and Livestock Products and Consequential Amendments Act**

**Hon. Harry Enns (Minister of Agriculture):** Madam Speaker, I move, seconded by the honourable Minister of Rural Development (Mr. Derkach), a fine, upstanding colleague of mine, that Bill 31, The Livestock and Livestock Products and Consequential Amendments Act (Loi sur les animaux de ferme et leurs produits et modifications corrélatives), be now read a second time and be referred to a committee of this House.

**Motion presented.**

**Mr. Enns:** Madam Speaker, during the last session, I introduced new legislation having to do with animal welfare, and what that bill in the previous session did, while it concentrated on filling in some of the loopholes, if you like, that had prevented us, for instance, from properly addressing instances of animal

abuse or lack of care such as was featured by the puppy mill stories that came out a year or two ago and I think disturbed all of us, we found that under some of the existing legislation, instances like that fell in between different acts and different pieces of legislation, and we introduced, I think, a progressive and a good bill for animal care in the last session.

However, that meant that with some of the old Livestock and Livestock Products Act, bits and pieces were taken out of it. It was left in a state of disrepair. Also, demands that are on the livestock industry for a number of issues that relate to national and international regulatory requirements that each of the provinces is being asked to pass, they have to do with respect to the consolidation of the identification of animals.

This bill has to do with the question of future identification brand of farm animals. It recognizes that new technology will introduce alternatives to some of the traditional methods of identification that are on the horizon. It updates the terms and conditions for the production of livestock and livestock products, processing, transporting and selling in step with national and global objectives and initiatives. It provides the ability for government to act in an auditing capacity and allow industry to implement and administer some of the regulatory functions in a more efficient manner.

Madam Speaker, some of these changes are brought upon us because some of the agencies like Agriculture Canada that have traditionally provided some of these services are, in fact, being downloaded, if you like, or changed. The industry is indicating and responding that in many instances they are prepared to carry on many of these functions, but it is obvious for public safety and public health that appropriate provisions be made that governments, the Department of Agriculture in Manitoba, can continue to audit what is being done to ensure that the continued high level of safety of animal and agricultural products is maintained.

All western provinces and Ontario have already introduced similar legislation or legislative changes that are contemplated in this bill, and this would be bringing Manitoba into harmonization with legislation that is being promoted and passed across the width and

breadth of Canada, so that livestock producers, processors, anybody who is dealing in agricultural products and food can in a harmonized way work and trade across this great nation of ours, Madam Speaker.

This is more a bill that has a number of technical aspects added. I want to confirm or assure that when this bill is before committee that I will have appropriate staff from the Department of Agriculture, particularly from the Animal Industry Branch, available to respond to any specific questions that might arise from some of the changes that are being recommended in this act.

Again, Madam Speaker, I highly recommend these amendments to the act, and you can take it for certain that when my colleague the Minister of Rural Development (Mr. Derkach) adds his name to the seconding of this act, that this is the true bill of goods. He would not be putting his name forward to anything that was not reasonably well thought out and progressive and in the main for the ongoing economic development for rural Manitoba and this province. Thank you.

**Ms. MaryAnn Mihychuk (St. James):** Madam Speaker, I move adjournment on this bill. I move, seconded by the member for Dauphin (Mr. Struthers), that we move adjournment.

**Motion agreed to.**

### **Bill 32—The Workplace Safety and Health Amendment Act (2)**

**Hon. Harold Gilleshammer (Minister of Labour):** I move, seconded by the Minister of Rural Development (Mr. Derkach), that Bill 32, The Workplace Safety and Health Amendment Act (2); (Loi no 2 modifiant la Loi sur la sécurité et l'hygiène du travail), be now read a second time and be referred to a committee of this House.

**Motion presented.**

**Mr. Gilleshammer:** Madam Speaker, I am pleased to introduce Bill 32 which proposes to amend The Workplace Safety and Health Act. The amendment I am proposing today provides for a tenfold increase in fine levels under the act, so that the maximum fine will

be \$150,000 for a first offence, and where it is a continuing offence a further fine of \$25,000 per day be levied, to a maximum of \$300,000 for a second or subsequent offence, and where it is a continuing offence, a further fine of up to \$50,000 per day.

These would apply to any contravention of regulations, failure to comply with stop-work orders where an employer takes discriminatory action against a worker under the act and where there is a contravention of provisions respecting duties of employer or employees, self-employed persons and principal contractors under the act.

The proposed amendments were unanimously recommended by the Advisory Council on Workplace Safety and Health appointed under the act. The council consists of members representing workers, employers and technical organizations and is chaired by Mr. Wally Fox-Decent. The increase in fine levels would be an additional tool to assist in our ongoing activities to reduce accidents and injuries.

\* (1030)

We have seen a significant reduction in accidents and resulting injuries over the last 10 years. Through the continued co-operation of management, labour, and government we will continue to make Manitoba a safer place.

Madam Speaker, I commend this bill to this Assembly for approval. Thank you.

**Mr. Stan Struthers (Dauphin):** I move, seconded by the member for St. James (Ms. Mihychuk), that debate on this bill be adjourned.

**Motion agreed to.**

### **DEBATE ON SECOND READINGS**

#### **Bill 7—The Midwifery and Consequential Amendments Act**

**Madam Speaker:** To resume debate on second readings, on the proposed motion of the Honourable Minister of Health (Mr. Praznik), Bill 7, The Midwifery and Consequential Amendments Act (Loi sur les sages-

femmes et modifications corrélatives), standing in the name of the honourable member for Transcona (Mr. Reid).

Is there leave to permit the bill to remain standing?  
[agreed]

**Ms. Jean Friesen (Wolseley):** I am pleased to have the opportunity this morning to speak on the bill on midwifery.

This is a bill which concerns a number of my constituents, and it is certainly one that they have brought to my attention. I believe, certainly as early as the 1990 election, I remember talking to people on their doorstep then about their concerns about direct entry midwifery. It was in an area I think that was quite new to me, and still there is much that I perhaps find still very innovative and very different from the kind of experience that many of us have had and many of our families have experienced. I went to look at this bill in the context of international changes as well as in the kind of changes in childbirth that we have seen in Manitoba.

I am going to look at it in part in the period before the First World War, then the period between the wars, and then the more contemporary period. I want to use, in speaking about this, a new book. In fact it was launched last night, one I think that will be very interesting to women members of this House on both sides of the Legislature as well as to some of the male members. It is childbirth stories from Mennonite women, and it covers a period of history from the 1890s from women who experienced childbirth in Russia and brought their stories and their training here, as well as Mennonites from Mexico and contemporary Mennonites in the city of Winnipeg.

It has been edited and collected by Katherine Martens and Heidi Harms, and it is one of a series of studies across the country. I think the others tend to be more distant from the experience. This is a very interesting book in that it uses translated stories but very much the voice of women themselves. In fact its title is, "In Her Own Voice." As I say, the book was launched yesterday—fortuitous. I am very glad to be able to use the voices of some of those women, some of whom in fact are my constituents as well, in speaking on this bill.

The purpose of this bill is to enable midwives to practise in Manitoba. Our view of this bill is that we are very sympathetic to its purpose. I know that we have asked questions in Estimates and in other aspects of legislative debate about when we were going to see this bill. I think most members have known that there has been a committee working on the implementation of this bill for some time, so we are very glad to see it brought to fruition.

We do have concerns, as I think all Legislatures who have dealt with this have had, concerns about implementation and concern about the details. This is not the place to discuss that or to ask those kinds of questions, so we will, when we come to committee, be talking to the people who I hope will be making presentations, and we will have the opportunity to question the minister on implementation, because I think, as in so many things, the issues around midwifery depend upon the detail and they depend upon the government's commitment of both money and policies in implementation.

There is, of course, in the immediate sense of this bill, a Canadian context to it. We know that Ontario under Premier Bob Rae led the way in the enabling of legalized midwifery in Canada. In 1994, the Rae government enabled women to have access to regulated and fully funded midwifery. It came about as the result not just of the Rae government but of 10 years of intensive lobbying by women across Canada which came to fruition, first of all, in Ontario. British Columbia and Alberta over the current period have also enabled midwives to practise legally and have provided means of testing and assessment of midwives who are in current practice. Saskatchewan and Nova Scotia, I believe, are currently looking at implementing midwifery, and Manitoba has a bill which we hope is going to create some of the same conditions that Ontario's did in 1994.

The government would say, I believe, that this is a consumer-led movement, and in one sense it is, but I hesitate to use the term "consumption" in medical services or indeed in educational services. It is one of the clear ideological differences, I think, between ourselves and the current government, the idea that citizens are only consumers. I think when we talk about medical services and when we talk about the



changes that are going to be brought to medical services in all parts of Manitoba through the midwifery bill, we should go beyond the language of consumption, and we should be looking at the kinds of changes in empowerment to both women and to particular communities across Manitoba that this bill, we hope, will enlarge.

But political pressure has been important; there is no doubt about that. The political arguments from across Canada, the political arguments of nurses, of patients, as well as doctors, have all had a case to make in the struggle for the creation of legalized midwifery, and I think it has been a struggle. Those who have been involved in it in Manitoba and Canada would see it as such. They would see it, I think, that way for different reasons.

There are those for whom the idea of patient direction is very important in medical care. It is a form of resistance to a kind of hierarchical system that developed in medicine over the—well, I guess over the 20th Century in particular, and midwifery they would see as part of that struggle.

There are those who, I think, see the importance of midwifery as a self-governing profession, just as there are people in many professions at the moment who see that as one argument for consumer power, as well as for perhaps less government intervention in the role of professions. I think those who argue for midwifery are also part of that movement as well.

There are those who, I think, have seen the struggle as one of gender. Midwives, on the whole, are women. Doctors, on the whole, in the past, before the 1970s, have been predominantly men. There has been in some of the struggle for midwifery a sense that this has been part of the expansion of the role of women and of the extension of the power of women in medical services. There are others for whom, I think, the emphasis on midwifery has been a spiritual one and one which looks for alternatives to current practices. So I think there are many strands in this struggle and this political movement which has come to fruition, I hope, in the bill that the government has presented.

If we were to look at this historically, I think we should go back to the period before the First World

War when midwives certainly were the norm rather than the exception. Until perhaps the 1930s and 1940s, most children were delivered by midwives and at home. Over the period of the last 50 years, much of that has changed. Most women now, whether they live in Sachs Harbour or Inuvik or the Northwest Territories or whether they live in northern Manitoba, in southern rural communities or in the heart of the inner city are delivered of their children in a medical setting, in a hospital, and usually by a doctor, often by an anesthetist, as well as by several nurses, very much of an institutional setting. That is what midwifery, I think, aims to change. It argues for alternatives. It argues for choice and to change the medical setting that childbirth has become over the last 50 years.

I think this struggle begins in part with the changing role of women in the 1914 period. The First World War, as in so many things, shook up society, changed the role of men and women, changed the role of class, changed the role of wealth in our society, and I think the struggle begins with the vote. When the vote at the end of the First World War was accorded to women—and Manitoba as we know was one of the leading proponents of that and one of the earliest places in the British Commonwealth where women had the vote. It begins with the vote because the vote is what empowers women and what enables them to become full citizens, to own property, to become critical and to take some control over some of the very basic elements of their lives, whether that is in property, whether it is in the marriage relationship, or whether it is, in this case, in childbirth, some of the very basic fundamental issues that women face throughout their life.

\* (1040)

So those changes of the First World War, I think, were significant in according to women the vote and according to them a personhood, the first step in a long road. One of whose consequences, I hope and anticipate, is the bill that the government has brought in.

Most people in the period between the wars were still delivered by midwives, but what you see in that period between 1918 and 1930s, 1940s, perhaps, is the transition from a home-based setting to a medical or to a hospital setting. My own father was born in 1913,

before the First World War began, and he was born with a midwife at home. He even remembers her name. She was a well-known figure, even in that industrial town, and most people in fact from that generation do remember the names of their midwives. But childbirth at home was risky. It took place in many different kinds of conditions. It took place in conditions which were varied according to the education of the mother, according to the ability of the family to provide a clean, physical environment and according to the ability of the family to feed itself.

Perhaps some of the flavour of that period is suggested in the account of a new immigrant to Manitoba—well, perhaps not so new, but someone who came from Mexico, a Mexican-Mennonite, who came to Manitoba, but told her story of childbirth in Mexico in that period. The children were not always born safely. The mothers were very young. Indeed, children were often stillborn. Food was not available for all the children that were born. The woman's health was not as well as it could have been. In fact, the conditions of childbirth were not those that those same people found when they came to Canada, and in the book, in her own voice, one of those women talks about some of those contrasts.

Others were born in that period in medical stations. One of the interesting discussions I came across is from the period in the late 1930s in Gretna, when they had begun in that part of Manitoba to establish convalescent homes, they were called. But they were in effect centres for both midwives and doctors and a place where women could go to have their babies and where at least there was offered to them some rest afterwards, because on the farm and in the very difficult conditions which many families lived at that time, that kind of rest which was so essential often to people who were not well nourished, simply was not possible. So the convalescent homes were formed.

In Gretna, they were run by Helen and Sarah Heinrichs. They had a home, and women would go there if it was not possible for them to stay at home for the birth. The woman who recounted this story, Margaret Sawatzky, was born in southern Russia in 1909, and she saw a lot of changes during her life in Manitoba. She said her own sister was at the Heinrichs

home several times, and she had very good memories about it.

In Altona, there were the Nickel sisters who also took in women who were about to give birth. She visited people there and they, too, had a place in the childbirth system of Manitoba, such as it was. When the hospitals were built, of course, she said they were not as big as they are now. In Winkler, it had four rooms; in Altona, a private home was set up as a hospital, and later fine hospitals were built, she said. But in those days the convalescent homes did their work too, their duty, and I think they did very good work.

Doctors at that time I think were both midwives and in the medical setting. If you were from southern Manitoba, at that time one of the names you would remember of course is the name of Dr. Wiebe, a man who was also a member of this Legislature, widely known and widely revered I think in southern Manitoba.

Doctors would attend childbirth at home with usually, I think it is said in most parts of Manitoba, a high degree of success. They usually took from the midwives the more difficult cases. Mrs. Sawatzky, for example, who lived in Gnadenthal in southern Manitoba, she now lives in Winnipeg. She remembered a time when she had wanted midwives to attend her birth, but for the first two, she could not do it. It was her opinion that she would have to have the doctor come out from Winkler, Dr. Wiebe. He came out, and she received anesthetic. They gave me chloroform, she said. With the first baby, my husband was actually anesthetized more quickly than I was. He was supposed to hold the lamp. It was a kerosene lamp, and all of a sudden he started to sway, so he had to be taken out of the room. The child was born in the neodarkness, but it was born after a while. She remembers how the doctor wiped the baby in oil, wrapped it in hot bricks and all of the kinds of things that we would anticipate that, well, in modern sense that midwives would do today.

It is a mistake I think to assume that the issue of midwifery has always been one that has pitted men against women, or indeed midwives against doctors. I think the role of the convalescent homes, the nature of midwifery in Manitoba in the period before the Second

World War, and the work of a number of doctors, of whom Dr. Wiebe is perhaps only one—and I will be talking about some others later on—I think are an indication that midwives were seen very much as part of a much broader medical system.

In Manitoba, in this period, of course, we are looking at people who are born on traplines, people who are born in subarctic conditions as well as in the High Arctic. The midwives that they used sometimes came with traditional knowledge, particularly in the aboriginal communities. Some of them came with knowledge that they had learned in the old country. There are a number of ways of being educated as a midwife. One of the interesting accounts I found again was in southern Manitoba. I am sure this kind of thing is duplicated in other ethnic communities. It is interesting that we have this very full account from the southern Manitoba Mennonite communities, of course, who are in many ways very diverse. But I would think that similar kinds of experiences are very clear both for the urban, British, Scottish people as well as for rural Ukrainian people especially in the Interlake, and I know that there have been some studies of midwives in that area.

For example, in Steinbach in the period around the First World War, they did not have a midwife. They needed one very badly. They did not have doctors around, Sara Kroeker reports. They had heard of a lady in Minnesota, a Mrs. Neufeld who was really called a doctor with all her home remedies and experience. The congregation decided that they would let this Mrs. Neufeld come out to Steinbach. I am quoting from her account, Madam Speaker: Now that was the thing, she said, there would be a volunteer to learn for this thing as a midwife, and my mother wanted to. She would do that. So my mother and a certain Mrs. Peter Toews from Greenland also came for these lessons. For about three weeks they took lessons from Mrs. Neufeld, and many home remedies were written down.

The remedies, in fact, were written into a book which she kept and which she used, I assume, during the 600 deliveries that she registered in her life as a midwife in the Steinbach area.

So women teaching each other, education which is passed on, perhaps more an apprenticeship system from one woman to another was certainly part of the

education of midwives in this period. Others came with education from the old country. In this period, indeed right through until the 1970s, the training for nurses in some European countries, particularly Scandinavia, Holland, and Britain, also included midwifery training, often beyond the graduation level of a nurse. Those midwives trained in Europe have often been the major staff for much of the northern communities of Canada, not just Manitoba, throughout the 20th Century.

\* (1050)

Others learned. One of the very dramatic stories in the book by Katherine Martens and Heidi Harms is the story of a woman who came from Russia and, again, came to southern Manitoba. She was one of the ones who had been transported to Siberia during the Stalinist purges and who escaped from there on foot with her sister. They travelled under tremendous hardship to Moscow and then found an aunt, and through that aunt the woman who later came to Manitoba was trained as a midwife, trained, again, partly in a medical setting and partly in an apprenticeship and an assistantship role by experience, but trained very formally, and who brought those skills to Manitoba.

In Manitoba also we had two hospitals in particular, the Grace Hospital, which is the descendant of the Salvation Army Hospital, which used to be in my riding and now is in St. James, and the Misericordia Hospital, which still remains in my riding. Both of those hospitals began as a place for women to have their babies, often women who were destitute, often women, and very young women, who were having illegitimate children, as they were called in those days. So both of those hospitals in Winnipeg have had a very long history of dealing with obstetrical nursing as well as with dealing with the education of mothers.

Indeed that, I think, has been the focus of much of the change that we have seen in childbirth processes over the last 40 or 50 years. On the one hand, we have had the kind of political organization that has led to this bill, but I think we have also had and seen tremendous changes, particularly since the 1940s, in the education of women. What is remarkable as you read through the stories of the women from southern Manitoba is how many of them will say how little they knew, how little

they understood about their own bodies, how little they understood, even at the age of 17 and 18, about the process of childbirth and that the birth of the first child is a tremendous shock, not just to the system, but in fact to their emotions and to their ability to understand what was happening to them.

An educated mother, in the sense of childbirth but also in the broader sense too about health issues and about nutrition and about hygiene, all of those things contribute to healthier children and to healthier mothers. In the international world that was the focus and the direction of the midwifery movement. The International Confederation of Midwives, for example, in the period in the 1940s and '50s spent much of its time and much of its energy directed towards the education of mothers, not just in Canada obviously in what became known by then as the First World, but particularly in Second and Third World countries.

It was perhaps in that period, if we can put this—what I am trying to do is to put this into both a national context and international context as well as a family context.

My father was delivered by a midwife at home just before the First World War. The beginning of the Second World War, I was delivered by a midwife but in a hospital and during wartime conditions but at a time when there was a tremendous effort that was going into the education of women as well as into the education and assistance in nutrition of the new children who were born.

I was born also in a hospital which was also known as the workhouse. People in that community saw it as, in many ways, a tremendous shame on a family to go to the workhouse. My grandmother, in the end, went there to die, and I think her husband felt that the sending of anybody to a building that had once been the workhouse was a tremendous shame on the family and on him.

But Boundary Park, as it was called, is known probably to most of my generation as a football ground, but it certainly was a hospital that had been the workhouse and became, briefly, a maternity hospital. It has since become a very interesting research hospital and is the first one in the world, whatever we think of

it, but it was the first one in the world to produce a test tube baby, often spoken of as the greater Manchester area, but in fact it is Boundary Park Hospital, a relatively small hospital in Oldham.

So we see the changes from 1913, I think, to 1943, greater education of women, the ability to have access to hospitals that many women had not had before, the ability to have access to postnatal care which women had not been able to have before, and the ability to have access to public health and to nutrition that was so important during the Second World War at a time when every family was on a very limited form of rations.

The Second World War brought greatly expanded roles for women in many professions, in nursing, in medicine, and it brought of course increasing numbers of drugs and enormous attention to the building of hospitals and to the expansion of what we might call the high-tech end of childbirth. All of those are reflected, I think, in the 1950s and '60s and '70s as we see childbirth becoming much more institutionally based and to a much greater extent based upon technologies, based upon drugs, based upon—even at the level of vitamin use in the period before childbirth, the use of monitoring facilities, whether it is the very modern ones or whether it is the more rudimentary ones of the 1960s and 1970s.

Internationally, midwives in a sense were excluded from much of this, and the international midwife federation in that period became very much oriented towards the problems, as it saw them, of the post-Second World War period. That was, of course, the enormous expansion in population in parts of the world but which also included the first world. So along with their preservation of the institution of midwife, they also expanded their activities to become involved with the United Nations, with the new relief agencies, the World Health Organization, significantly, the International Labour Organization, as well as the United Nations international children's education and emergency fund, UNICEF.

Through those international organizations, midwives took on the role of family education, not just of delivering children but also of educating families and family planning, as well as in birth control in many parts of the world.

In the 1960s, Madam Speaker, women's education expanded as well. There are larger forces at work here. It is not just the internationalization of family planning and family care, but I think women's education expanded enormously. The vast majority of women in the industrialized world now began to have 10 and 12 years of education. Many of them, in the 1970s and '80s, went on to post-secondary education, something which before the First World War was limited to a very, very small elite. Out of that came, I think, a challenge to the roles that men had taken in society, as well as a challenge to the place that women had occupied both in the family and in society generally.

There was also tremendous faith in education. Those who had benefited from public education also had an enormous faith in its ameliorating powers and its powers to change the conditions of life for people. So we find in this period in Canada great expansion of the activities of the Victorian Order of Nurses, but particularly in family education in preparation for childbirth. The Lamaze association expands greatly in this period, and they begin to help women to understand the conditions that they face in childbirth. They also too begin to bring the father into the institution of childbirth in a much greater way than had happened before, certainly in urban areas. In rural areas, the father had been very much a part of it; but as hospitals and homes have taken over maternal care, the father had been very much excluded. So the movement of the 1960s and '70s of the VON and Lamaze and the inclusion of the father was really, I think, the part of the modernization of childbirth and part of what leads us to the kind of bill that we are facing today.

In Manitoba, we had a number of pioneers in that area. One of them is a man who is associated with the Misericordia Hospital, Dr. Abe Earn. Dr. Earn was one of the first to allow men into the operating room, or, as it was called, the delivery room, and he operated classes for women, pre-childbirth as well as for the fathers. Those were well known throughout Manitoba. Dr. Earn in fact was the pioneer in that and very much a part of the Misericordia approach to childbirth in the 1970s and 1980s. Education, he believed, was the key to an experience that I think had meaning for the whole family. I think that education created a generation who wanted more control over the processes of childbirth. They wanted control over the setting, control over who

would be there, control in that sense over their own body.

\* (1100)

It was in that period, if we are to put it back into the family context, that my own last child was born at the Misericordia with Dr. Earn, and it was one from which we benefited through Lamaze as well as from the Victorian Order of Nurses, as well as from the childbirth classes and the preparation within the hospital that Dr. Earn provided. But he was one of a number of other figures, and I think that probably every member of this House will know people who also learned from Dr. Earn and from the ideas and institutions which he brought to Manitoba.

The new feminism of this period, I think, wanted women to be not patients but participants. They wanted women with women, and that is the origin of the term midwife. It is an Anglo-Saxon word which means amongst women, and so the midwife is a woman who is amongst women. So, Madam Speaker, what I want to remind honourable members is that this midwifery bill is part of a much broader international context, that it is part of a historical movement that has taken place not just in this Legislature, not just in this province, but it has taken place around the world and particularly follows many of the same phases of the industrial world elsewhere.

What can Manitoba women expect from the legalization and the acceptance of midwifery in Manitoba? They can expect women assisting women. They can, I think, expect that their birth may be either in a hospital or it may be based at home. They may in fact have the opportunity, as my own daughter-in-law did, to benefit from that policy of Premier Rae in Ontario. My grandson was born about eight weeks ago, I think it is now, Benjamin Liam Felipe, and the Felipe is for the Expos manager for whom we all hope for great things.

Benjamin Liam Felipe was born with the aid of a midwife, one of the first of the graduates of the Ontario program as a midwife who spent weeks, as a doctor does, with the mother and father before the birth. During the birth, there were three midwives present, the officiating midwife, her supervisor and a new trainee

midwife. They are part of a group practice that has been established in Ottawa and which, like many practices across Ontario, is finding that its most difficult issue is in fact the turning away of patients. They simply are not able to cope with the number of patients that they have found are looking for and requiring their services.

The most important thing, I think, of the midwife delivery, at least for my grandson, was the fact that there was a visit from the midwife every day for a number of days after the birth in the house. After that, the midwife came every two days, and then gradually, over the period of six weeks, the visits were tapered off. I think if that is the kind of midwifery that we are going to have in Manitoba, there is an enormous benefit for Manitobans, who have seen the loss of public health nurses, the loss of public health services to new mothers right across the province. That would be an enormous one.

I must say, when I looked at the prospect of a home birth, my eyebrows raised a little bit. I am very much a child of the 1950s, I think, not of the 1960s, and gave my usual lecture to my son on does he have Plan B and does he know how to get to the hospital and has he got gas in the tank and has he thought of all of these things. The midwife and the home birth, I think, have been a very good experience for that family, and one in which my 1950 sensibilities, I think, were thankfully very much at the edge.

The spin-offs from the program in Ontario have been important for the rest of Canada. You will find, for example, in the Arctic, particularly in the eastern Arctic that midwives who have been trained under the Ontario four-year entry program have now gone to the Arctic and they are teaching midwifery in a number of those Arctic communities.

This is very important for northern Manitoba because increasingly what happened after the 1970s was that evacuation and hospitalization in a centre, whether it was in Churchill or whether it was increasingly in Winnipeg, became very much the practice, and childbirth became divorced from the community. Fathers often would not see their children for many weeks after the birth, and the royal commission on

aboriginal peoples was very clear on recognizing this as an issue for aboriginal people across the country.

During the 1940s, '50s and '60s, when there was a great expansion of aboriginal health care services, they did, in fact, deliberately import midwives from Britain. The nurses who had midwifery training, you could find them in just about every nursing station across the High Arctic. There was also in Newfoundland, the Grenfell-trained nurses also had access to midwifery training, as did a program that was created at Dalhousie University in the 1960s, and which also supplied many of these Arctic outposts. But after 1970, immigration policy changed and the ability to staff those nursing stations with people who had midwifery training, and who were legalized midwives as well as nurses, diminished greatly and evacuation became the main order of the day.

So I think aboriginal communities, in particular, if we judge from the royal commission reports, will look forward very much to specific proposals from this bill in its implementation phase for aboriginal communities and for an aboriginal transition and a return to the role of midwives in those communities.

I think there are a number of other issues, Madam Speaker, that we should be examining when it comes to the committee. The role of nurses in this and the assessment of nursing practice, I think, would be one. We are very concerned as to what kind of funding will be there for midwives and for the transition. In some provinces in Canada, midwifery is legal, but is not funded so, for example, in Alberta, on a sliding scale, you can certainly use a midwife, but it will cost you up to \$2,000. We are concerned about the demand that has been in evidence both in New Zealand as well as in Ontario. In Ontario, I understand that for every single patient who is accepted, five are turned away. We want to be sure that the government is aware of this, and that they are aware, for example, of the demand in New Zealand which skyrocketed within four years; 44 percent of births now in New Zealand are done with the aid of midwives.

We want to be sure that regional availability is there. I think there are concerns about the role that the regional health boards will be playing in this, and that is certainly something we will want to be discussing

with the minister. There are questions dealing with the assessment of practicing midwives, questions dealing with hospital-admitting privileges. Again, the role and responsibilities of the regional health boards is of great concern to those who have been so long pressing for and working on this bill.

We are concerned, too, about the prospects and the future of self-governing birthing centres, about the role, the place of the birthing centres, which have been provided in hospitals such as the Misericordia and which are no longer used and those which have been placed in hospitals like the Grace Hospital as well.

Madam Speaker, in conclusion, I want to suggest to all members of this House that this bill in effect is reflective of a series of larger changes across the world, as well as across Canada, that it has much to offer we hope for the women of Manitoba and particularly for aboriginal communities. But we are concerned about the details, we are concerned very much about the implementation of this, about assessment and, of course, always about the financing of such new, and we hope, very welcome measures.

\* (1110)

**Ms. MaryAnn Mihychuk (St. James):** Madam Speaker, I am pleased to be able to rise and put a few comments on Bill 7, The Midwifery and Consequential Amendments Act. It is a very significant time in Manitoba's history that we are actually in a position where we can become somewhat more sensitive to the needs and desires of Winnipeg, of Manitoba.

This is not only a women's issue, it is a family issue. As we see our society evolving, we see more and more involvement of family. I think that is a very positive step as well. This is a fairly significant bill. I congratulate the government for bringing it forward. It is an innovative, strong step. We support it and have been working on bringing forward such a bill with the health community for many, many years. It is indeed timely, actually past due in many senses.

Midwifery has a long history in human history. In early times, of course, childbirth was basically a women's issue where women were the ones who were central to birthing, central to child rearing. Women

were also the general healers. In fact, they were involved in the whole circle of life, in also the process of death. Women were central and integral to the health and well-being of a family. Then as modern medicine discovered the dangers actually of infections and disease, there were positives and negatives, in particular for women and birthing. Once science recognized the dangers of infection, many health procedures were done in a sterilized environment which improved the birth rate, but also had significant effects on the natural process of bringing a new child into a family.

Families were excluded from the birthing process. What was once a family event where many women were involved, that was changed, so that there was a very controlled number of people in the room. The location was changed. Childbirth was moved from homes to hospitals. This resulted in women being marginalized, excluded from the birthing process, and when we look back at it, I think was indeed a negative part of our history of childbirth. Not only was the process of birthing moved to preferably an establishment's concept hospital, but the profession or the whole realm of health care had become a man's world. Men were dominating in medicine. Men were the ones that were making the decisions and men were the ones in fact calling the shots. Madam Speaker, we then see women who are in a man's world in a sterilized, unfriendly, cold environment in hospitals ruled by males who have not, unfortunately, had the experience of childbirth or the history of childbirth.

Childbirth is one we all feel that we are experts in, and there is nothing like actually having a child, so that is why I say, if men could have children, we would be much advanced in our society than we are today. We have gone a long way. Many men are involved more in the process right there in the family room now, in the labour room, through the delivery. Some families are together right after the birth as well, but that still comes nowhere near to what most women experience and nowhere near what midwives knew of child birthing. So it was a long period of our history where males were dictating to women how and where their children should be born.

There was an anomaly to that situation, particularly here in Canada in the late 1800s and early 1900s when

there was a great deal of immigration into remote areas. Women then had control of their health needs and their environment, which was both a challenge and a positive. My own grandmother had her 10 children at the farmhouse in Senkiw. Unfortunately she lost three children and buried those children herself, but she also delivered another 10. But it was extremely difficult for those people in those areas. She was happy that the child was there in her home and that they were all a family, but when there was a problem it was particularly difficult to get help.

So from that we move into the period after the war; we move into the '50s. I will cite the example of my mother, who ran a boarding house in a small village which happened to have the hospital for the region, and that is in Vita. That was where women came to wait for their time of delivery. So women would leave the farms for perhaps a week, two weeks, sometimes a month and travel to the boarding house, to our home, and stay there and wait for the baby to come. Well, of course that caused enormous disruption for the family. It caused the separation of the younger children in the family, and it was very, very difficult for those women to be away from their family, from their supports and to be waiting for the birth of their child.

Then when the time came, Mom talks about many stories of walking women to the hospital. That in itself has to be a feat, when you have to walk to the hospital in labour, but when you got there many of those women stayed in bed for 10 days. By the time they were allowed up they were virtually paralyzed. No wonder it was such a difficult experience. The people that were deciding those procedures were obviously not in touch with what was best for women. Having total bed rest for over a week is not healthy for women, but I would suggest neither for many women is leaving the hospital after a few hours or one day, which is now the general practice. It is fine for some, and it is a choice they can take. However, the present system is virtually pushing women out of our hospitals, and that, Madam Speaker, is not a positive situation. So we go from the '50s where women were brought into communities for the birthing experience, kept into a hospital for seven to 10 days and then sent to their homes. Nursing was not encouraged. We were looking then at a time of bottle-fed babies. It was difficult to have any follow-up from

the doctor. In fact, you probably did not see the doctor until the delivery in the hospital and only at a checkup sometime after the birth.

We move into the '80s and we saw things quite institutionalized. Women in the '70s and '80s were given virtually no choice. All births were in hospitals. Procedures were determined for the ultimate convenience of the physician, mostly men, and it meant that there were procedures that were done as a standard course for all women with virtually no sound reason besides their convenience, and that includes forcing all women to experience enemas, shaving, episiotomies, stirrups, blinding lights and use of the operating room. These procedures made it easier for the doctor, no question. No question was it easier for the doctor, and many women were also sedated. But it was not good for the baby. It was not good for the woman. In fact, it was a very negative experience, and it took many, many years for women to fight and have a voice to change some of those situations.

Back in the '70s and '80s, many men were not involved in the situation either. They were starting to come—some—into the operating room to see the birth, and we all know that Darrin on Bewitched probably fainted. So that was the generation. We will take a look but, you know, it is all much too difficult for men to—[interjection] Yes, yes, and the major role of most men at that time was to pass out the cigars and brag about how long his wife was in labour and hope for a healthy, bouncing boy. But times have changed, Madam Speaker. Times have changed, and we are all grateful for that, actually.

Now, I have had the experience in the past two and a half years to fortunately have had two daughters, one who is two years and three months, and she was born at the Misericordia community hospital, a very positive experience, a family birthing room where our family was together, nursing staff that was sensitive and caring, a pleasant environment where you had to go through a very painful process, but it was an environment which was sensitive to those needs. My partner spent the night with us. In fact, we stayed there during the whole birthing process and went home as a family.

\* (1120)



The unfortunate part of that situation is that this government chose to close the birthing rooms at the Misericordia Hospital, chose to close the community supports in the core of the city. Where was my daughter, Hannah, born? The only choice available was at the Women's Centre. I am going to put on the record my experience just three months ago at the Women's Centre at Health Sciences was quite starkly different than the experience I had at the Misericordia. At the Women's Centre, which is a hospital that responds to all needs, intense health needs as well as general deliveries, it was extremely different. The labour room was something that we saw out of the medieval times, dark, dreary, cramped. I think the strategy there is to make it as miserable as possible so that you get through labour as fast as possible, because those rooms are not one that you would want to spend any time in. I challenge the ministers and the backbenchers on that side of the government to have a look at what women in Winnipeg have to put up with.

In fact, many northern women are brought into Winnipeg to have their children at the Health Sciences Centre. It is deplorable. This government should take responsibility from looking at the Misericordia which was a pleasant environment, that was family inclusive, to forcing people to go to the Health Sciences is shameful, shameful. This government is not sensitive to the needs of women. The labour rooms need to be totally remodelled. I challenge this government if they have a commitment to women and children and families, they will immediately look at the birthing facilities at the Women's Centre at the Health Sciences. You have closed down the Misericordia. What options are you giving women in the core of the city? I tell you the options are much, much worse, so you now have the responsibility to ensure that the health system responds to the needs of women and family and the families in the core.

From the labour room at the Health Sciences, you go to another floor actually and you end up in another room which also is unacceptable, extremely crowded, a very old facility, no privacy, no opportunity for your partner to spend time with you. He could, but you could hardly sit in the room. It was not enough room to bring in another bed or to have some time to spend together as a family. As you know, it is very important to bond. You want to keep the baby in the room itself

and have your children there with you and have your spouse with you as well. That is not possible at the Health Sciences Centre, as it is in the present condition. I would ask the government that since they have shown vision in Bill 7, moving toward some of the needs of women, that they look at the deplorable conditions of the birthing facilities at the Health Sciences Centre, Women's Centre, and in both cases need to be drastically remodelled.

Madam Speaker, the member for Lakeside (Mr. Enns), who is a neighbour of our family's, is a senior member of this government and I believe he has heard our concerns. I will pass them on and I look for changes. I look for some leadership and hope that the women that will continue to have—this is not my case, I put it on the record, no more children for the member of St. James. I will not be able to experience it personally, but I will be there for my grandchildren, I hope. We will be looking for improvements of the situation at the Health Sciences Centre.

Madam Speaker, the other part of this bill which is indeed very positive is that midwives will provide a continuum of care. Presently there is a process where you see your physician occasionally prior to the birth. If you are lucky you have a physician, your own physician at childbirth, but in my case it did not happen in either daughter. It was the physician on call. In fact, it was the nurses who in all practicality delivered the babies, and which I felt very comfortable with because they are with you and your family through the process of birthing. It seems very natural, and they were very experienced professional people, ready and able to deliver my daughters.

After the birth of babies nowadays, you see your physician probably the next day in the hospital and then six weeks after, and that ends your relationship for that time with your doctor. That is not sufficient, that does not provide a continuum of care, but this bill and this approach would which is a very positive experience. You have the midwife with you prior to delivery, during delivery and after, which is indeed much more beneficial to women than is the present situation.

Madam Speaker, I would just like to also cite another personal experience which cites the need for midwives. During the 1970s, I spent a lot of time in the North and

was in a remote fishing camp on Reindeer Lake where I had the opportunity to work one summer. There was a community of First Nations people that were providing various supports for the camps, such as the guides and their families who were also living on an island not far from the camp actually. A young woman was preparing to leave, actually. She was eight months pregnant, one month to go before the delivery of the baby, and was packing up and waiting for the next skid to arrive because she had to go to Winnipeg to give birth to her daughter.

Madam Speaker, that is totally unacceptable. That young person was pulled out of the North; this is close to the Northwest Territories, very, very different environment. A young woman, uncertain, afraid, taken away from her family supports and brought to Winnipeg. She was prepared to stay in Winnipeg for two months, and it was a very uncertain and terrifying time for her, and it left an impression on me that I will never forget.

Those things hopefully can change. The women in the North, through this bill, I hope, will be able to receive birth and care in their communities and be able to stay and be in an environment that is supportive, familiar and there for them and their children. So the midwife bill is important to women, important to men, important to families. I am proud to support it and am very pleased that we are moving ahead with some options, some choices for women and families. Thank you, Madam Speaker.

\* (1130)

**Madam Speaker:** As previously agreed, this bill will remain standing in the name of the honourable member for Transcona (Mr. Reid).

### **Bill 8—The Real Property Amendment Act**

**Madam Speaker:** To resume second reading debate on Bill 8, The Real Property Amendment Act; (Loi modifiant la Loi sur les biens réels) on the proposed motion of the honourable Minister of Consumer and Corporate Affairs (Mr. Radcliffe), standing in the name of the honourable member for Kildonan (Mr. Chomiak).

Is there leave to permit the bill to remain standing?  
[agreed]

**Ms. Diane McGifford (Osborne):** Madam Speaker, although I am not speaking on the midwifery bill today, I wanted to add my endorsement to everything my colleagues have said and particularly to thank the member for Lakeside (Mr. Enns), who has agreed on the record today to take these concerns to his caucus members and to his cabinet, especially the concerns with regard to the Health Sciences Centre, so we thank him for his willingness to do that.

Earlier today, Madam Speaker, I spoke with the Minister for Consumer and Corporate Affairs, who was slightly surprised to hear that I would be speaking on this bill, although I must confess he seemed to be quite delighted that I was speaking on the bill. Of course, it is perfectly logical that I should speak on this bill, since this bill does affect the lives and rights of women in Manitoba and since I am the critic for the Status of Women.

I am very pleased to see, Madam Speaker, that The Real Property Amendment Act, Section 94, Part A, would strike out “his” and substitute “his and her” and further on in Section 94, Part C, would likewise do the same, strike out “his” and substitute “his or her.” At the same time that I am pleased to see this change in language, I must say that I have mixed feelings. I say this, because while the change in language is positive and it recognizes the presence of two sexes in our society, in our world, yet at the same time, this government's abandonment of women is so enormous that one suspects that expanding the pronouns may not be accompanied by an expansion of consciousness when it comes to fairness. However, we will wait and see. It is, as I have said, a positive change in language and we salute a positive change in language. We believe that this change would advance the status of women in Manitoba, and this, of course, would be good news, because as I have said before, good news for Manitoba women has been conspicuous during this government's reign, conspicuous most often by its absence. So this cheers us; it gives us cause to be happy.

Madam Speaker, I know that there are those elements among us who think that language is insignificant and

that the difference between "his" and "her" is irrelevant. I am not among those individuals, nor are members of our caucus. For example, we think it was very fortunate that the Manitoba Museum recently became the Manitoba Museum and abandoned the title "The Museum of Man and Nature." During this time we supported that move, and we felt that those who would stick to the old title were quite anachronistic and had a very regressive attitude. We were very pleased to support the change in that name. I know that the name was changed in response to community concerns, and the museum recognized the need to change and, with all due respect, the government supported that too.

Women's groups, and particularly feminist groups, will appreciate the change that the Minister for Consumer and Corporate Affairs (Mr. Radcliffe) is introducing to The Real Property Act. I, for one, Madam Speaker, will be pleased to inform women's groups when I am in touch with them that the minister is making this change, because I do think that the move from "his" to "his and her" is significant. Here, of course, we are talking about language, we are talking about the power of language. What I want to do here today is speak against the attitude that words are merely semantic, that they do not matter, and I know this is, as I have said earlier, an attitude that some would take. People who take this attitude I think are, as I have said, anachronistic; another term might be dinosaurs. They are the kind of person who usually argues that feminists are fanatics, that they are fuelled by unnecessary and outrageous anger. Some make this kind of statement when women argue for equality and women argue for nonsexist language, when women argue for fairness. We are always going to have this element among us, but of course, that does not characterize this side of the House.

I want to add parenthetically here, Madam Speaker, that I hope that the fact that the Minister for Consumer and Corporate Affairs is bringing this bill forth means a change on his part, a change in heart when it comes to women. I say this, because I remember the minister's vitriol and diatribe in the fall of 1995 when I introduced a private member's resolution on pay equity. At that time, the minister talked about threats of communism and the disintegration of East European nations. He talked as if pay equity, as if fairness, as if decency, fair

wages for women could possibly lead to political disintegration.

I think I am just going to quote briefly from that debate since I think it is very relevant to the status of women in this province, to this bill and to this government's record when it comes to women. This was a resolution, as I have indicated, on pay equity and, in introducing and in speaking about the resolution, I said: The resolution before us addresses an issue which tradition places near the heart of New Democrats and which is in conjunction with our policies. Equity issues are very much a part of our commitment to social and to economic justice and to the full and equal participation of women in all aspects of community life. I trust that our just cause can, and should be, shared by the members opposite. Therefore, it seems to me that all fair-minded members of this Legislative Assembly will support this resolution, which is modest, asking only that the House urge our government to study pay equity legislation in other jurisdictions and, secondly, urge the Minister of Labour to begin consultations on the extension of pay equity legislation in Manitoba.

I think that is fairly representative of what I said in connection with this resolution. Now, here are the remarks of the now Minister for Consumer and Corporate Affairs (Mr. Radcliffe), I think again a representative passage from his speech: Madam Speaker, there is another concept which I believe must be addressed, that if the government is to apply pay equity and force it on the market, we can parallel that, or we can analogize that to the economy that was in place in the Soviet Union, a centralized, top-down, arbitrary economy which becomes totally out of control, totally unrealistic, totally unrelated to the actual moving forces of the market. We all have seen what happened to the Soviet economy. We have all seen what happened to the economy in Eastern Europe. It fell through the weight of its own insurmountable, top-heavy bureaucracy, and if pay equity were forced into the market by government, and that has to be the essential point that this resolution is suggesting, then the net affect would be that we would go the way of the dodo. Our economy would go the way of the Soviet economy, and it would collapse upon itself. This is an insidious resolution, this is a dangerous resolution. It is going against the free flow of the marketplace. One of the underlying concepts of labour bargaining is the

value of seniority. Now, this concept of pay equity is in direct odds to the concept of rewarding seniority.

\* (1140)

Now, Madam Speaker, I could continue but I think I have made the point that on October 26, 1995, the now Minister of Consumer and Corporate Affairs was too busy looking for communists under beds to really consider women's issues, to really consider the importance of fairness for women in Manitoba. Consequently, he railed against pay equity. Now, I am hoping that though the minister did not support pay equity in October 1995, did not support it at all, that perhaps the minister has changed his mind. Maybe the next time we introduce a resolution on pay equity, a private members' resolution, he will support it. Who knows, maybe this minister will even introduce his own resolution on pay equity.

Madam Speaker, I can envision a meeting on Wednesday morning of the Tory cabinet, see everybody sitting at the table, the Premier (Mr. Filmon) at the head, kind of as the local padrone, and in comes the Minister of Consumer and Corporate Affairs with a great new idea. He declares to one and sundry that he began with amending "his" to "his and hers" in his bill on The Real Property Amendment Act, and from there he has decided that pay equity is where it is at. He has advanced to pay equity. I can see him slowly converting the Tory caucus. Surely, the first member to be converted would be the Deputy Premier (Mr. Downey), whom we all know to be a champion of women and in fact likes women so well that he takes his wife on government business with him, and although he pays for it with taxpayers' money, I am sure if he had to pay himself he would still do the same. Also, we know he likes women because he hires other politicians wives to well-paying jobs. So I am sure he would be a convert.

Perhaps, the next convert would be the Minister—let us see, who would be next? [interjection] Well, perhaps the next convert would be the Minister of Health (Mr. Praznik) who has very wisely I think introduced The Midwifery Act, so perhaps he would be the next convert. I can even imagine the Premier (Mr. Filmon) slowly changing his mind, going over and deciding that pay equity is where it is at. [interjection] Now, we are hearing from the minister from Lakeside that he would

not support pay equity, and we are not surprised. So perhaps he would be the last person to line up with the Minister of Consumer and Corporate Affairs (Mr. Radcliffe) when he introduced this pay equity to the Tory cabinet.

I know for sure there would be one voice decrying pay equity. Unfortunately and very sadly, Madam Speaker, that would be the voice of the Minister for the Status of Women (Mrs. Vodrey). because a few days ago in Estimates when I talked about pay equity with the Minister for the Status of Women, she assured me that this was not the right time, that it was too soon. As if it can ever be too soon for fairness, as if there is ever a right time to be wrong. Nonetheless, that was the voice of the Minister for the Status of Women. So I just want to warn my colleague from Consumer and Corporate Affairs, if he plans to advance, become a real champion of women, if he plans to introduce a bill on pay equity to the Tory caucus and try to get it to the Legislature, he is going to have to deal first and foremost, sadly but true, with the Minister for the Status of Women. We hear today by his own reckoning with the Minister of Agriculture (Mr. Enns), the member for Lakeside, and perhaps there would be some other members, too.

One of the things that does distress me about the Minister of Consumer and Corporate Affairs (Mr. Radcliffe) is that he did refer to me quite recently, and I want to quote accurately. So he did refer to me as the critic for women's affairs or feminine issues, as though I was some sort of legislative Ann Landers receiving letters from the legislative lovelorn. Of course, I think it is very important that the Minister of Consumer and Corporate learn the difference between feminine and feminist. I suggest that to him.

So, Madam Speaker, the Minister of Consumer and Corporate Affairs, through this bill, may well have changed his mind about promoting the equality and full participation of women in our society. I want to point out that many government members have not, and I have already indicated that one of the leaders in noncompliance here is the Minister for the Status of Women (Mrs. Vodrey).

I think if we examine the government's record on women, and take a look at some of the decisions that

they have made, we will see that despite the fact that the Minister of Consumer and Corporate Affairs will champion "his and hers," there may be dissenting voices in his caucus. For example, I want to make reference to the former Minister of Government Services, now resigned. I am referring to the former member from Portage. The former member for Portage almost a year ago refused to allow women from the women's poverty march to camp in the legislative grounds. I think it is fair to say, when I spoke and asked him in Question Period about it, he was rather rude. But let that stand; let me move on.

Here we are today speaking about language. We are speaking about "his and hers." It strikes me, Madam Speaker, that the truth is that the former Minister of Government Services did not allow these women from the women's poverty march to camp here, because the real problem was that these people were all "shes" and not "hims." If you take my point, they were all women and not men. After all, who wants a load of poor women, protesting poverty and discrimination out there on the grounds of the Legislature. It seems to me that was the real reason that the former Minister of Government Services would not allow these women to camp on the grounds.

As well, I understand a former minister of Culture, Heritage and Citizenship had, during the minister's particular term in this ministry, issued a directive that women in her department were to be addressed as Mrs. or Miss and not as Ms., which seems to me an incredible restriction of choice. It seems to me to be socially and politically regressive. It seems to me to show absolutely no understanding of the women's movement, and the work that the women's movement has been doing since the late '60s, and the work that women did far before that time. I found that quite shocking when heard this rumour.

To return to some other matters regarding this government's record on women, of course what I am trying to do here is to weigh the government's decision—and I presume everyone is supporting this bill since the bill is before the House—to amend The Real Property Act to include "his and hers," which presumably shows some understanding of the fact that there are women in this society and they deserve to be recognized, to weigh that side by side with the

government's record. The more I weigh it, the more it seems to me that probably the change to "his and hers" is cosmetic, window-dressing, and does not really show any expansion of consciousness. I think I said initially that expanding pronouns is not necessarily accompanied by an expansion of consciousness. It seems to me as we examine this, as we talk about it, as we get into this issue, it seems to me that was probably true.

So let me speak a little bit more on the government's record when it comes to women. I am going to speak extensively in a few minutes about health. But let me point out that one of the things that this government has done really is end universality regarding health care. Difficulties in obtaining medication, glasses, dental care all impinge on women. We know that when women have to pay for eye appointments to have their eyes examined, a lot of mothers are going to skip it because it costs \$50, and they would rather spend the \$50 on their children. We know that a lot of women who probably would need medication would probably not get it if it meant taking money away from their children. The same goes for dental care. I know that the cancellation of the Children's Dental Program would impinge on women who would then forgo things in order that they could afford things for their children.

\* (1150)

Secondly, Madam Speaker, there is the attack on social assistance recipients. I speak here specifically to the attack on single parent families with children over six. We know statistically that 85 percent of single parent families are headed by women, and something like 59 percent of those women are living in poverty. We know that this government has done little to alleviate that poverty, and in fact it was social assistance recipients—it is forcing the single parent with kids over six, forcing that parent to become a part of the labour force—and this is the very sad thing—without providing adequate child care.

I see the changes in child care as a third attack on women, because we know that women are still primarily responsible for bringing up their children and for their children's well-being.

We know that this government has frozen child care spaces as far as subsidies go. We know that the

government does not pay a full subsidy, but pays, I believe, in subsidized spaces \$16 a day. Most daycares add a top-up of \$2.50, which, when a parent, usually a woman, has kids in daycare, a couple of them is \$5 a day. We can all do the mathematics and find that that makes daycare almost an impossibility for some parents, particularly single parents, and particularly that 85 percent of single parents who are women, and women cannot go out and work with an untroubled conscience, with an easy heart, if they know that their children are not getting the kind of care that their children require.

When I was speaking about health care, I should have mentioned the attack on nurses, because nurses have been attacked by this government, and the nursing profession is dominated by women. I should have also mentioned the attack on home care. I believe it is 90 percent of home care workers are women, and the government has not exactly done itself proud when it comes to home care.

One of the other things that has penalized Manitoba women, one of the other things introduced by this government is the \$25 fee which is necessary to access Legal Aid. I cannot quite remember what the annual income has to be in order to entitle a person to access Legal Aid, but it is extremely low, and very few of these persons are likely to have the \$25. I bring this up, Madam Speaker, in relationship to women because many women believe they have strong maintenance cases, strong cases to have their maintenance increased, but if they do not have the \$25 to seek Legal Aid, to pay that in to order access it then, of course, their Legal Aid case will go nowhere.

I might also address the issue of violence against women. The other day in Estimates, the Minister for the Status of Women (Mrs. Vodrey) proudly boasted that Manitoba had the best string of—she may not have used the word “string”—but the best shelter system in Canada. She might have said in the world.

**An Honourable Member:** Right.

**Ms. McGifford:** The member for Lakeside (Mr. Enns) is supporting that, but merely saying it does not make it so, and I know that other provinces in Canada may well claim that title for themselves. Our neighbours in

Saskatchewan or our far western neighbours in B.C. may well make that claim. I know our neighbours in Alberta or Ontario cannot, especially Ontario, because the Tory government in Ontario has made shelters for women almost impossible. has made shelter for women almost impossible.

The minister can proudly boast all she wants about the shelter system for women, but it remains, Madam Speaker, I think, a public disgrace that women in Manitoba are allowed to stay in public shelters for 10 days and have to make a decision in 10 days. Imagine the scenarios of women turning up at shelters with a family, badly beaten, bruised, in some cases requiring hospital treatment, and these women are expected to make lifelong decisions in 10 days, because that is the time they have in shelter.

I say, shame on this minister. She should not be boasting about it at all. She should be talking to her colleague the Minister of Family Services (Mrs. Mitchelson), who makes this kind of horrendous rule, not bragging in the Legislature during Estimates. As I said, shame.

The other thing that the Minister for Status of Women was bragging about was the family court. It is true that we have a Family Violence Court. We have a Family Violence Court in Winnipeg, but where else in the province do we have it? The minister claimed that there was a Family Violence Court in Brandon, but my colleague from St. Johns has had great difficulty in tracking it down, such difficulty that I think he started to term it Casper, the Casper court, yes, the phantom court.

Anyway, talking about the Family Violence Court in Winnipeg, I know, Madam Speaker, there are long waiting lists in order to access this Family Violence Court, very long waiting lists, and I know, too, in cases of family violence, the best way to proceed with family violence, the safest thing for all concerned, especially the women and children, is for it to proceed as expeditiously as possible, because until the court has heard the case, the batterer can well be cruising around the city knocking on that woman's door at night, waiting around the corner, and she is at very, very grave risk.

So Family Violence Court, yes, but creating a family violence court is one thing, making a family violence court that actually works is another thing. I, for one, do not think that this Family Violence Court is working just as it should. I realize I have very little time left, Madam Speaker. I did want to point out that the Minister for the Status of Women (Mrs. Vodrey) talking the other day about her record on ending violence against women neglected to point out that we are still awaiting the Lavoie Inquiry, the report of the Lavoie Inquiry, which was due on June 30, 1996, and it is what, May 15, 1997?

When I asked the Minister of Justice (Mr. Toews) about it one day, he became rather, I thought, rude, and said that he, for one, would not interfere with the judicial process. Well, Madam Speaker, maybe he would not interfere with the judicial process, and more power to him, but in the interim it is certainly possible that women are being injured. Women may have died because we do not have the benefits of those findings. So there are two sides to that argument.

Madam Speaker, as I said a minute ago, I realize my time is running out. There is one thing that I did want to suggest to the minister for Consumer and Corporate Affairs (Mr. Radcliffe), and that was I thought his amendment of course is good. We certainly appreciate it. We are not sure that it is going to be accompanied by an expanded consciousness, but you know, I wonder if the Minister of Consumer and Corporate Affairs would consider substituting, not "his or her" for "his," but why not, as he plans to do, strike out the "his" and substitute "her and his." It is a small suggestion, but why not do it. It could be a first. It could start a trend.

**An Honourable Member:** Put women first?

**Ms. McGifford:** Put women first, Madam Speaker. It would not cost a penny to put women first.

**Madam Speaker:** Order, please. When this matter is again before the House, the honourable member for Osborne (Ms. McGifford) will have 11 minutes remaining. As previously agreed, the hour being 12 p.m., this House is recessed and will reconvene at 1:30 p.m. this afternoon.

# LEGISLATIVE ASSEMBLY OF MANITOBA

Thursday, May 15, 1997

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