

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

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

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

<b>Member</b>	<b>Constituency</b>	<b>Political Affiliation</b>
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ASHTON, Steve, Hon.	Thompson	N.D.P.
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<i>Vacant</i>	Inkster	
<i>Vacant</i>	Lac du Bonnet	

**LEGISLATIVE ASSEMBLY OF MANITOBA**

**Thursday, May 26, 2011**

*The House met at 10 a.m.*

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

**ORDERS OF THE DAY**

**PRIVATE MEMBERS' BUSINESS**

**House Business**

**Mrs. Mavis Taillieu (Official Opposition House Leader):** Mr. Speaker, I wonder if there's leave to proceed to Bill 205, The Regional Health Authorities Amendment Act (Mammography Accreditation).

**Mr. Speaker:** Is there will of the House to go directly to Bill 205, The Regional Health Authorities Amendment Act? *[Agreed]*

**SECOND READINGS—PUBLIC BILLS**

**Bill 205—The Regional Health Authorities Amendment Act (Mammography Accreditation)**

**Mrs. Myrna Driedger (Charleswood):** I move, seconded by the member for Morris (Mrs. Taillieu), that Bill 205, The Regional Health Authorities Amendment Act (Mammography Accreditation), be now read a second time and be referred to a committee of this House.

*Motion presented.*

**Mrs. Driedger:** Mr. Speaker, this bill amends The Regional Health Authorities Act to require that every regional health authority use mammography machines that are currently accredited.

A freedom of information document from CancerCare in 2009 indicated that there were two machines in Manitoba that were not accredited and all of the rest were. Both are located in Winnipeg. One happens to be at St. Boniface Hospital and the other one at the Breast Health Centre.

Mr. Speaker, a current review of the accreditation website indicates that there have been no recent changes to the number of accredited machines in Manitoba. And also, in speaking yesterday with the accreditation program of the Canadian Association of Radiologists, it was confirmed that these machines are, indeed, not accredited.

Mr. Speaker, Manitobans face such a significant challenge dealing with breast cancer that they shouldn't have to worry about the accuracy of their results. And that is the essence of why we have put forward a private member's bill, is so that when men and women who have to go for a mammogram know that, indeed, the machine is working at its best, that there are no problems, that the staff are indeed qualified and meet all of the standards in carrying out mammography in Manitoba.

*Mr. Mohinder Saran, Acting Speaker, in the Chair*

Women deal a lot with a lot of stress in breast cancer. So I think it's really important that we don't add any more stress on top of them and that we eliminate as many challenges and concerns for them as we can. That means making sure that the equipment is in top working order and that everybody working with the machines are qualified and skilled.

Mr. Acting Speaker, breast cancer is the most common type of cancer diagnosed in Manitoba women, affecting one in every nine women, so we know that there are a lot of women that are going for mammograms. And I think it's really critical that these women have access to machines that everybody can say are in top working order.

Now, according to the Manitoba Breast Screening Program, in 2010 approximately 900 Manitoba women will be told they have the disease. Those numbers are quite high.

Now, mammography is currently the most accurate diagnostic modality available for the detection of breast cancer, so everybody relies on these machines. However, in order to have an effective mammography service, it is essential that mammography be performed to meet rigorous quality requirements. The Canadian Association of Radiologists Mammography Accreditation Program

is an initiative instituted over 15 years ago to ensure that the quality of mammography images meets the highest standards.

This voluntary program offers radiologists the opportunity for peer review and evaluation of their facility, staff qualifications, equipment performance, quality control and quality assurance programs, image quality, breast dose and processor quality control. The impetus for the program came as a result of the concerns of radiologists, other national medical organizations and the public that only qualified personnel perform and interpret mammograms and that dedicated mammography equipment remains optimally operational to ensure that women receive mammography examinations with the lowest possible dose and risk. Equipment calibration, performance, quality control activities, continuing technologist and radiologist education are all evaluated.

As you can see, Mr. Acting Speaker, these are all, I think, very, very good aspects of an accreditation program, and they are looking at all facets of how to run a mammography machine. And it's important, I think, that we ensure that when we are looking at all of the machines, that all of these aspects are part of the accreditation and that the—that accreditation is mandatory. I think we owe that to the women who are going through the many, many stresses they do go through with a diagnosis of breast cancer.

Today, nearly 650 facilities enjoy the benefits of being accredited through the Canadian Association of Radiologists, and their acronym is CAR, C-A-R. And this number continues to grow. Facilities successfully completing all the CAR requirements will be granted accreditation for a three-year period and will be listed on the CAR website, so any woman can go to the website and actually see which machines in Canada are accredited. We can go to the Manitoba section, and in there, you will see all of the machines that are accredited.

This program places a major focus on quality and, as a result, would inevitably increase overall quality within the system and would be a quality improvement initiative for Manitoba. And I think that's really important because, Mr. Acting Speaker, this is about ensuring safety. Not long ago, we heard about a mix-up in some of the tests following a biopsy, and because of the mix-up in the tests, two women with breast cancer were wrongly diagnosed. One woman who had breast cancer didn't know she

had it and, because of the misdiagnosis, had to wait an extra long time before treatment could be started. We want to ensure through a program like this that we can take away some of those challenges and eliminate the possibility of mistakes that can be made. And that's the intent of the legislation.

\* (10:10)

According to an April 2009 *Globe and Mail* article, about 150 hospitals and clinics across Canada are operating breast cancer screening machines that have failed a national quality test, have never been tested or are no longer being tested. Mr. Acting Speaker, for thousands of Canadian women, that means they are being screened on equipment that is too old or of questionable quality. It could also mean that they are being sent to facilities that have let their accreditation with the Canadian Association of Radiologists lapse.

Mr. Acting Speaker, women should have the comfort of knowing that when they go for a mammogram, that all machines are working well, that the staff are qualified and that their diagnosis are accurate.

I would note that Alberta, Nova Scotia, Québec and British Columbia are the only provinces in Canada that make accreditation mandatory. I think there's no reason that Manitoba should not be part of that, to ensure that the women in this province have that same comfort level as the women in Alberta, Nova Scotia, Québec and British Columbia. Presently, accreditation of mammogram machines by the Canadian Association of Radiologists is voluntary in Manitoba.

In Winnipeg, we have two machines that are not accredited—one is at the Breast Health Centre and their machine is 12 years old. Now, a lot of women go to that particular program, which is an excellent program in Winnipeg, but I think what needs to happen with that machine at that program is that the mandatory accreditation be placed on it.

The other machine that is not accredited is at St. Boniface Hospital. Now that machine is 16 years old and that accreditation has lapsed. Mr. Acting Speaker, I don't think that that is something that we should be accepting of in this province.

According to the April 2009 *Globe and Mail* article, women being tested on these machines may be having mammograms on machines that are too old or of questionable quality.

And, Mr. Acting Speaker, if this bill is passed, there would need to be a grace period to allow these machines to be accredited, and give them the ample time that they need to do that.

The reason, Mr. Acting Speaker, I feel so committed to trying to see something like that happen here is because I have been through two breast cancer scares; I have had two biopsies and, in fact, I'm quite familiar with the breast health program that is offered across from St. Boniface Hospital. I've been very lucky in that my results came back negative, but I know the stresses that women go through as they are dealing with this. And I have to say the stresses are phenomenal, especially when it takes a long time sometimes for the results to come back.

And so as somebody who has gone through these fears, I'm very committed to trying to improve the breast cancer screening, the treatment program in Manitoba, and I think this step would be one further way that they can do that. And I really would urge the government to look at passing this private member's bill, because I think this would be a bill that would help Manitoba women in many, many ways. Thank you, Mr. Acting Speaker.

**Hon. Gord Mackintosh (Minister of Family Services and Consumer Affairs):** Mr. Acting Speaker, the Province has made very significant investments and enhancements regarding the diagnosis and treatment of cancer in Manitoba over the last 11 years and, in particular, has made a targeted and new effort to improve screening and treatment, as well as better support for breast cancer patients.

When it comes to screening then, first of all, we continue to expand breast cancer screening initiatives because we know how important early detection is in saving a life. In March 2011, we announced funding for two new mobile breast screening vans which extend comfortable and convenient screening opportunities for women in over 80 communities across the province.

Earlier, in June of '08, we announced 10,000 more breast screens per year to hit the Canadian Cancer Society's target of 70 per cent screening for women ages 50 to 69. That puts us on track for 55,000 screens annually, more than double the 22,805 screens done in '98-99.

Now, according to the most recent numbers that we have from Statistics Canada, 71 per cent of

women, apparently, were screened within the previous two years. And, according to the Canadian Cancer Society, the breast screening—or the breast cancer survival rate in Manitoba is 86 per cent, up from 79 per cent in 2002.

The average wait time to get results for all 45,552 women who had mammograms done in '09-10 was 4.4 days, and 99 per cent of women received their results within two weeks. We know that for some women a mammogram is but one test that they might require when professionals determine whether or not they might have breast cancer. Women with a positive diagnosis receive multiple sophisticated tests to confirm a breast cancer diagnosis, such as further mammograms, ultrasounds and biopsies.

Mr. Acting Speaker, when it comes to treatment, we introduced a wait-time guarantee for radiation therapy to ensure that no one will wait beyond the medically recommended benchmark of four weeks, something the previous government refused to do despite dangerously long wait times for radiation therapy, at six weeks in '99. The current median wait for radiation therapy for breast cancer, we're advised, is less than three weeks; that's 2.9 weeks in January 2011, which is below the recommended benchmark of four weeks. The median—or the median radiation therapy wait for all types of cancer is less than one week.

The *Free Press* has reported on a very positive program in Manitoba for breast cancer patients who require surgery and reconstructive surgery that allows them to get both procedures at the same time. And I quote from the *Free Press*: Since 2004, Winnipeg has been the only city in North America to offer women the opportunity to have both surgery to remove cancerous breast tissue and rebuild a breast at the same time. To date, Dr. Ed Buchel and Dr. Tom Hayakawa have performed the reconstruction on 606 women. This not only means one surgery instead of two, but shortens the journey for women with breast cancer as well.

This bill before the House this morning amends the—attempts to amend the RHA act to require every RHA to use mammography units that are currently accredited by the Canadian Association of Radiologists or other accreditation body that's designated in the regs. But, under the present Manitoba Quality Assurance Program standards, all mammography facilities in Manitoba are already required to participate in the Canadian Association of

Radiologists accreditation program. So, the program's primary function is to accredit diagnostic facilities and to monitor compliance as well as to ensure that these facilities are encouraged to meet national and international best practice standards which, in turn, ensure the best outcomes with patients.

The Canadian Association of Radiologists Mammography Accreditation Program initiated a program 15 years ago to ensure that the quality of mammography images meets the highest standards. This accreditation program offers radiologists the opportunity for peer review and evaluation of their facility's staff qualifications, equipment performance, quality control, quality assurance programs, image quality, breast doses and processor quality control.

Mr. Acting Speaker, CancerCare Manitoba and the Manitoba Breast Screening Program require all of their mammography equipment and machines and facilities are accredited by the Canadian Association of Radiologists. And to maintain that accreditation, the sites have to provide yearly updates and apply for reaccreditation every three years.

\*(10:20)

Mr. Acting Speaker, the Manitoba Breast Screening Program is equipped with seven mammography machines. Six are accredited and one is in the reaccreditation process. Health Sciences Centre equipment has received notification of full accreditation from the Canadian Association of Radiologists. St. Boniface General Hospital and WRHA's Breast Health Centre are preparing for accreditation of their mammography equipment as we speak. There are 18 mammography machines in Manitoba. The private radiology clinics contain five of the 18 machines.

So, in conclusion, Mr. Acting Speaker, the legislation is an attempt to move from standards into legislation. That is not the introduction of new standards or a change in practices and the protections for Manitobans and any new assurances on the standard of our programming. It is simply a movement from one area of requirement to another. So there is no practical change and benefit for those who are subject to mammography, or maybe in the future, it's no new idea. It's another example of a tired opposition that's out of steam.

**Mrs. Heather Stefanson (Tuxedo):** I would like to thank the member for Charleswood (Mrs. Driedger) for bringing forward this bill, The Regional Health

Authorities Amendment Act on mammography accreditation.

I believe this bill was brought forward, Mr. Acting Speaker, as a result of a freedom of information request that came back from CancerCare Manitoba, that told my colleague from Charleswood, that—and quite to her shock and to all of our shock—that there are mammography machines in Manitoba that are not accredited. And this is what this freedom of information request said when it came back. And it indicated that there were two machines that were not accredited, that are both in Winnipeg, one at the St. Boniface Hospital, and the other, which is even more alarming, at the Breast Health Centre, which is where the majority of women go for their mammographies and have the chance to see whether or not—and have these tests done—to see whether or not they have breast cancer.

And I can tell you, Mr. Acting Speaker, that we—my mother had cancer as well, and she didn't have breast cancer; she had ovarian cancer. But I can tell you, just the stress around someone that is diagnosed or finds a lump or is uncomfortable in some way, they go and they get the tests, and the waiting for those tests to come back is one of the most stressful things that people can go through. And it's not just the women that go through this, but it's also the families that are involved, that are extremely affected by the results and just waiting for those results to come back.

And I think one of the most stressful things beyond that, Mr. Acting Speaker, is when those results come back, you want to ensure that the patient can believe that those test results are accurate. And what we're finding here is, and what one of the problems here is, with what's happening in Manitoba, is that we've got these machines that could potentially bring forward diagnosis that aren't correct and aren't accurate because the machines are not accredited. And that's why I want to get back to thanking the member for Charleswood for bringing this forward.

This is an ongoing issue in Manitoba, it has been for years. But I want to thank her for bringing it to the forefront and putting it on the Order Paper, and having us—giving us the ability to debate this in this Manitoba Legislature today. Because I believe if she didn't bring it forward, then the government wouldn't have taken action to even look into seeing whether or not all of the machines in Manitoba are, in fact, accredited.

And we heard from the member previously, who just spoke, that now they're looking into it, now they're going to see whether or not they are accredited. And I will thank the member for Charleswood for bringing this forward in the Manitoba Legislature because I believe if she hadn't, they wouldn't even be looking into it.

And, Mr. Acting Speaker, the problem that I have with all that is that this government is very much in a crisis management mode. And everything—they won't act on anything. They won't be proactive on anything until members of the opposition, unfortunately, have to bring these issues to the forefront and make sure that they understand what the issues are and make sure that they look into them so that there is no—and in this case, these are the accreditation for mammography machines in Manitoba. This is an absolute no-brainer. All of the members of this Legislature should be supporting this legislation. And if it's not for all of the members in Manitoba, all of their constituents and members of their own family, think of the women who, when they turn 50 and for every two years, I believe, after that, have the ability to go and get tested by way of a mammography machine.

Mr. Acting Speaker, thank goodness that we do have those tests in Manitoba. But the unfortunate part is that what we're telling Manitobans, and if the NDP defeats this bill or speaks it out today, what they're telling Manitobans is that, you know what, it's okay, it's okay for you to worry about whether or not the diagnosis that you get is right or wrong or is inaccurate. It doesn't really matter if you have an inaccurate diagnosis. And to me, that is incredibly alarming for all of us here in Manitoba.

I want to ensure, for each and every one of my constituents in the area of Tuxedo, I want to ensure for every single woman in this province, and especially those ages 50 and over, Mr. Acting Speaker, and for others who find lumps in their breasts—and I do have a friend, right now, who is going through radiation and who has been diagnosed with breast cancer. And I will tell you, if she had not—if she had had a misdiagnosis as a result of a mammography machine that wasn't accredited—this is a safety issue, and I can tell you that she wouldn't be getting the treatment that she had today if she had—and have a fairly good prognosis, because they detected it early.

But had they not, this is where I have a serious problem with where members opposite are coming

from, and certainly the member who has spoken on this bill today, is that had they not diagnosed this and had an accurate diagnosis early on, she would be negatively impacted. She would be, her health, as well as it impacts her family. And she's got two small children, one of whom goes to school with my son and the other who's even younger than that. And I'll tell you, Mr. Acting Speaker, that affects every single person in her family, and that's just one example of a family that is going through this in Manitoba.

And so I would encourage all members opposite to not look at this as a partisan, political bill. This is about wanting to protect women in Manitoba, wanting to ensure that they get accurate diagnosis, that they have the best equipment possible, and that it is properly accredited to ensure that they get the accurate diagnosis that they want, need and deserve in this province, Mr. Acting Speaker.

So, again, I encourage members opposite to stand in their place in this Legislature, to encourage the passage of this bill on to committee and to encourage the passage of this bill to ensure that all mammography machines in Manitoba are properly accredited, so that no—there is never a chance in Manitoba that—or at least there is the best possible chance in Manitoba that women will not receive misdiagnosis here in Manitoba. Thank you very much, Mr. Acting Speaker.

**Hon. Jennifer Howard (Minister of Labour and Immigration):** I want to stand today and also speak about this bill. I think that it is a very interesting bill. We've talked about accreditation in this House before and the role that that process plays in health-care facilities. And I think, and every member who has stood and spoken, and I'm sure all members in this House can tell stories of how their lives have been touched by cancer, of how the lives of their friends and families have been touched by cancer. So I would not suggest that anyone in this House has a monopoly on compassion when it comes to the issue of cancer and people who are affected by it.

And, certainly, in my own life, I have friends who are very young women who have been affected by breast cancer, who've struggled with breast cancer, and one of whom has lost her battle to that disease, and one of whom continues to fight on and who—we all hope and pray and support her—will, at the end of the day, be victorious in that struggle.

\* (10:30)

Certainly, cancer is a disease and a scourge in our province, and we've worked very hard in this government to not only bring in treatment programs, detection programs, but also prevention programs. The member opposite spoke about the need to be proactive and certainly putting in place programs that are designed to help prevent cancer. I can't think of anything more proactive than that, Mr. Acting Speaker.

And I think about some of our prevention programs, many of which are aimed at issues that we all know we should do a better job on—issues like being active, things like our Manitoba in Motion program, which provides funds to organizations and community groups to encourage physical activity. And I've seen that at work in my very own constituency, where that program has helped to support programs for kids who otherwise wouldn't have access to sport, wouldn't have access to a lot of the healthy living activities that some of our families I know take for granted their ability to participate in. Lots of families in this province don't have that ability, and we know that if we can lay down early in life those kinds of habits, that kind of ability to take place in sport and healthy living activity, those are habits that are going to last a lifetime.

We know from many of these chronic diseases, whether we're talking about cancer or lung disease or heart disease or high blood pressure, all of those diseases have very common risk factors and we know that activity is one of them and we know that healthy eating is another of the risk factors that are common for those kinds of diseases, and that's why we've worked hard again in the school system, but also with Manitobans at all ages to encourage healthier eating, to make healthy food more available.

And I think one of the most innovative programs that we've seen in that regard and proactive programs that we've seen is the partnership that the department of Healthy Living has forged with vegetable growers in this province to provide schools with healthy vegetables to sell as fundraisers, as opposed to those pounds and pounds and pounds of chocolate-covered almonds that I know we have all indulged in when they come home in the boxes and boxes that they tend to come home in and then mysteriously, over time, seem to disappear and yet the money never seems to keep up with the number of boxes of chocolates that disappear. I think having that partnership to encourage schools to continue to do that fundraising but to do it in a healthier way, by

selling vegetables, I think that's something that's very, very innovative.

On the topic of accreditation, I think it is absolutely essential that people have confidence when they go to get tested they have confidence in the results of those tests. And I think it would be dangerous to make the leap that because a machine may not yet be accredited that it is faulty. And I think making that leap does no service to the women who are having those tests to suggest that they should be even more afraid than they already are.

We know that under the president—under the present system, the Manitoba Quality Assurance Program or MANQAP, which I believe is run through the College of Physicians and Surgeons, mammography facilities in Manitoba are required to participate in the accreditation program. We know that CancerCare Manitoba has told us, and the Manitoba Breast Screening Program has told us, that they require that all their mammography equipment and machines and facilities are accredited by CAR. And to maintain that accreditation, the sites have to provide yearly updates and they have to apply for reaccreditation every three years.

Recently, of course, in March I think it was of this year, we took part—I was able to be there, I think other members were able to be there—in an announcement of funding for two new mobile breast cancer screening vans and we got to take a look inside of those vans. We got to talk to the people that operate them, and I think having those kinds of vans be able to go throughout the province and offer that kind of screening to places where not—may not otherwise be able to exist is an important way to get to women in all parts of the province who need this kind of screening. And, you know, as I was part of that screening, got to have a bit of discussion with some of the folks involved who are experts in the field of breast cancer because I was approaching or recently had my 40th birthday and so I was interested in at what point in time I should begin to look at mammography as an option.

I had a very interesting conversation with some of the experts there about the time in a woman's life when you should start regular mammography screening and some of the discussion about doing that pre-menopause can result in more false positives because the breast tissue is denser. So I thought it was an interesting discussion and it also made me think that, in addition to screening, in addition to prevention, in addition to treatment, one of the most

powerful tools in the fight against cancer and other chronic diseases is information, Mr. Acting Speaker, and, certainly, in my life, before I was a member of this Legislature, I did a lot of work in women's health organizations that were centred on getting good information to women so they could make choices about their lives. And some of that information is about exactly what mammography means, exactly what screening means and what to do with those results when you get them.

We committed, in June of 2008, to 10,000 more breast screens a year so that we could hit the Canadian Cancer Society's target of 70 per cent screening for women ages 50 to 69, and this has been accomplished. We've met and exceeded the rate of screening that's been suggested with 71 per cent of women being screened in the last two years. I think that that is a proactive approach, Mr. Acting Speaker, and it's something that I think we've made good progress on.

The breast cancer survival rate in Manitoba is up. It is 86 per cent, up from 79 per cent in 2002, and, certainly, we would like to see that go even higher, but we know in that change, in that 7 per cent change, those are the lives of women, of mothers, and daughters and grandmothers that have been saved because that survival rate has gone up. And it's gone up because of advancements in screening. It's gone up because of advancements in treatment. It's gone up because we have in this province some of the best doctors and researchers and nurse practitioners and nurses in the world who have dedicated their lives to working with people who have cancer.

We know that the wait time between when you get a test and when you get the result is very fraught with stress. None of us—I don't think any of us in this House have not had that experience of waiting with a loved one or a friend or in our own lives as we wait for the results of medical tests. So we all know the kind of stress that can happen when you're waiting. We have managed, I think, to get those wait times down so that, in 2009-2010, the average wait time was 4.4 days and 99 per cent of women received their results within two weeks. Certainly, when you're waiting for that result, Mr. Acting Speaker, every day is difficult and every day is too long, but I know that we've made a commitment to get those results to people in as timely a fashion as possible and I think in many respects that commitment is being met. Of course, there's always room for

improvement, and that's why we don't rest on our laurels but we keep moving forward.

In April, we committed over \$70 million towards a new CancerCare building to complement the existing site at the Health Sciences Centre, and this will make our CancerCare system not only the best in Canada but among the best in the world, with things like Canada's first-ever colorectal cancer centre of excellence, a new molecular and genetic testing centre of excellence, an Aboriginal cancer centre of excellence. I'm very proud of that part of the vision, Mr. Acting Speaker, because we know that for too many Aboriginal people who suffer greater rates of chronic diseases, not only the research into how to treat that disease but also the support to get that treatment is crucial to their survival.

More world-class cancer specialists. We believe that we'll be able to attract those people here and keep them here so they can help to increase access to clinical trials for patients, as clinical trials are increasingly part of cancer treatment, and space so that all cancer professionals can meet together and help make treatment plans and learn from each other.

So we've committed to a very aggressive strategy to combat cancer in this province. We continue to make progress on that and we'll continue to move forward. Thank you, Mr. Acting Speaker.

\*(10:40)

**Mrs. Mavis Taillieu (Morris):** I'm pleased to speak to Bill 205 today, brought by the member from Charleswood. I think this is a very good and reasonable bill and, certainly, I would think that the members opposite would do anything that they would see fit to make sure that all equipment in the province that's used for diagnosis is at the best possible standards, Mr. Acting Speaker. To do otherwise would not be doing a service to the women of Manitoba.

And, you know, I've said it in this House before, no one party has the monopoly on good ideas, and when a good idea is brought from the opposition side of the House, there is an obligation, I believe, on the side of the government to have a look at the bill and not dismiss it just because it's come from an opposition member.

Now, I know in past that they will take and adopt the ideas that are brought forward and put them in their own legislation, and that's okay, I suppose, in terms of it gets the accomplished results,

but I do believe that recognition should be given and credit should be given where credit is due. So if there's going to be a movement on the part of the government to adopt the member from Charleswood's bill and put it into some kind of government legislation, I believe it would be fair and reasonable to give credit to the member for Charleswood (Mrs. Driedger) for bringing this bill forward.

And I know she feels very strongly about this bill, and we know that there are still some pieces of equipment within the province that aren't accredited, Mr. Acting Speaker. And she also has reminded me that accreditation is voluntary in the province. So, yes, some equipment might be accredited, but it's not required as it is in four other provinces in Manitoba. And I think when we're dealing with technology like this that serves as a diagnostic tool, that we need to be sure that this equipment is tip-top, perfect running order and is accredited as such.

Now, I have had some experience in working in a medical laboratory. It wasn't a radiology department but in a medical laboratory where there was a lot of equipment that needed to be serviced on a regular basis, because that's the nature of what happens with equipment. When it's used, it has to be quality controlled, inspected, and certainly accreditation ensures that it is at the highest possible standards.

And when you think about that, when a woman has to go for a mammogram—and I know that the women in this Chamber will all agree with me, it's not a very pleasant experience, and we certainly don't want to find out later that there's been something wrong with that piece of equipment, and perhaps something was missed in the diagnosis. That would be a travesty, Mr. Acting Speaker, because as we've heard from previous speakers, the wait to, first of all, get a test done if there's any suspicion, and then to have the results back from the test is not only stressful for the woman, or man, as the case may be, but for the families, and certainly we don't want to add any stress to that which would have any thoughts of, perhaps, failure on the part of the technology. And, of course, certainly we don't want to alarm people about that. We just want to get this done so that there is no alarm, to be out there.

Now, I'm also—just want to say that the Manitoba Breast Screening Program is a province-wide initiative that provides free mammograms to eligible women 50 years of age and older, and their goal is to

reduce breast cancer deaths by finding it early when treatment is often less invasive and there's a better chance for survival. And, of course, we do know that research has shown that for Manitoba women aged 50 to 69 years of age who were screened by the Manitoba Breast Screening Program, their risk of dying from breast cancer was reduced by 24 per cent. So early screening, early detection, is very important, and one of the key components of that is ensuring that equipment that's used in the process—or in the diagnosis is optimum, Mr. Acting Speaker.

There are seven diagnostic centres in Manitoba that provide diagnostic mammograms, and we know that early detection, as I said, is one of the biggest factors in determining survival. So it was disturbing to see that according to a 2009 Wakefield Centre for Policy Research review of Canadian health care that access to mammography in Manitoba fell to the bottom in Canada. A 2008 report by the Canadian Breast Cancer Network also said that Manitoba women were forced to wait longer than most Canadian provinces to find out if they had breast cancer.

And, Mr. Acting Speaker, I do want to just go back and say that we know all efforts are made by people working in the field; the front-line staff that perform the mammographies, those in care and charge of the equipment do their utmost to ensure that the results are accurate and the equipment is in proper working order.

But, certainly, having the accreditation on the equipment would just add that little bit of comfort to those who are working in the field and would also ensure that less people or as few as possible would have gone through the procedure and possibly not had the proper diagnosis or a diagnosis missed, Mr. Acting Speaker.

I can tell you that I have a relative who several years ago had a mastectomy, Mr. Acting Speaker, and later in the pathology report was found evidence of no cancer. So that is a very radical procedure to have done and then find out that it was not necessary. Of course, that was many years ago now and it would be difficult to say what was the reason for that, but it would be very harmful, I think, to know if that might have been the result of some kind of failed equipment that provided a misdiagnosis.

It would also—also calls into question the fact that maybe there was a mistake and two results—the results that went to my relative were for someone else and someone else actually did have the cancer

that they did not get the treatment for, Mr. Acting Speaker.

I just want to say that this, I think, is a good bill; it's a reasonable bill. I don't see it as a partisan issue. I think that the women on the other side of the House here would agree and I think that they would want to advocate for their constituents as well and make sure that the safe and accurate diagnosis of breast cancer in mammographies would be ultimate. And they would want to vote in favour of this bill.

In fact, Mr. Acting Speaker, I can't really see any reason why there would be a will to vote against accrediting mammography equipment in Manitoba, and as has been done in four provinces.

So I'm hoping that the members opposite will take a very hard look at this bill. It's a bill that's put forward; it's on the table; it's simple and does not require a lot of further deliberation, I wouldn't think. I do note that the member from Charleswood said there would need to be a grace period so that this could actually get implemented and I certainly would see that as a very reasonable approach as well.

I am just hoping that this House will see fit to pass this bill on to committee. Let's hear what women in Manitoba have to say. There may be 900 women who might want to come and have a say in this. Who knows, Mr. Acting Speaker? But it would be appropriate, I think, to pass this bill and allow people to come and put their comment on the record. So with that, I'd like to thank you for the opportunity.

\*(10:50)

**Ms. Diane McGifford (Lord Roberts):** Mr. Acting Speaker, I, too, am, along with others, am very pleased to join in the debate today and put some remarks on the record on this very important matter.

I'm very pleased that the Minister of Labour (Ms. Howard) has talked about the importance of prevention and outlined the importance of actions we can take as individual women to assist in averting breast cancer. I know that in some cases, of course, all the actions in the world don't make a difference but I'm very pleased that she has stressed the importance of prevention.

And I also want to thank the member from Charleswood and the member from Tuxedo for sharing their personal stories. I think those are very humanizing and that the humanistic spirit is extremely important in this Legislature. As I think everybody has said who's addressed the issue to date,

we do all have either a relative or a friend who has had a run-in with breast cancer and we do know the difficulty of waiting, the difficulty of not knowing, and then, of course, in some times, unfortunately, the very terrible difficulty of knowing.

But there's a—but, you know—but there's also some other things I want to stress, and one of the things is a couple of congratulations.

I'd like to congratulate the breast screening unit on Maryland Avenue. They do—Sherbrook, pardon me. They do do a wonderful job. I certainly have had very good treatment there, and I'm sure many other women in the House have as well, so I do congratulate them.

I also want to congratulate my colleague from Gimli, the Minister of Entrepreneurship, Training and Trade (Mr. Bjornson), who has for three years shaved his head in an effort to raise funds for breast cancer, and I'm told that the member has raised at least \$4,500, so I'm sure that we're all grateful for his efforts. Not only has the minister raised money, but his son, Dane Bjornson, has also raised money as a busker. So, congratulation to the minister, whose name I can't say, and to the younger, extremely talented Bjornson. We will hear a lot about him, especially if you talk to his dad.

I also want to point out that the Minister of Health (Ms. Oswald) did something very important a few years ago when she made a change to the practices at breast screening centres across the province, when—because previously, women were cut off from regular screenings at 69 years of age, and the Minister of Health has changed that policy so that, even when you're 69, you're valuable. So I thank her for that.

I also want to congratulate the Pink Ribbon campaign and the dragon boat team, which is—there is a dragon boat team of breast cancer survivors who've turned their pain and disease into health and joy and, of course, are following the prescription for prevention which the Minister of Labour outlined. So, congratulations.

Also, the minister—pardon me, the member from Morris mentioned that we had to wait too long for mammogram results, and I have information on a particular individual who tells me that she waited three days for her mammogram results. So, you know, I don't think three days is too long. Any time is too long if you think you may have breast cancer,

but, of course, it does take some time to work out the details of the test.

Mr. Acting Speaker, I think it's important that we have confidence in our medical system, and I want to underline that the credibility of diagnosis is extremely important to Manitoba women, and I know that, at—from time to time, the members opposite indulge in fear mongering and I don't want them to undermine the trust of Manitoba women in their system.

Having made those remarks, just—I'll turn to the question of mammogram accreditation and make a few comments about the government's position. Some of these comments have been made, but I think they require to be underlined, emphasized and made again.

So under present Manitoba quality—under the present Manitoba Quality Assurance Program standards, all mammography facilities in Manitoba are required to participate in the Canadian Association of Radiologists accreditation programs—program, just as, of course, it should be. MANQAP, which I take is the abbreviation for the Manitoba Quality Assurance Program, the primary function is to accredit diagnostic facilities and to monitor compliance as well as to ensure that these facilities are encouraged to meet national and international best practice standards, which, in turn, assure the best outcomes for patients.

So I would suggest that Manitoba women are protected. As somebody has said—I think it was the Minister of Labour—the—a machine being a little older doesn't mean that it isn't functioning properly. Indeed, we have a car that's 15 years old and is doing very well.

Furthermore, Mr. Acting Speaker, to the mammogram accreditations, the Canadian Association of Radiologists Mammography Accreditation Program was initiated 15 years ago to ensure that the quality of mammography images meets the highest standards. The accreditation program offers radiologists the opportunity for peer reviews and evaluation of their facilities, staff qualifications, equipment's performance, quality control, quality assurance programs, image quality, breast doses and process quality control.

And, just a word here about radiology, I think that we have some extremely well-trained radiologists at the Red River facility in conjunction with the health science centre. So I believe

the program in radiology—or was it in lab technology—had been cancelled under the previous government. In any case, improvements have definitely been made.

Mr. Acting Speaker, CancerCare Manitoba and the Manitoba Breast Screening Program require that all their mammography equipment, machines and facilities are accredited by CAR. To maintain CAR accreditation, the sites must provide yearly updates and apply for accreditation every three years. So, clearly, this work is being done.

The Manitoba Breast Screening Program is equipped with seven mammography machines. You might remember, Mr. Acting Speaker, that I cited the Manitoba Breast Screening Program at the beginning of my remarks, and congratulated them on the work that they do. Six of their machines are accredited and one is in the accreditation process. So, one in the accreditation process, six are accredited, as members opposite are keen to have, and as well they should.

Health science mammography equipment has received notification of full accreditation from CAR.

St. Boniface General Hospital and the WRHA's Breast Health Centre are preparing for the accreditation of their mammography equipment as we speak today, Mr. Acting Speaker.

Mr. Acting Speaker, there are 18 mammography machines in Manitoba. The private radiology clinics contain five of the 18 mammography machines. So that, clearly, government has made an effort to make 'manography'—pardon me—available to women throughout our province. Clearly, the efforts are being made to have these machines accredited.

And I think, clearly, government is doing an excellent job to serve the women of Manitoba. We did all acknowledge the difficulty of that waiting period, when you're not sure of your diagnosis, and then the—and, clearly, the government in Manitoba is doing its best to ensure that women not only have screenings, they have excellent screenings and that the information be provided back as soon as possible. So, thank you, Mr. Acting Speaker, for the opportunity to speak to this very important bill. Thank you.

*Mr. Speaker in the Chair*

**Mr. Doug Martindale (Burrows):** And I, too, would like to commend the member for

Charleswood, because this is a serious topic and it's good that we get a chance to debate it.

And, like other members who said that they know someone who either has had breast cancer or a scare, off the top of my head I can think of at least four women that I know. So I think we all, in this Chamber, know someone who has been affected by breast cancer.

I think our government is doing a good job of managing breast cancer and providing services to women. And there are many things that we have done, and I'd like to read some of those into the record.

Improvements in breast cancer care are part of our larger commitment to improve cancer services, including prevention, early detection and treatment—

\* (11:00)

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

The hour now being 11 a.m., we will move on to resolutions, and we'll deal with Resolution No. 13, Mandatory Bedbug Reporting.

### House Business

**Mr. Speaker:** Oh, prior to that—prior to dealing with the resolution, I'll recognize the honourable Official Opposition House Leader, on House business?

**Mrs. Mavis Taillieu (Official Opposition House Leader):** On House business. Mr. Speaker, in accordance with rule 31(9), I would like to announce that the private member's resolution that will be considered next Thursday is the resolution on Bipole Cost Increase Updates, sponsored by the honourable member for Brandon West (Mr. Borotsik).

**Mr. Speaker:** Order. In accordance with rule 31(9), it's been announced that the private member's resolution that will be considered next Thursday is the resolution on Bipole Cost Increase upgrades, which will be sponsored by the honourable member for Brandon West.

Okay, now we'll—okay, we'll move on with resolutions.

## RESOLUTION

### Res. 13—Mandatory Bedbug Reporting

**Mr. Ron Schuler (Springfield):** Mr. Speaker, and I move, seconded by the honourable member for Emerson (Mr. Graydon), that:

WHEREAS bedbugs are the cause of significant financial and psychological strain on those affected by *cimex lectularius*; and

WHEREAS the incident of bedbugs in Manitoba has grown at a rapid pace over the past years; and

WHEREAS Manitoba Housing buildings and clients are particularly affected by bedbugs; and

WHEREAS the provincial government has yet to provide an adequate response plan to the increased presence of bedbugs in Manitoba in general and in Manitoba Housing buildings in particular; and

WHEREAS the Government of Saskatchewan introduced an act requiring landlords to provide current and prospective tenants with a report on bedbugs at the rental premises; and

WHEREAS Manitobans have the right to know about the presence of bedbugs in any presence in which they may choose to live.

THEREFORE BE IT RESOLVED that the Legislative Assembly of Manitoba urge the provincial government to implement legislation requiring landlords to provide prospective tenants with a report on any bedbug occurrence at the rental premises.

**Mr. Speaker:** Okay, we'll take the resolution as printed.

*WHEREAS bed bugs are the cause of significant financial and psychological strain on those affected by cimex lectularius; and*

*WHEREAS the incidence of bed bugs in Manitoba has been growing at a rapid pace over the past years; and*

*WHEREAS Manitoba Housing buildings and clients are particularly affected by bed bugs; and*

*WHEREAS the Provincial Government has yet to provide an adequate response plan to the increased presence of bed bugs in Manitoba in general and in Manitoba Housing buildings in particular; and*

*WHEREAS the Government of Saskatchewan introduced an act requiring landlords to provide*

*current and prospective tenants with a report on bedbugs at the rental premises; and*

*WHEREAS Manitobans have the right to know about the presence of bed bugs in any premises in which they may choose to live.*

*THEREFORE BE IT RESOLVED that the Legislative Assembly of Manitoba urge the Provincial Government to implement legislation requiring landlords to provide prospective tenants with a report on any bed bug occurrence at the rental premises.*

**Mr. Speaker:** It's been moved by the honourable member for Springfield, seconded by the honourable member for Emerson,

WHEREAS bedbugs—dispense?

**Some Honourable Members:** Dispense.

**Mr. Speaker:** Dispense.

**Mr. Schuler:** Mr. Speaker, and as always, it is a great opportunity to stand up and represent those Manitobans that have placed us here to deal with important issues that affect many people in society. And one of those issues that are affecting Manitobans in greater and greater numbers is the issue of bedbugs. If you read a lot of periodicals and a lot of writings that are coming not just throughout Canada but internationally, it is being viewed as one of the new scourges that face our modern cities and modern environments. It's a very tough thing to get rid of once bedbugs are infected, and, in fact, I've read one article where they've said that it could be the next asbestos issue, whereby when people are trying to switch residences, that one of the conditions that they will put on that is if there had been bedbugs or may be bedbugs, that they be eradicated first.

So I am very honoured to be speaking in the House today, and the resolution at hand, which has already been written, addresses that bedbugs have become a worldwide epidemic, and Manitoba is not immune. The number of cases of bedbug infestations in our province has been steadily increasing over the past years. In fact, no one is safe from these stubborn pests.

Bedbugs are not a problem restricted to any particular social economic profile. Mr. Speaker, in recent months, there have been reports of bedbugs in public settings such as libraries, buses and movie theatres, to mention but a few. This means that we are all at risk. In fact, there are recommendations that when you leave a public place, maybe you should

shake your jacket out. Make sure you don't put items close to floor boards, whether that be a purse or a briefcase or whatever; put them up a little bit higher. There are ways to sort of help mitigate that, but, again, they are fairly mobile.

Treatments to exterminate bedbugs can cost thousands of dollars depending on the size of the home if infestations are not caught early. The chances of bedbugs returning are even higher, meaning repeated treatments will be required, driving the cost for those affected by the plague even higher. The reinfestation rates for bedbugs are alarming.

Over the years, a number of different pesticides have been used to fight bedbugs, and it seems that they are building up a resistance to these chemicals. I'd like to also add that there are many chemicals that could be used that just are not palatable, that are just not chemicals that can be used in our homes. They would, obviously, be more effective but simply aren't the kind of chemicals that can be used in a residence.

Mr. Speaker, Manitoba Housing units are particularly affected, and this is unacceptable. With over 13,000 units across the province, this puts thousands of people at risk for bedbugs.

We have read in the newspaper, seen it raised in public forums—it's even been raised in this House—where people have come forward and said that they are troubled with the way bedbugs seem to be taking over and they're having real difficulty with them. People have complained, I know, directly to the minister. They've complained to our offices and we pass those on to the minister right away. It is a serious problem.

Major cities like Toronto and New York have come out with strategies to battle this growing problem. Unfortunately, Manitoba's still waiting for a meaningful bedbug strategy such as those from major urban centres like Toronto and New York. The window dressing offered by the NDP government in this regard is not sufficient. We need more than rhetoric to deal with the bedbug problem.

Last year the government of Saskatchewan introduced a bill requiring landlords to report bedbug infestations, and we believe that Manitoba should follow suit. And I would like to just quote from that legislation that was passed in Saskatchewan: Bedbug information and report and form—this is bill 216, section 18.1: Before entering into a tenancy agreement, the landlord shall provide to the

prospective tenant a report stating (a) whether any information has come to the landlord's attention during the previous three-year period with respect to bedbugs in the rental unit or in any other rental unit in the residential complex; and (b), if any information has come to the landlord's attention, details with respect to the information. 2: The bedbug information report referred to in subsection 1 shall be in a form provided by the Rentalsman.

What that does is it does protect individuals who want to move into a unit, that they should have some kind of knowledge what's in the unit. If it has been infected, then they can make their choices. They can decide if they want to do an extra cleaning of the suite or do a little bit more spraying or decide, in fact, maybe, it's not for them. But at least they will have that information at hand.

Using the Saskatchewan model, this resolution requires Manitoba landlords to inform prospective tenants of any bedbug outbreaks in the building. This legislation will help to protect consumers from the irritation, inconvenience and cost of the bedbug infestation.

I think I speak for everybody here. The thought of having crawling things in your home, in the beds, that is just an appalling thought. Those who might be single parenting and are living in government housing will have little children with them, and the thought of bedbugs crawling around in the bed with their little children, that is nauseating for all of us, I know. So we believe that is one of the reasons why we need to deal with this issue.

If landlords are required to report infestations, they will be more likely to work to prevent bedbugs in their buildings to begin with and will work hard to guarantee that the pests have been eradicated if an infestation does occur. It doesn't mean that the suites won't be rented, but if they had them, they will declare that there was an infestation and they can indicate how it was that they dealt with it. It then becomes very much a self-declaration. They then have to declare what they did to deal with the problem.

\* (11:10)

And it also is a matter of transparency. Prospective tenants will now be protected from making the potentially costly and irritating decision of moving into an already infested building. Manitobans have the right to know if their prospective home has bedbugs. Only once an

applicant has been informed can they take the steps necessary to protect themselves and prevent bedbugs from spreading to the people in their lives.

This resolution has the potential to decrease the number of new bedbug infestations in our province. No one wants the discomfort, irritation, financial burden and lingering stigma of bedbugs.

The bedbug crisis has afflicted our province for too long. The government has failed to provide Manitobans with an effective strategy to mitigate the spread of these maddening pests. It is time to take action to protect Manitobans from this plague, and I point out to this House the government has been very remiss in this approach.

In fact, over a year ago, we asked for some numbers from the department through the freedom of information request and found out that basic information was denied by the government. In fact, we had to take this request to the Ombudsman, who overturned the department and we got the information necessary. We do not believe now is the time to try to be secretive, to hide stuff from the public. Now is the time to be open and public.

And in the FIPPA, it talked about the increasing amount. In 2003-2004, \$47,000, and by 2009-2010, over \$1.5 million was being spent. Mr. Speaker, we know that money is being spent on this; the question is to what effect. There has to be value for money. People have to be protected by this money, and we know that there was an announcement again that they were going to spend another \$700,000 on a bedbug initiative and, again, it doesn't seem to be mitigating the problem. More work has to be done.

Support this resolution, is what I recommend to this House, and support the rights of Manitobans to safe and sanitary living spaces. I suggest we support the right of Manitobans to know about bedbug infestations in the places they choose to live and help prevent bedbugs from spreading. And the kind of action we've seen from this government, where denying even basic information from the opposition. We have to open up the doors on this issue and allow people to have the information to make decisions about their life, because once this infests your property, your clothing, your belongings, there's an arduous process that they have to go through to eradicate them. I recommend this motion to the House.

**Hon. Jim Rondeau (Minister of Healthy Living, Youth and Seniors):** It's been said that it's truly

insanity to think that a very simplistic solution can resolve a complex problem. So I'm pleased to speak after the member from Springfield because, you know, it's a very simplistic solution that he moves forward and it is to resolve a very complex problem. So I sort of say that that's the quote that I will use in my speech.

I'd like to let all members know about what's happened so far on the bedbug strategy. The member opposite is absolutely wrong when he sits there and says there is no strategy. I'd like to let him know that not only—we looked at the City of Toronto, the City of New York and we talked about their public health strategy where they have moved forward, and their idea was an education campaign and an education campaign targeted at prevention, identification, treatment of bedbugs in homes and businesses. So that's what they've done. And I'm pleased to say that there's a website up on Friday and there's a phone line up today that's dealing with the issue on bedbugs and is talking about education, prevention, identification and telling people how to deal with the pests. That's the first case of this.

Second case—and I'd like the member to hopefully listen to this, because I know he is chatting with others and not paying attention—the truth is that we have focused on grants to non-profits. So we're introducing grants to non-profit organizations to—such as daycares, et cetera—to deal with bedbugs infestations, and it's the first type of program in its kind in North America. It's unique and, yes, it goes way beyond New York and Toronto and any other jurisdiction for this program to provide grants for non-profit organizations to eradicate bedbugs and deal with them.

Low-cost materials, I am pleased to say that materials will be provided through the government to the public in the coming months. These materials would cover mattress covers, garbage bags, laundry bags, bedbug identification tools, stickers to deal with the bedbugs and check on them. So these things are being provided at low cost to groups in Manitoba. And it's neat because, again, that's a unique program that we are offering to organizations in the province of Manitoba.

And may I say the member from Springfield is wrong, because what we've done is this is unique, and it's unique in the whole identification—and it's something that we haven't—no one has done before.

I'd also like to let him know that we've also said that we would set up bug and scrub teams. These are

already existing where we're working with people who have difficulty preparing their speech—sorry, their suites; people with mental and physical disabilities, readying their suites for treatment; to clean up after the treatment and return the suite back to its existing condition. And, you know, I'd like to let the member know that that's a very positive, original way of dealing with it, because some people have mobility issues, issues in preparing their suite, and we want to help them. We want to help them in case they're infected.

And also we've set up a coalition. Now, the member opposite was trying to stigmatize poor people. The member opposite was trying to stigmatize single parents. The member opposite was trying to stigmatize people. This is not a problem for renters. It's not a problem only for one group of—in society. I'm pleased to say that we have a comprehensive strategy to deal with all people, whether they rent or own, whether they're single parents or they have two parents. It's something that all people have to have a solution on.

So I think that the coalition between the Social Planning Council, property owners, residential groups, the fact that NGOs, the City of Winnipeg, all groups have to have a stake in this, because it is not a problem that is measured by income. It's not a problem that's measured whether you have one or two parents. And so I say shame on the member opposite for trying to stigmatize people in low-income housing or single parents, because this is a problem for all.

And I'm pleased that the property managers of the province have said that this is a comprehensive strategy. They're on the working group and they're a part of our group. So the member opposite's trying to stigmatize poor people; we're trying to work with all people to make sure that they eradicate this pest.

Number 3: I look at the member opposite and he says, the goal is to decrease bedbugs, not just—and this is not just an issue when people move in. People have been living in wherever and bedbugs might come in because you've been at a movie theatre or at a restaurant or you might have been at a hotel, five-star hotel. You could have been anywhere and you come home and you bring home bedbugs.

Well, Mr. Speaker, I think it's important to note that this not a problem just when people move in. It's a problem that people have to be aware of and be—make sure that they can take solutions. And I'm

pleased to say that this is the most comprehensive strategy out there.

Number 2: The programs that are offered through Manitoba Housing, our integrated pest management unit, has been very, very effective. I'm pleased that we are working with staff to eradicate the pests, and I'd like the member to know that the vast, vast majority of Manitoba Housing units are pest free. And, you know, it's just stigmatizing the people in Manitoba Housing, and it shows that the Conservatives don't care and believe on throwing blame, rather than coming up with a comprehensive strategy.

Number 3: I look at the backlog. What we have done is we're working with the industry, and we're working with people to make sure that we use the best systems. So I'm pleased to let the member know that three years ago we were working with Crown Construction on the heat treatment. I'm pleased we've worked with a number of companies, whether it's the company that has invented this very, very innovative van where you store your household possessions. You create the—raise the heat to treat the furniture, and then you can move it out into the suite, and it's already bedbug free. And I'm pleased that we're bringing innovative projects like that, innovative ideas like that, not just for Manitoba but these can be exported to the world, and I think that's very positive.

\* (11:20)

And, now, so we—deal with the member opposite. He wants to count bedbugs. You know, right now, he could be put on a bedbug registry today, an informal one. Someone could be a nuisance and just place it on him, and that would stigmatize him. Well, we don't want to stigmatize. We don't want to have people do nuisances. We don't want to have people blamed. We want people to treat them, know how to treat them and have the financial means to treat them. And that's where we're going.

The member opposite wants to blame and shame. We want to treat and work with others. That shows the difference between an NDP government and a Conservative government. A Conservative government would blame the poor. They would blame the single parents. They would blame the renters.

What we want to do is work with all Manitobans regardless of income to make sure that they have the information. The website's there, the phone line is

there, and they can go to it by Friday, get the information they need to eradicate the pest. If they need materials, we're setting up a low-cost material so that they can eradicate the pest. We're also providing information to all—all—organizations so that they can—whether it's homeowners, whether it's renters, whether it's movie theatres, whether it's hotels, we want to make sure everyone has the information.

And I would think that when the member opposite is doing blaming, he should look at public policy, public policy where, if a person is infected by lice, you do not put a sticker on them. If a person is affected by anything, you do not put a sticker on them. I know that would be what the Conservative government, the member for Springfield (Mr. Schuler) would do. If somebody gets infected by HIV, by lice, by anything else, he would blame them.

What we want to do is work to prevent the problem, to work to eradicate any issues on public health and, last, to work to not stigmatize. So the blaming, the increasing of bureaucracy, the increasing of putting up a list that he would hire hundreds and hundreds of people to make sure that he'd have the bedbug inspectors. No, we're not going to build a bureaucracy of bedbug inspectors and build a bureaucracy to count bedbugs. What we're going to do is work with all people to eradicate them on a very, very comprehensive strategy.

And, by the way, the member is wrong when he says that we're behind other groups. We have a very comprehensive strategy that's making a difference out there, and it's working with all groups and it's better than anyone else. And the member opposite should learn that we're trying to build coalitions, not blame. Thank you very much, Mr. Speaker.

**Mr. Cliff Graydon (Emerson):** Mr. Speaker, and it gives me great pleasure to stand and speak to this resolution brought forward by my colleague from Springfield.

It asks the simple question, and I think it's a question that needed to be asked. The minister responsible seems to want to pick on people, and he wants to stigmatize. He wants to say that only the poor—and blame people for being poor; that's not at all what's been said. Quite frankly, it's not just poor people that rent. There's many, many people that rent. In fact, while I consider myself at least of modest means, and I rent. So there's—it's not just poor people that rent.

And why would the minister attack, attack something that looks at removing an issue in our city? It's an economic issue, Mr. Speaker. These bedbugs are an economic issue. They cause—cost a lot of money to eradicate. And let's just suggest, let's suggest that I'm buying a home. I want to buy a home right next to the member from Kildonan, right next door, actually. But I have a right to know if that home has been infected at any time with bedbugs. I have a right to know that. I have a right to know if the home right next door was a grow op. I have a right to know that. That is part of the law. Why would you deny me the right to know if it had bedbugs then? I can't be too careful. I can't be too careful if I'm that close to the member from Kildonan, not at all.

But at any rate, why would the members opposite, why would they not want to know, and why would they not want to make this available—the information available? And when the FIPPA was denied, why would they deny it? It's a simple thing. They should be proud of their record but the minister wasn't. He was ashamed of what he's done so far. He was so ashamed, actually, Mr. Speaker, that only on March 10th has he made an announcement. Only on March 10th he made an announcement to fund bedbug strategy for the province. He made the announcement, but he denied the FIPPA, and he denied the FIPPA much, much earlier than that. And I don't have the exact date when it was denied, but it's been denied way back in 2010.

Where has the minister been with his strategy? Doesn't he realize the economic benefit—or economic impact on this province? He wants to talk about Toronto, but he hasn't been able to do anything about Winnipeg. He hasn't taken his responsibility seriously. When we see what the economic impact is just to eradicate—just to eradicate is quite expensive, and then the re-infestation apparently is quite common, and so it becomes more and more economically hurtful to society but also tourism, Mr. Speaker.

If we end up with a bedbug problem in our hotels, for instance, what would that do to tourism in the province of Manitoba? And we depend heavily on it. We depend heavily on tourism here. Because this government has driven business out of our province, we depend heavily on tourism to support their spending habits that they have.

The value of the home beside the minister or the member from Kildonan is going down. It's going

down in value because I don't know whether it's had bedbugs or not. I will not want to buy it until I know. But we do know, we do know, that there's 13,000 units, Manitoba Housing units, in the province of Manitoba and that there is an issue with these units. It's not restricted to these units, I grant that, but it would be nice if my parents were moving into a Manitoba Housing unit, that I would know whether it's had bedbugs or not.

And this resolution would address that. It's a simple thing, and I know the minister sits there and he's going, ha, ha. He's at a loss for words because sometimes the simple solution to a problem is to address it, and he has failed to do that since March of 2010, and today, on March 10th, he makes an announcement but still has no program going. Nothing is up and running apparently, and if that's the situation, then the minister has been negligent in his duties. And I know that he has the backing of Mayor Sam Katz, and the mayor, being a non-partisan individual, has looked forward to the plan that this minister's bringing forward.

And he talks about a marketing campaign focusing on prevention and eradication we'll bring in in the coming weeks, brochures, posters, fact sheets and bedbug websites. That's what we look forward to, advertising bedbug websites from the city of Winnipeg. That's what we look forward to from this minister. Tourists will be sure to just sweep that up and want to come here because we have bedbug websites.

\* (11:30)

One of the other issues—and I don't know, perhaps I'm being a little bit nervous, but I wonder, the bedbugs at this point carry no disease that we know of. They bite, apparently, they're little critters that cause you a lot of discomfort, but at this point they don't carry a disease. But we've got some other little critters in this province, these—some of these little wood ticks, and they are everywhere. They bite indiscriminately and they carry a disease called Lyme disease. It's a very serious disease, Mr. Speaker, and it's something that it's difficult to do—we—difficult to deal with if you do have it. And I'm wondering if at some point we're going to have something like this, and I'm not suggesting that there'd be a cross from the wood tick to the bedbugs, but they're both biters, and I'm not exactly sure what this bedbug lives on.

**Some Honourable Members:** Blood.

**Mr. Graydon:** I beg your pardon, Mr. Minister.

**An Honourable Member:** Blood.

**Mr. Graydon:** He lives on rats?

**Some Honourable Members:** Blood.

**Mr. Graydon:** He lives on beds, okay.

**An Honourable Member:** No, blood.

**Mr. Graydon:** And if he lives on blood, the same as the wood tick does, then it's conceivable that he could carry some type of a disease. That would be a big issue. That would be a health issue that would be monumental.

If the bedbug is as big a problem—and it is a problem, it's a widespread problem, it's not something that is just in Winnipeg. But I think, with the simplistic approach, is you deal with your problem at home and not worry about the problem in Toronto. You can co-ordinate your efforts once you have proven that you're able to take care of your problem at home. Then you can go to Toronto and say, look, this has worked for us, it has worked for us well here in Winnipeg, it's something that could work in Toronto. It's got nothing to do with the poor, with the working poor, the rich. It has nothing to do with that.

And why the minister would have went into the rant that he did was just to protect himself—protect himself—because of his announcement only on March 10th where in the coming weeks—in the coming weeks—this is six years after he knows—seven years after he knows that there's a problem. Seven years, and we'll do it in the coming weeks. That's the type of minister that we have, and he wants to blame it on someone else. He wants to blame the member from Springfield for bringing forward something that is necessary in this province. He should be ashamed of himself, Mr. Speaker. And with those few words, thank you very much.

**Mr. Doug Martindale (Burrows):** I was dealing with whip duties.

It's rather interesting that we have—well, maybe appropriate that the member for Springfield (Mr. Schuler) introduced a resolution on pests.

I wonder if he consulted the Professional Property Managers Association of Manitoba. What landlord would want to advertise that their building had bedbugs? Who would rent in their building if everyone knew that their building or even one suite in their building had bedbugs? So it seems to me that

if it's a problem in a very small number of units, that publicizing it would result in vacancies and loss of revenue for landlords, and I don't think he consulted landlords before he introduced this resolution. So this resolution is not very well thought out.

Manitoba Housing is involved in this issue, but so, too, is the private sector, the government, the Department of Health. And we are working co-operatively on a strategy. In fact, we're very proactive on our strategy. Unlike the City of Winnipeg, the Province is taking the lead. In Toronto and New York City, the cities are taking the lead, and they probably should be here, but sometimes we have to step into the breach and provide leadership.

So in March 2011, we announced a 770,000 province-wide—\$770,000 province-wide bedbug strategy, and it consists of five parts. And the first part is an education campaign. So, you know, we want people to know what the concerns are and how to identify and treat bedbugs. So materials include an informational website that is active and will be updated regularly. We have printed materials and a media campaign. Also, a dedicated phone line will soon provide people with prevention, identification and treatment questions the opportunity to receive clear, appropriate and correct information.

The second part of our strategy is a grant program for non-profits, such as daycares, and this is established to help with treatment costs of a bedbug infestation. And this is the only type of grant program of its kind in North America. So, really, we are leaders when it comes to fighting this bedbug issue.

The third part of our strategy is low-cost materials will be provided through the Materials Distribution Agency to property managers and non-profits. We will then be making materials available to the public. *[interjection]* And I can hear the member opposite heckling me about our policies, so I'd like to put on the record that our strategy is actually working, because the percentage of units infested is going down. So I think that speaks well to our strategy. If it was going up, then maybe the member would have some legitimacy in his heckling, but since the rate is going down, I think we are going in the right direction.

So our third part of our strategy was the low-cost materials distribution. The fourth is bug and scrub teams. The most critical and difficult part of bedbug treatment is suite preparation. We will be developing bug and scrub teams to be on hand to support tenants

in preparing their suites for treatment, giving the closest assurance effective treatment.

Number 5: a coalition has been established in partnership with the Social Planning Council, property managers association of Manitoba, with several partners from the private sector, NGOs and all levels of government working together to find a solution to the treatment and spreading of bedbugs. They currently meet biweekly and have forged an excellent relationship.

So, you know, we have a comprehensive strategy. The member's resolution is to have a registry. That's the only thing that he could think of, and that's actually going to scare people and is not helpful. But we have a comprehensive strategy that is working.

In Manitoba Housing, we have an integrated pest management unit. This was assembled in 2008, and we're the only landlord in the province with a dedicated pest control team, which consists of 20 full-time staff. And prior to the formation of the integrated pest management unit, we only had one full-time staff and one part-time clerk. And this approach has been successful, for direct-managed housing units with known bedbug activity dropped by 42 per cent; 95 per cent of our units are bedbug-free. This is an increase from 91.7 per cent. Since April of 2010, 533 fewer units need to be treated because of bedbug activity. This is a drop of 18.5 per cent.

Overall, Mr. Speaker, Manitoba Housing has spent \$1.5 million on pest control in 2009, and invested \$2.12 million on pest control services in 2010-11. In the summer of 2009, we worked with a local company to pioneer, design and build industrial glycol heaters to treat tenant possessions infested with bedbugs. We have since purchased two additional mobile units. Heat treatment is the most effective way to treat bedbugs. Since we expanded our pest control management to include sponsor-managed properties, as well as direct-managed, in July 2010, we are now inspecting more than 3,500 units on a monthly basis. There is no backlog for treatment. *[interjection]* Well, I look forward to hearing the remarks of the member for Kildonan, I'm sure he'll have interesting things to add to this debate.

Treatments are scheduled on a rotational basis with the most urgent cases prioritized. We're using the most modern pest control techniques to treat

bedbug infestations, including steam, heat and green pesticide treatment.

We have a bedbug hotline. In July 2010, we added a bedbug hotline for Manitoba Housing residents to assist any and all pest inquiries for direct- and sponsor-managed tenants, staff and associated agencies. The hotline is designed to help people with prevention, identification and treatment questions, so they receive clear, appropriate and correct information. Since the inception of the hotline, we have received more than 4,300 calls.

And as a member of the Legislature who has public housing in his constituency, I'm glad to hear about all these things, because I do get calls from time to time, from—especially from family members of seniors, and they are very, very concerned. It's very upsetting for people, and so it's good to know that we have this strategy. And I will be passing on these speaking notes to my constituency assistant, so that we can provide people with helpful advice and steer them in the right direction, and get very good information for them and a fast response, because people need information. They need to know what to do and where to go, and we'll provide that.

\* (11:40)

I also know someone that lives in seniors housing who had bedbugs—happened to be not in my constituency, but in Point Douglas constituency—and I went and helped this lady to clean out her suite. She filled six large containers with things that needed to be thrown out, mostly papers and clothes, and so I wasn't really that excited or enthused about going into a suite that had bedbugs, but I did it nonetheless and threw out my shoes afterwards. But she was very appreciative of the help and as far as I know, she got rid of the bedbugs, and this was not a Manitoba Housing Authority high-rise. This was a very nice high-rise, probably one of the nicest ones in the North End and—which just shows that it can happen to anybody; it can happen anywhere.

So to continue with all the good things that we are doing, when someone calls the hotline to report bedbugs, we automatically schedule a treatment. If someone is uncertain that they have bedbugs, we do an inspection prior to scheduling treatment. Manitoba Housing endeavours to do inspections within 48 hours of receiving a complaint.

And we are doing lots by way of education. On a monthly basis, we provide educational seminars for

tenants, landlords and employees on how to address and mitigate bedbug infestations.

We have also developed a bedbug information pamphlet which has been distributed to all the tenants of Manitoba Housing. We have printed materials including bedbug fact sheets that are being translated into Cree, Ojibway and 15 other languages. We've also circulated *Billy the Bedbug* brochures through Manitoba Housing.

We supply and install bedbug-proof mattress covers at no cost to tenants upon request.

In our effort to keep up with the most current techniques and technology, Manitoba Housing officials attended the first-ever North American bedbug summit in Chicago and the bedbug symposium at the University of Manitoba.

We have, you know, looked at this resolution, a bedbug registry. It's not something that the Province is interested in doing because our strategy is about educating people to prevent and manage bedbugs and help non-profits with treatment.

A registry can also be misleading. For example, how long are places to be listed on the registry? Is there a sunset clause or a defined period of time before a place is removed from the registry, something the member for Springfield didn't think of.

We also believe that a registry would needlessly hurt businesses and maliciously—and malicious reporting could become a problem. We want to spend money on education and prevention of bedbugs, not on penalizing businesses for having a treatment problem like the member on the other side wants to do.

**Mrs. Leanne Rowat (Minnedosa):** I'd like to put a few words on the record with regard to the resolution put forward by the member for Springfield (Mr. Schuler) on mandatory bedbug reporting.

Bedbug infestation has been a serious issue and a serious concern in Manitoba for a number of years. I can recall at least five or 10 times that the members from this side of the House have been asking questions from the government on where they are on a strategy and where they are on addressing this issue, Mr. Speaker, and they—we never got any answers. They passed it off. They didn't respond to the questions being asked.

We had the member for River East (Mrs. Mitchelson) asking questions on behalf of seniors

who had come to her begging for help and assistance, and she raised the questions in this House, asking this government to address what was becoming a very serious issue in the seniors block within her constituency.

We have young families who have come forward and indicated they need to know—they needed to receive education and information on how to deal with bedbugs. This is an issue that is—does touch all Manitobans, Mr. Speaker.

Even my aunt, Aunt Sue, who I've raised in the House several times, who passed away just this year—she passed away at 105—she also had the serious incident occur in her suite, and she was devastated, Mr. Speaker. She was devastated that, you know—the stigma attached to bedbugs and how it would play out in her mind, only, but play out in her thoughts of how maybe her house wasn't clean enough; maybe she didn't do the right things.

So I think that not only does it cost—cause, you know, a painful experience, because obviously the bites are very painful and could cause infection and can cause, you know, serious concern for families. And it just—and the bites just are horrible to look at, Mr. Speaker.

But it also causes a financial and emotional pain to individuals who have to try to deal with this type of infestation. To know exactly what needs to be done and how it should be done should have been shared months ago, months before the minister did his announcement in Brandon last year. And I raised that publicly and said, you know, it was rather interesting that the minister was on record as saying that he collectively pulled money together quickly to develop a strategy. Well, Mr. Speaker, how is that really telling the public that he's dealing with this in a strategic way, in a way that he actually thought out a process? He was reactive. He was reactive to the mayor of Winnipeg, who challenged the government to do something about it. The mayor of Brandon—or Winnipeg understood that this was becoming a very serious issue, and as far as I'm concerned, the way the minister has presented this, he buckled. He had to come forward with a strategy.

He had to find money within his department. So how many other programs and how many other services actually had to deal with this government's inability to manage an issue such as bedbugs? They had to pull money from other departments. So who lost out? How many other departments did not move forward on their initiatives that they were promised,

that they received funding for in the budget year, were told, no, sorry, sorry? This government was not proactive. This government didn't have a strategy in place. This government didn't know what they were doing with regard to the bedbug issue, but they buckled and they had to pull the money back. They clawed back for money from other areas within Healthy Living and other departments to make this happen, Mr. Speaker.

And to pull money out of Healthy Living other areas, Mr. Speaker. We went through Estimates. We talked about the increase in suicides in Manitoba. We talked about the increase in incidents of alcoholism in youth. We talk about all of these areas that need a minister to show true leadership.

And what we saw was a minister that actually was being a reactive minister. He was reacting to an issue that has been out there, that we've been raising for years, and it became such a serious issue that this government had to then pull money from other areas to develop a strategy quickly so that they could look good in the eyes of the people who were looking for this government to show some leadership, Mr. Speaker. So I agree that this strategy—as the minister himself said, the Minister of Healthy Living (Mr. Rondeau) said—is days old, meaning that they did not have a lot of time to pull together a reactive strategy.

But this is a very serious issue, Mr. Speaker. We know that people in all types of housing are concerned and needed some guidance from this government, and I believe they've started on the right track. They've got some information out there, but they can do more. There is a lot more that they can be doing to address this issue. And it is a battle, and both the government as well as the municipal governments have indicated that it is a battle that needs to be fought and it has to be fought in a strategic way, and this government has to be held to account.

There's more that can be done on this, Mr. Speaker, and I believe the minister—or the MLA for Springfield has put that forward. He has said there's more things that can be done. Saskatchewan model—other jurisdictions are doing things that are interesting and proactive with regard to bedbug infestation. And I believe that this minister and this government should take the advice provided to them and do more than what they are doing with regard to this very serious health issue.

Mr. Speaker, they had warning. The Department of Housing spent \$1.57 million on bedbug infestation

treatment in 2009 and '10. That's up from \$359,000 in '06-07. So there's a red flag. There is a red flag. But you know what? The government just can't seem to notice red flags. They are consistently just going rickshaw over red flags, not paying any attention, and they get themselves into trouble. So when you see an influx of over a million dollars going into bedbug treatment in public housing, that should be a red flag. In '09-10, the government should have been aware. Instead, we see in recent months this government pull money from different areas of their budget to develop a strategy that should have been in place and should have been addressed way back in '07-08.

\* (11:50)

So this government is again showing a reactive response to an issue that could have been addressed sooner, so that people like Aunt Sue and other people that were coming to this government, asking for support, asking for guidance, asking for information, could have received this information and this issue could have been addressed years ago, Mr. Speaker.

So, in closing, I want to congratulate the member for Springfield for bringing forward a resolution that I think speaks to a proactive approach where this government has failed, and I want to say that I believe that this government has an opportunity to step up to the plate and actually be a little more strategic in their responses to public health and healthy living within Manitoba. Thank you, Mr. Speaker.

**Hon. Dave Chomiak (Minister of Innovation, Energy and Mines):** I welcome the opportunity to discuss this very important matter, Mr. Speaker, and I'm going to take a bit of a different tack in terms of my approach to the issue.

But just prior to my comments in this regard, I just want to reiterate that several statements made by members opposite, as per the norm, are inaccurate, Mr. Speaker.

It's funny that the member for Minnedosa (Mrs. Rowat) made the point that the government had spent money on a program contradicting, in fact, what her colleague from Springfield had said earlier that, in fact, there had been no program in place, Mr. Speaker.

I know they have trouble communicating in caucus, Mr. Speaker. It's a little uncomfortable in the House to see the lack of communication, but, frankly, they're just—you know, it's completely wrong

and contradictory to each other in terms of their own statement.

But I digress from the main points that I wanted to make, Mr. Speaker, and that is—oh, and, secondly, I should add to the member for Springfield (Mr. Schuler) and the member for Minnedosa's comments, that I'm still waiting for a question in question period. We're still waiting for a question on this issue contrary to members opposite talking about how interested, quote, end of quote, they are in this particular issue.

But my larger context and issue, Mr. Speaker, that I have for members opposite is how, you know, there used to be some kind of a philosophy and an ideology behind the old Progressive Conservative Party. Now the Conservative right wing, a party that occupies the opposition benches, doesn't have any kind of a basis for which it stands. And this is a classic example of the contradiction of the—of both their stance and what they say and what their positions are.

You know, Mr. Speaker, it's ironic that a member who detests government activity, who champions individualism, who wants to keep government out of all activities, talks about establishing a bureaucracy, talks about spending taxpayers' money with respect to massive amounts of money on freedom of information, setting up lists, setting up a bureaucracy.

Every problem that occurs in Manitoba, the member, particularly for Springfield, stands up and says the government ought to solve. Then he goes out to his constituents and says, we don't want government to be involved in our lives; we don't want government there.

But every issue that comes up, Mr. Speaker, he's there championing and blaming the government for everything conceivable under the sun. Everything under the sun he finds fault with with government, even though he purports to be a—doesn't purport to be, he is quite a radical Conservative, quite a self-righteous Conservative, quite a conservative Conservative. And what's the solution we hear? More government, more spending, more government involvement.

So, Mr. Speaker, there's a fundamental contradiction disconnect in those arguments, and we heard it over and over and over again on a variety of issues, be it hydro development, be it economic development, that the rhetoric and the complaints of

members opposite are not even remotely consistent with what they say out there in terms of their platform.

And the member from Minnedosa criticized the government with respect to being involved. The member for Springfield said the government wasn't involved, and then the member from Minnedosa talked about government programs that were addressed and looking at eradication—ratification of the program—of the problem, Mr. Speaker.

So there's this fundamental disjoint. Disjoint isn't even strong enough a word between the rhetoric of members opposite, who would not have government involved in anything, if they had their way, Mr. Speaker, and then their notions that they stand up on private member days, when some of them are allowed to stand up and speak and throw across their resolutions.

The second point is the fact that even a resolution like this, which is one of public concern and public health, cannot be brought in a non-partisan sense. It's got to be thrown in, Mr. Speaker, with personal attacks against the minister, with individual jostles and comments about the performance of individuals and the performance of the government. Surely if members opposite were sincere, surely if there was any kind of sincerity behind the proclamation of these kinds of issues, they could at least in the speech delivering the particular resolution talk about it in a non-partisan fashion.

Mr. Speaker, the proliferation of bedbugs is, as the member for Springfield said, quote: disgusting. I've had first-hand knowledge of it. I—it's—of course, it's a serious issue, but to bring forward a resolution and then proceed to attack government that you don't believe in anyway is not a way of engendering any kind of co-operation or any kind of participation. It's very disappointing.

If you genuinely have a concern about this issue, why don't you work to have co-operation? Whether or not the City's involved, the member opposite who brought the resolution talked about other cities' involvement. He cited a bill from Saskatchewan, Mr. Speaker, and—but he skipped over kind of a fundamental point that in this particular jurisdiction, largest urban city, Winnipeg has a significant say in how we deal with matters of this kind.

Perhaps some suggestions or advice as to dealing in a collaborative way with cities and towns and

districts would be more helpful than the simplistic notion of setting up a registry with all of the complexities involved, as we're told by the member for St. James-Assiniboia, Mr. Speaker. But, you know, the two fundamental points of (a) members not believing in government and then standing up at every opportunity they can to talk about the failures of government and, then, secondly, when, in fact, they try to bring forward some kind of proposal only using it as a political stunt, a political tactic, a political gesture, to get attention, as opposed to actually moving the policy agenda for it, those are contradictory issues and those are two well-defined tactics that—and the member for Springfield continues to chirp. I don't think he's listened to more than 30 seconds of anyone's discussion during the course of this debate. And doesn't that suggest something?

The point is, Mr. Speaker, if he wants a resolution passed on an issue of this kind, if he wants a genuine debate on an issue of this kind, surely he would allow for the discourse and the discussion back and forth. Surely he would look at his own particular conscience, his own particular matter of applying this issue and say, if this is truly a non-partisan issue, ought I not to bring it in a non-partisan fashion?

And surely he ought to examine the public policy function of his political commitment and that of the members opposite, who every time there's a failure in government—you know, every day, every day hundreds of thousands of Manitobans are helped by government. Periodically, there's an error or a mistake. As soon as there's error or mistake, Mr. Speaker, members are up, slamming the government as somehow being responsible for every single thing that happens in Manitoba when anything goes wrong.

When things go well, like the economy's going, Mr. Speaker, when our economy's moving along, when people are talking about hope in this province, when people aren't leaving this province like droves as they did during the '90s, when that's happening, members opposite do not acknowledge that. Instead members opposite descend to the level of partisan attacks on issues of public safety, attacks on government. If they want to be part of the problem, they should be part of the solution. Thank you.

**Mr. Speaker:** Order. When this matter's again before the House, the honourable member will have one minute remaining.

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

**LEGISLATIVE ASSEMBLY OF MANITOBA**

**Thursday, May 26, 2011**

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