

Second Session - Fortieth Legislature
of the
Legislative Assembly of Manitoba
DEBATES
and
PROCEEDINGS

Official Report
(Hansard)

*Published under the
authority of
The Honourable Daryl Reid
Speaker*

MANITOBA LEGISLATIVE ASSEMBLY
Fortieth Legislature

Member	Constituency	Political Affiliation
ALLAN, Nancy, Hon.	St. Vital	NDP
ALLUM, James	Fort Garry-Riverview	NDP
ALTEMEYER, Rob	Wolseley	NDP
ASHTON, Steve, Hon.	Thompson	NDP
BJORNSON, Peter, Hon.	Gimli	NDP
BLADY, Sharon	Kirkfield Park	NDP
BRAUN, Erna	Rossmere	NDP
BRIESE, Stuart	Agassiz	PC
CALDWELL, Drew	Brandon East	NDP
CHIEF, Kevin, Hon.	Point Douglas	NDP
CHOMIAK, Dave, Hon.	Kildonan	NDP
CROTHERS, Deanne	St. James	NDP
CULLEN, Cliff	Spruce Woods	PC
DEWAR, Gregory	Selkirk	NDP
DRIEDGER, Myrna	Charleswood	PC
EICHLER, Ralph	Lakeside	PC
EWASKO, Wayne	Lac du Bonnet	PC
FRIESEN, Cameron	Morden-Winkler	PC
GAUDREAU, Dave	St. Norbert	NDP
GERRARD, Jon, Hon.	River Heights	Liberal
GOERTZEN, Kelvin	Steinbach	PC
GRAYDON, Cliff	Emerson	PC
HELWER, Reg	Brandon West	PC
HOWARD, Jennifer, Hon.	Fort Rouge	NDP
IRVIN-ROSS, Kerri, Hon.	Fort Richmond	NDP
JHA, Bidhu	Radisson	NDP
KOSTYSHYN, Ron, Hon.	Swan River	NDP
LEMIEUX, Ron, Hon.	Dawson Trail	NDP
MACKINTOSH, Gord, Hon.	St. Johns	NDP
MAGUIRE, Larry	Arthur-Virden	PC
MALOWAY, Jim	Elmwood	NDP
MARCELINO, Flor, Hon.	Logan	NDP
MARCELINO, Ted	Tyndall Park	NDP
MELNICK, Christine, Hon.	Riel	NDP
MITCHELSON, Bonnie	River East	PC
NEVAKSHONOFF, Tom	Interlake	NDP
OSWALD, Theresa, Hon.	Seine River	NDP
PALLISTER, Brian	Fort Whyte	PC
PEDERSEN, Blaine	Midland	PC
PETTERSEN, Clarence	Flin Flon	NDP
REID, Daryl, Hon.	Transcona	NDP
ROBINSON, Eric, Hon.	Kewatinook	NDP
RONDEAU, Jim, Hon.	Assiniboia	NDP
ROWAT, Leanne	Riding Mountain	PC
SARAN, Mohinder	The Maples	NDP
SCHULER, Ron	St. Paul	PC
SELBY, Erin, Hon.	Southdale	NDP
SELINGER, Greg, Hon.	St. Boniface	NDP
SMOOK, Dennis	La Verendrye	PC
STEFANSON, Heather	Tuxedo	PC
STRUTHERS, Stan, Hon.	Dauphin	NDP
SWAN, Andrew, Hon.	Minto	NDP
WHITEHEAD, Frank	The Pas	NDP
WIEBE, Matt	Concordia	NDP
WIGHT, Melanie	Burrows	NDP
WISHART, Ian	Portage la Prairie	PC
<i>Vacant</i>	Morris	

LEGISLATIVE ASSEMBLY OF MANITOBA

Thursday, May 30, 2013

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 and know it with certainty and accomplish it perfectly for the glory and honour of Thy name and for the welfare all our people. Amen.

Good morning, everyone. Please be seated.

ORDERS OF THE DAY

PRIVATE MEMBERS' BUSINESS

SECOND READINGS—PUBLIC BILLS

Mr. Speaker: Are we prepared to proceed with Bill 205?

An Honourable Member: No.

Mr. Speaker: No? Are we prepared to proceed with Bill 210?

An Honourable Member: We are.

Mr. Speaker: Yes?

An Honourable Member: Yes. Bingo.

Mr. Speaker: Okay. We'll then call Bill 210, The Seniors' Rights Act.

Bill 210—The Seniors' Rights Act

Mr. Cliff Cullen (Spruce Woods): Mr. Speaker, I move, seconded by the member for Lakeside (Mr. Eichler), that Bill 210, The Seniors' Rights Act, be now read a second time and be referred to a committee of this House.

Motion presented.

Mr. Cullen: Mr. Speaker, it's indeed a pleasure to bring the Bill 210, The Seniors' Rights Act, to the Chamber for second reading, and I thank all members for their consideration of this bill, and certainly hope the members opposite will be supportive of this, I think, important initiative.

Mr. Speaker, I think it goes without saying that we certainly appreciate seniors in the province of

Manitoba and the great role that they have played in developing our province—and our fine province, and I think this piece of legislation will go a long way to acknowledging what seniors have done for our province and the important role they've played here in the province of Manitoba.

And I think what this bill really does, it puts—it formalizes the rights that we sometimes take for granted, some of the things that we already would consider that—to be a right of seniors here in Manitoba.

And, Mr. Speaker, sometimes we just, we take that for granted, and this legislation just formally puts that in writing, some of the rights that we think Manitoba seniors deserve, quite frankly. And, clearly, we certainly hope for support on all sides of the House for this particular piece of legislation. And I hope the members opposite will take a look. And it's a very, a fairly short bill; it's short and concise and gets right to the point.

And, clearly, some of the bill talks about health care, and as we age there's significant implications as we get older, obviously. And, hopefully, all of us will get to the age of 65, and that's what's spelled out in this particular document, and we certainly look forward to a good quality of life as we age, too, Mr. Speaker. And hopefully, our health provides us those opportunities.

And, really, that's part of where I want to go this morning, is in terms of as we age and the opportunities that we have. And I just want to make sure, Mr. Speaker, that we as seniors do have those opportunities to live close to our normal homes, have the ability to stay within our own homes as long as we can and that resources are there to provide for those seniors in their own homes.

You know, notwithstanding that, obviously, time comes where people are forced to move into other types of facilities at—for different levels of care, and that's certainly an important aspect as we age. And we want to make sure that those services are available, hopefully, close to our home locations so that we're not having to place our seniors in homes or facilities that are not close to their home. And, certainly, that has—can have quite a bearing on people as they age and certainly has implications to

families, as well, Mr. Speaker. And, certainly, we want to make sure that personal care homes and those types of facilities are available, again, close to home for our residents.

Some of the things that I've recognized in western Manitoba in the last couple of years is there's certainly a lot of pressure on the health-care system in terms of both emergency room and hospital beds, as well as personal care home beds, Mr. Speaker. And we're finding the situation where a lot of our seniors are getting transferred from location to location because there's not as—enough hospital beds or personal care home beds there for our aging population. Clearly, as people age—and we're into the era now where we have a lot of seniors. A great percentage of our population is now over 65 and even older, and people living longer requiring those types of services, and it puts a lot of pressure on the health-care side of things and the personal care home side of things, too.

So it's unfortunate when we hear stories of our seniors who, some are not in very good shape and having to be transported by ambulance in some cases hundreds of kilometres from location to location, and it has quite an impact on not just the patients themselves, but their families, Mr. Speaker. And, you know, as people get older they get settled in to certain spots and certain routines, and when people are forced out of those familiar locations and out of their routines it certainly can throw them off. And it's—it can be a very traumatic experience for a lot of seniors when they're having to be moved from location to location. And, unfortunately, this seems to be an ever-increasing problem, certainly, in western Manitoba. And I'm sure some of my colleagues will speak to their local residents as well, but it's certainly a problem that I see developing in western Manitoba.

And not only is it traumatic for the residents and the seniors, but it's also quite traumatic for their families. And those are the people that I hear from more and more frequently, and they're certainly concerned when their loved ones, whether they be mothers, fathers or grandparents, are being hauled around the province in the back of ambulances from time to time to find a—whether it be a hospital bed or a personal care home bed, Mr. Speaker. So it is, certainly, a troubling aspect to what our seniors are facing.

* (10:10)

Mr. Speaker, I do want to talk a little bit about affordability. I know we're certainly in the middle of our budget debate and the provincial government of course bringing in—or proposing an increase in the provincial sales tax. Clearly, that provincial sales tax will have a significant impact on all Manitobans.

And it certainly will have a major impact on our seniors, Mr. Speaker. And, of course, our seniors are—for the most part—on fixed income. And clearly they only have so much disposable income. So the effects of an increase in provincial sales tax will certainly have an impact on their disposable income. And clearly, I think seniors around the province recognize the impact that the increase in provincial sales tax will have.

And I think, Mr. Speaker, it's pretty safe to say that sometimes as legislators when we bring forward policy initiatives, we don't always stop to recognize the impact that those initiatives will have on ordinary Manitobans. And I'm hearing from seniors around the province that, quite clearly, the increase in the provincial sales tax will have a detrimental effect on them.

And, Mr. Speaker, I can also tell you that I am getting letters from seniors—seniors who are again on fixed incomes—who are, you know, considering what they should do in retirement. And in their retirement they look at what kind of money they are going to have at the end of the day—at the end of their tax year, in terms of what they have left for disposable income. And I see more and more seniors are comparing jurisdictions, in terms of which jurisdiction would be better for them, in terms of where they should live in retirement.

And it's unfortunate, Mr. Speaker, that more and more Manitobans are finding other jurisdictions look more attractive all the time. And unfortunately those seniors are having to make tough decisions—whether they should be staying in Manitoba for their retirement or whether they should be moving to other jurisdictions which are more attractive from a tax perspective.

And the other unfortunate part is, Mr. Speaker, with some of the tax regimes we have here in Manitoba, a lot of their families are being forced to move to other provinces to seek employment. And as a result we're seeing a lot of their—the seniors, as well, having a look at whether they should stay in Manitoba or whether they should follow their children to other provinces.

And clearly when they look at their tax bill at the end of the day and they do the comparisons—which are very easy to do now, Mr. Speaker. When their accountants do their tax role, it's easy to punch in another province and just see how much difference the taxation alone will make in other provinces. And those are very considerable, important discussions that seniors are having. And those are tough, challenging decisions that the seniors are facing.

Mr. Speaker, I just want to say one aspect of this bill that I think is important is the annual reporting mechanism. And basically, I know—hopefully the members will read through the rights that we put forward in the bill. But the annual reporting mechanism requests that the minister prepare a report on the number of seniors who are not able to access the rights, as laid out in section 2 of the bill.

And I think that's a very important aspect and component to this legislation so that we can see—it's a bit of a report card to see how we're actually dealing with seniors across the province. And I think this is an important aspect of this piece of the legislation, so that we can see how we're doing, in terms of treating our seniors around the province.

With that, Mr. Speaker, I thank you for consideration of this bill this morning and I hope the government side of the House will look on this particular legislation favourably. Thank you very much.

Hon. Jim Rondeau (Minister of Healthy Living, Seniors and Consumer Affairs): Thank you very much and I'd like to thank the member opposite for this very interesting bill.

The interesting part about the bill is that we, on this side of the House, not only believe in having the supports and the actual practical programs but we actually put the money into the programs, develop the programs and develop the supports for seniors.

The other members talk about seniors' bill of rights but all their programs in the past and their current initiatives talk about removing rights and supports and the ability of seniors to be independent and live a good quality life.

So I think the—when you say one thing and do another the word is an oxymoron. And I look at this bill versus the activities of this—members opposite and what they've said that they would do to seniors is definitely an oxymoron.

I think seniors do deserve a good place to live. I believe that it's an important—to continue to have good, strong supports. I find it interesting that the member—the Conservatives opposite are talking about 65. Their federal cousins actually said that seniors were a burden onto society and had to move the requirement date to 67. Except—unless members were in the senate, then they basically don't have a great retirement program.

So I hope the members opposite talk to their federal cousins who talked about seniors being a burden on society, that they were going to pull the whole country down. We, on this side of the House, believe that seniors contribute to their churches, their homes, their families, their communities—they volunteer. They make our communities, and we believe they're important parts of our communities, unlike the Conservative Party who actually thinks that they're a burden on society.

Number 2: I look at the programs that we've had the opportunity to put forward. Simple things, like—I like the idea that we've moved forward. In 2006 to 2008, we've talked about a process on age friendly, and through age friendly we want good services and supports for every Manitoban, regardless of where they live.

Now, the member opposite talks about southwestern Manitoba. I guess that's how they want to govern—in small, incremental parts of the province. What we believe is all Manitobans everywhere deserve services; they deserve supports; they deserve a good quality of life, and so we talk about age friendly for all Manitobans. And, Mr. Speaker, I'd like the entire House to know that from 2008 to now, about 85 per cent of our population's covered by age friendly. We have expanded the program, one of the best in the world, and we're seen as world leaders expanding age friendly so that we have services, supports for all citizens. And I'm pleased that we have put the funding in place to move that forward, and I'd like to put on the record that the members opposite vote against the money for age friendly every single year.

I look at the other programs that we have put into place that the members have voted against. An example is the elder abuse strategy. We've worked with Age and Opportunity, Clinic and other partners to move forward on an elder abuse strategy, where we have a telephone line that's available 24 hours a day, seven days a week; we have safe suites; we have programs that work with the community, make sure

people are aware of elder abuse; we have an elder abuse consultant that deals with the problem, that comes to solutions, that actually moves the situation forward. So the members opposite are talking about supporting seniors, but they vote against the elder abuse program. We want to make sure that people who are being abused have the support and services necessary to make sure that they live in dignity.

Number 3: I look at our government's record. We continue to invest more money in housing, and I'm really pleased that our Housing Minister continues to build affordable, safe housing units across the province. I'm pleased that our Minister of Health (Ms. Oswald) continues to build more personal care homes and other hospital's facilities, and builds them and it renovates them. The members opposite, when they had tough economic times, actually stopped investing in health-care facilities and home-care facilities. In fact, the interesting part about it is they were going to go to private home-care delivery. When the Leader of the Opposition was at the Cabinet table, they actually made a huge initiative to privatize home care, to make people pay. The size of your wallet depended on how much service you got. And, in fact, Mr. Speaker, the Leader of the Opposition, the Leader of the Conservative Party, the member for Fort Whyte (Mr. Pallister), has said that he believes in two-tier health care. He has said that you should get health care according to the size of your wallet, not according to your need.

And, you know, Mr. Speaker, maybe the members opposite don't realize that in the United States, the second biggest reason for bankruptcy is people have health-care crisis in their eight-later years, their home insure—their insurance stops or they run out of their—they hit their maximum, and what happens is they go bankrupt. They sell their homes, they go into poverty to pay for health care. I'm of the party that believes in universal health care. I believe in the vision of a medicare system where people get health care based on need, not on the size of the wallet. So I am actually surprised that the member for Fort Whyte, the leader of the Conservatives, who vote—who's saying that he supports a two-tier health-care system, and I think that's sad.

* (10:20)

I look at some of the things that we've done in the last little while. I look at the whole idea about making sure that seniors have the support they need

to stay home. We have moved the seniors tax credit from \$250 to \$1,100; that's huge. We've moved forward with income 'supplementing' for seniors who are living with their spouse. We moved forward with lots of programs like SafetyAid, where we go into seniors' homes and make sure they're safe and secure at no cost for low-income seniors. You know, that program's available across the whole province, so—and this prevents injury. It helps support seniors where they need it most.

I look at programs like the—where health-care and other service providers help provide people transportation and connect with others in their community. I'm pleased that we've worked with many organizations to do intergenerational programs where young people work with seniors to make sure they're connected to community and stay well. I'm pleased that we're actually supporting seniors organizations out in the community that do great work out in the community every single day.

And, Mr. Speaker, whether it's SafetyAid, support for seniors, the transportation of older seniors network, all those programs are things that we've done and the Conservatives voted against, and they improve the quality of life for seniors.

And so, Mr. Speaker, whether it's palliative care, home care, hospital services, tax credits, all those supports, we've moved forward. And I find it interesting how the Conservatives here in the past—and what they've said now they'll do in the future—are things that would hurt the quality of life for seniors.

I don't believe that seniors are a burden. I believe seniors are a contributing, vibrant part of our community. I think we should celebrate seniors. And you know, I look at this and I agree. We need to make sure that seniors enjoy a huge, positive quality of life for their service they've made for their community and their families. They should be free of abuse and neglect. They should have good health care. They should have good supports for housing and transportation. They should have all those programs. And that's why I'm a New Democrat, because I believe it, and we will vote to create the services and supports that are necessary to deliver it.

I do not belong to the Conservative Party because I don't say one thing and do another. I believe in doing—putting your money where your beliefs are. I believe that we need to make sure that we have the programs necessary. And as Minister responsible for Seniors, I'm pleased to continue to have—be part of a government that has the most

broad and deep supports for seniors to enable them to have a great quality of life.

And, Mr. Speaker, in closing, I would just hope that the members opposite talk to their federal cousins, the people who are in our current government, to talk about continuing to support OAS, CPP, talking about giving seniors a good cost of living, making sure that there's good, strong supports for those programs. And, in fact, we've been there. When the federal government's talking about employment for seniors, we're talking about appropriate pensions and economic supports for seniors, not lengthening the time they have to wait to get them.

So I'm pleased to be on this side of the House, and I hope the members at one point in the long time that they've been in opposition will vote for a budget that's positive to seniors. Thank you.

Introduction of Guests

Mr. Speaker: Order, please. Prior to recognizing the honourable member for Lakeside to address the matter under consideration, I'd like to draw the attention of honourable members to the public gallery where we have with us from Sun Valley School 24 grades 3 and 4 students under the direction of Ms. Mandy Vanderhooft. This group is located in the constituency of the honourable member for River East (Mrs. Mitchelson).

On behalf of honourable members, we welcome you here this morning.

* * *

Mr. Ralph Eichler (Lakeside): Mr. Speaker, and it is a pleasure to have guests in the gallery to hear debate here this morning on Bill 210. And I just want to remind the House that when we listen to the member opposite talk about seniors and what a great job his government is doing, maybe somebody could walk along to help him pat himself on the back.

But that's not what this bill's about; this bill is about credibility. This bill is about what really—what the issue here today is, is the lack of accountability from this government. And the member from our side of the House that brought this bill forward—certainly am pleased to second this bill the way it's written. And I can tell you that in my area I know that—in fact, this morning at a breakfast that I was at, a fundraising breakfast, there was a fellow there that was 105 years old. He's still very active in his community—*[interjection]* No—and I can tell you that

he's an Olympic swimmer. He's won medal after medal and he's still very active. So we are living longer, and as a result of living longer we need to ensure that services are in place. Not everybody's quite that healthy at 105.

I know some people that are in their 40s and 30s that have some type of an aid that they may need, and that's what this bill is all about is helping out, making sure those checks and balances are in place. In fact, I know in my area alone in Lakeside we have a shortage of palliative care beds, and we've been asking the government and the RHA's been asking the government for an increase in those number of beds. Our hospital is full of people that—needing palliative care, which is very expensive as we all know. In fact, we'll get into some numbers here in a bit in regards to that.

Just in my area, the Stonewall area, those folks have been having to leave their community. In fact, they go to the member from Selkirk's area. They have the largest number of beds in our particular area, and I know a lot of them continue to doctor there. A lot of them in my area, men and women both, a lot of the women never got their driver's licence. So they're relying on family to get them together, and so now it becomes a burden on the family as well to have to travel from Winnipeg or wherever they happen to be from. Come pick up mother or pick up father and take them to Selkirk to visit, and then once they're there they start to doctor there, and probably in all likelihood, I would say, probably less than 5 per cent ever come back to the community. So we've lost those fine folks that wanted to stay in their community, wanted to be part of their community and be active in that community, and it's unfortunate that they had to be taken away from their community.

So what happens as a result of that, Mr. Speaker, is that—what happens is they go into the hospital for care, and once they're in the hospital and we start offering those services which should be done through palliative care now is being done in the hospital, which is, again, putting more beds at risk. In fact, I know several times over the last couple of years that we've had a shortage of beds and we've had to move people around the area, some up to Arborg, some to Ashern, some into Winnipeg. Again, that puts a heavy burden on those folks to be able to receive the services that they need.

In fact, I know what this bill is doing and it's the right of freedom, independence and individual

initiative planning to manage his or—own life. And when we look at that terminology and those words, it's very clear that what we're trying to do is, in fact, make sure that the government will look after every senior within the province of Manitoba in a way that's going to be sustainable.

And I know the member opposite talked about palliative care. In fact, I've been very pleased to host a golf tournament whereby all those funds goes towards palliative care. We've raised in the neighbourhood of around \$40,000 for our community to support palliative care, and I cannot tell you enough the good work that those fine folks do. Most of them are volunteers, in fact, we have one paid co-ordinator. The rest of them are all volunteers that go and help out with those that are in the last days of their life. In fact, I have a very good friend that's in palliative care in Stonewall right now, and I can tell you the facility that is there through money that's raised—not from government—money that's raised from the taxpayers through initiatives. And I know the government says, oh, *[inaudible]* doing all these great things through palliative care. But if it wasn't for the funding that's raised through initiatives for palliative care, we would not have the level of what it is today. In fact, the wife of the friend of mine that's in there right now, she's staying there 24-7 and I can tell you that the facility is just fantastic.

* (10:30)

But it still don't take away from the fact that we need more beds and we need more funding, and we need more funding for those that's working in palliative care. And I know the funding's different for rural Manitoba than what it is in the urban areas, and that's unfortunate as well because we need a balance. We need to make sure that we have the trained folks in rural Manitoba as well as what they have in the city of Winnipeg.

And I know that the member from Assiniboia also talked about the housing, how there was enough housing. Well, I can tell you that in rural Manitoba, there's certainly not. And whenever we look at what's really going on out in rural Manitoba, whether it's in the north or the south, central Manitoba, the east side, the west side, what we've seen is a shortage of 55-plus homes.

People want to feel secure in their communities and most of them have been raised in their own communities and want to stay in their own communities. So, as a result of that, what they've

having to do is move into the urban centres and, again, they're lost in a new area, a new environment, and whenever they want to go out, they want to be able to feel safe in that community, whatever they're going to be relocated in.

In fact, what we've seen basically in—outside the Capital Region, the smaller towns are losing population. In fact, we just went through that with the last census, and we see very clearly what is happening is that the folks are leaving rural Manitoba to be able to come in and capitalize on some of those services, a lot of it through not of want but out of need. And so whenever we're talking about seniors' rights, it's really important that whenever we have the opportunity to keep people in their community, to ensure that they're going to be able to stay in their community, we have to make sure they have that environment of which they're going to feel safe and be a part of.

And I know also that whenever we're looking at all the wait list that are on the personal care homes, I know there's well over 50 just in my area, and I know that that's in Stonewall and Teulon area, not counting the other parts of my riding. But I believe there's over 430 on the wait list as it sits right now, waiting for placement. I believe that was as of April the 1st, if I remember correctly. But a significant number nevertheless and we have the baby boom population that's among us as we speak. And it's going to become a little heavier, a little booming, and we know very clearly that we have to make sure that we have facilities for those folks.

But the thing I want to drill home here most of all is the fact of the right, that whenever we have these fine Manitobans that came here and settled, a lot of them don't have the education that our generation has now, and they need those services to be able to help them through the task that they need to go through and, as I said earlier, a lot of them won't have driver's licence. A lot of them don't have the ability to look after themselves the way they should be looked after.

So what this Bill 210 does is very clearly does that, and I know the member opposite from Assiniboia was saying, well, we voted against the budget. Well, I can tell you the reason we did vote against the budget. It didn't go far enough, whenever we looked at the priorities. We look at the priorities about really what can happen, really what had happened. So they're talking about spending the money, but is it being spent to the right place? That

is really the crunch of it. Is it really being spent in the right place? It's about priorities.

And whenever—they talk about Winnipeg all they want—and I love Winnipeg, too, but I can tell you that rural Manitoba is alive and well and it's going to continue to be alive and well. And whenever we have a government that ignores rural Manitoba, that puts them at risk. So whenever we look at making sure that each and every senior in Manitoba is treated fairly and equally, we want to make sure that happens. We ask that the government support this Bill 210, and we look forward to more debate on it.

Hon. Kerri Irvin-Ross (Minister of Housing and Community Development): Mr. Speaker, so little time, so much material. Not sure where to begin, but I can tell you that actions speak louder than words. And, since 1999, we have showed our commitment to seniors and elders across this great province through our health care initiatives, through housing initiatives, through recreational initiatives, through the infrastructure that we've built for them. We are celebrating them. We don't believe that they're uneducated. We believe that they are valuable citizens of this province and that they make many contributions every day.

Their contributions start from the time that they settled here in Manitoba and contributed to making this province what it is today, to their—while they raised their families, while they formed their communities, while they helped to establish businesses across the province, to today, where they continue to support community and families.

I heard the member across the way say we forget about rural Manitoba. I don't think so. Let me tell you about some of the housing initiatives that have happened, and I apologize; I'm not an auctioneer. But if I was, this would sound much better.

So, new housing development in Riverton, Steinbach, Sprague, Grunthal, La Broquerie, Winnipeg—[*interjection*]-well, Virden, Winnipeg Beach, McCreary, Winkler and McGregor.

Now, that is just since 2010, the number of seniors affordable housing that we have built, and I'm—we built it with partners. We have exceptional partners across this province that do help provide us with the guidance. They do contribute financially and sometimes even in the management, and that makes a difference.

But, Mr. Speaker, there's more. We have gone into rural areas and we have provided subsidies for rent, so seniors can stay closer to home if they want to live independently, and we are there to support them in—are you ready for this? Hartney, Carberry, Cypress River, Lundar, Shoal Lake, St. Pierre, Birtle, Strathclair, Wawanesa, Holland, Morris, Melita and Rathwell. Those are some examples of what we have done to support individuals, seniors, living closer to home, continuing to contribute.

But we haven't stopped there, Mr. Speaker. We acknowledge that aging is a process. A person said, if you're not aging, well, the consequence isn't good. So, aging is important. [*interjection*] That's right; every birthday should be celebrated. And what we're saying to seniors is: We believe in you, we want to support you, and Aging in Place is a philosophy that we've had. We want seniors to stay in their community. We know that community living with adequate supports—they live a much richer, healthier life.

And we have lots of examples of seniors. I'm thinking of one right now, 104 years old, Mr. Timmerman. He is a phenomenal man. He's been a swimmer. He swam in many competitions and he's a gold medal winner. Though, when you ask him how many people competed in the heat, there may have only been one or two. But he is still swimming at a hundred years old and making a difference. He is a role model for all of us when it comes to aging and healthy living.

But what we have done is we have taken other concepts to develop to provide seniors with supports while they're living in the community. So we have supports to seniors in group living, which we have 3,500 units across the province, and what we're doing is we're providing—it's independent living, but if they need support with going to appointments, if they need support with transportation, if they need support for recreation activities or meal programs, we're there with them as long—as well, with the regional health authority, to provide it.

Supportive housing, that's a 24-hour support and supervision that's provided across the province, again, in partnership with the regional health authority, and that is truly making a difference. And there are seven—over 700 units of specialized supportive housing available across the province. I can tell you where some of those are, Mr. Speaker. [*interjection*] Thank you, I will.

Because, you know, we should—before I continue, how many housing projects, let me see, were built in the 1990s? There wasn't any built.

An Honourable Member: I was in kindergarten.

Ms. Irvin-Ross: That's okay. But you still represent those people.

So, we have projects in Pinawa, Grunthal, Dauphin, Neepawa, The Pas, just—oh, Ste. Anne. We have projects in Ste. Anne and Brandon and Winnipeg, as well.

So, with those initiatives, working alongside seniors, we're able to provide them—which one of the most important pieces that they need is a roof over their head. And under that roof, we will provide them with the necessary supports that they desire and that they want. And we'll continue to work with them.

*(10:40)

We should talk about home care. Home care is really an important concept of making sure that families get the support that they need for their loved ones; seniors can age in place.

Let me see. What did they say that they were going to do with home care? Hmm, privatize. Well, that would cause a huge burden for a number of families and individuals across this province. What have we done? We've expanded home care. We've ensured that people have access and we know the benefit of them living in their communities.

We should talk about a recent announcement about two-tiered health care. What would that do to seniors in Manitoba? That would create a huge burden. We know that the health-care cost for individuals, for most people, is the last 10 years of their life. Well, at that time, if they did not have access to the good quality health care that we have today, they would be struggling. They would struggle and their families would struggle. So we need to ensure that as we're building housing and supporting people to live in their local communities, that we continue to provide them with the home care and the health-care services that they need to thrive.

I think that there is so much that we can talk about. I'd like to give other members an opportunity to listen to what my colleagues have to say; as well, I'll listen to them too. And let's talk about actions; let's talk about working alongside seniors, the senior service—serving organizations, and start providing them with a quality of life while we're celebrating the gifts that they have given us, for the years that they

have developed this province and for the years to come. Seniors have a lot to contribute and we see that every day in the province of Manitoba. Thank you.

Mr. Cameron Friesen (Morden-Winkler): And it's my great pleasure to speak this morning on Bill 210 and The Seniors' Rights Act. The member for Fort Richmond says that seniors have a lot to give, and we couldn't agree more with her with that statement, that seniors have a lot to offer, they have a lot to give. That's exactly the reason my colleague has introduced this bill—a bill that would be designed to make sure, to ensure that the government provides seniors in this provinces—province with the services and the supports and the programs that they need in order to make those contributions, to live out their lives in a manner that has dignity, with rights and freedoms.

And, Mr. Speaker, I wish that we could stand today and just say that the—it's all a success, but the fact that this bill is being introduced indicates the great extent to which we still fail in this province to get the job done to create the conditions in which seniors can thrive. I appreciate the comments that have been made today already and put on the record by the members, and I want to focus my remarks, in the time I have, on the area of health care when it comes to seniors.

As a relatively new member of the Legislative Assembly here, I can tell you that from the very first time I took this office, my phone began to ring in the constituency office. As a matter of fact, I believe that one of the first phone calls I ever fielded was from a senior who brought to my attention a situation in which they could not access a personal care home for their loved one, for their spouse, who had gone to hospital, was exactly at that stage of life whereby their ability to live independently was being reduced. And we know how seniors live longer than they used to, independently, with props and services and with adequate and appropriate supports, but there comes a time—maybe it's precipitated by a fall, sometimes there's just an illness that takes place. And at that time, they go to hospital. And then that decision is made, that this would be a good candidate for panelling; and then that decision is made that, yes, this individual should be moved to a personal care home. It is exactly at that point in the continuum of care that often the system falls down.

And when my phone rang and started to ring as a new MLA in this Legislature, the accounts were

made to me exactly of this kind of thing, where the spouse had been injured or got sick and then could not actually be placed in a personal care home in the community in which they live. And time and time again across this province, in the city and in the rural areas and in the cities outside of Winnipeg, we hear the same refrain brought forward, that, simply, seniors do not actually have the ability to age in place even though this government has a policy exactly called, Aging in Place, caring for seniors. And, Mr. Speaker, I know that that policy states that Manitobans will be provided options to continue to contribute to the social and civic and economic life of the community, remaining safely in their own community. And I have to say today, this has not been a success. Even though this document says that seniors will have that ability to stay in their community, they have not, indeed, in practice, been able to do so.

And more and more in this province we have seniors who are then driven out of their home communities, who are driven to places where their spouses are now at a great distance and at a great disadvantage to be able to go see them.

And before my time expires, I do want to relate to you two personal accounts. I don't just want to talk in theory. I want to give you practical examples that spell out the great need for us to move forward on this.

I would, though, before I leave this document say, also, that that same Aging in Place strategy says that it holds up the following values: safety and security, flexibility, choice, equity and dignity. And, Mr. Speaker, I can tell you that in all five of these areas we are falling down in this province, but especially in terms of choice. When that choice is taken away from them and seniors have been told you can pick, you can choose, you can select the personal care home of your choosing, and they do it and in a rural area then they indicate their second choice. Now that second choice may only be a personal care home 50 or 60 or 100 kilometres away. And then they come back and the decision is made, yes, you're going into care, but you're going into care 50 or 60 or 100 kilometres away. That is tremendously trying for families, for seniors.

And often times—and these stories get related to me—where one spouse is 89 years old and the spouse going into care is 97 years old, and that second—that spouse of the individual who goes into care has no ability to travel. They have no access to get on that

road and go. They rely sometimes on family, on friends, on neighbours, on the church, on community groups to get them there, and those props are not always in place and that leads to a very, very troubling situation.

Seniors do not thrive in personal care homes 50, 60 and 100 kilometres away from home, or even longer. They do not thrive. And often times then, if they're already on that verge of experiencing some dementia or some Alzheimer's, some instance of Alzheimer's, well, then they don't thrive and perhaps they become irritated or agitated and they act out. And then what is done is all too often psychotropic drugs are prescribed to be able to make that patient more compliant and, Mr. Speaker, that is a one-way street for Manitobans. Where a family saw that, you know, parent or spouse thriving relatively in a hospital, they go to see them in a matter of weeks, and the situation has declined and deteriorated. And I'm not speaking in theory, I'm speaking about the practical matters that have been brought to my attention as an MLA.

This issue is all the more important to me, and I know the Minister of Health (Ms. Oswald) understands because she's read the research. The Manitoba Centre for Health Policy is reporting that by the year 2036 our need for personal care home beds in this province is going to be much greater. As a matter of fact, we will need space from anywhere between 5,100 to 6,300 additional personal care home beds in this province. We only have 9,600 now. Think about the increase that that means.

So the researchers have it right. There's a tremendous need coming. But the fact of the matter is, we are—we're fully subscribed right now. Our personal care home beds are full. And it is incumbent upon us in this Province to move forward with bold direction. It takes this minister far too long to get a project off the books and built, whether that is Neepawa, whether that is the Tabor Home that is still on the books for Morden. We want to encourage this minister to go forward. We want to see her go forward without delay and get this project done. But the fact of the matter is, that is, what is needed right now in the province of Manitoba is not one personal care home. Instead what is needed is a host of personal care homes for communities like Beausejour, for communities like Steinbach, for communities like Winkler and Morden, for communities like Portage la Prairie, for communities like Altona. We need them all across this province and we need to find a different framework, and I

encourage this minister to find ways to press ahead with making this a priority to find ways to find efficiencies in the capital construction process, to drive forward these projects that are so badly needed.

* (10:50)

So, Mr. Speaker, we have a great need in this province when it comes to personal care homes, and that's what this bill does. This bill makes it clear that seniors are owed the right to age in place. They are owed a duty by this government to make sure that they aren't seconded to another community, but they have the right where they have lived and where they have worked and raised a family and gone to church and volunteered in the community and done all these things. And then in that last part of their life where they now need the structures of government to step up and be responsive to their needs, we hear heartbreaking stories day after day from constituents.

I want to briefly tell you about two of them. One of them—we have an individual—a man and a wife, and I had the great pleasure to send them a certificate for—they were celebrating their 75th wedding anniversary. I couldn't believe the thing. I asked him to make sure he was correct on that because I couldn't believe he could possibly be celebrating his—and he said, indeed we were. And he was so thankful. They were able to celebrate with family.

It wasn't more than a few months after that, though, he phoned me again and he said his wife had been taken ill, she had gone to hospital, she had been panelled, she was awaiting placement, and instead of going to the community personal care home, she was sent from Winkler to Morris. Now, the problem is he's in his 90s—he's in his mid-90s. He couldn't get there. His son, who is retired, living in St. James, would drive every day to Winkler, pick up dad, go to Morris, visit mom, back to Winkler, drop off dad, back to Morris, see mom one more time and then back to Winnipeg.

The other situation is like it. It's a woman who right now has phoned me in the last week and says, can you help me? My husband has been panelled, he's awaiting placement, he's supposed to go to Swan Lake from Winkler. It's not appropriate. It's—she's not able to visit him. She cannot get on the road. Her kids live in Beausejour and in Winnipeg, and she cannot make it happen. And she's saying, can anything be done?

And I look forward to contacting the minister's office and asking her, can anything be done to help

these Manitobans? That's why I support this bill, Bill 210. It needs to go forward, Mr. Speaker.

Mr. Speaker: Order, please.

Hon. Peter Bjornson (Minister of Entrepreneurship, Training and Trade): It's a pleasure to stand here in the Chamber to discuss this motion today for a number of reasons.

(1) The community of Gimli, statistically, is the oldest community in Manitoba. I was very pleased with the great celebration we had to celebrate my dad's 80th birthday in Gimli not that long ago. I was joined by my colleague from Minto as well, and it was great to see him out there celebrating my dad's 80th birthday.

And though I'm a few months shy of my 50th birthday, I'm still a spring chicken, relatively speaking, in Gimli where we do have a very large seniors population and a very active seniors population, Mr. Speaker. In fact, the Gimli New Horizons 55-plus club has over 700 members, and they're very engaged in the community. They're volunteering in the community. They're making great things happen in the community.

And I also represent the good people in Petersfield, where they'll be celebrating a seniors appreciation night in a couple of weeks' time, Mr. Speaker—I'm looking forward to that dinner, which I attend every year to celebrate with the seniors in Petersfield—and, of course, Riverton, a fine community where as we speak there is a seniors housing complex that we are building with the community of Riverton.

And I tell you there's two things that often I hear from seniors. One of them is the importance of health care. Certainly, we all know the importance of health care. And we as a government have invested a lot of capital and human capital into the health-care system in my constituency. And I'm very proud of that record as a rural Manitoban, the things that we're doing to improve health care in rural Manitoba.

Now, it's interesting because when we opened up the kidney dialysis unit in Gimli, there was a friend of mine, a Mr. Sveinson, who came and spoke to me with tears in his eyes about how this impacted his life, having the dialysis unit available to him in Gimli as a senior and having access to this dialysis unit. But do you know what? When we promised to build that dialysis unit, the campaign manager from my opposition candidate came up to me and said, why the—are you doing this? This is a waste of

money, you have no business doing this, we can't afford this. I wish he would have been there to talk to Mr. Sveinson that day that that dialysis unit was opened and he would have saw the impact that that made on that individual's life, Mr. Speaker.

And, of course, we also introduced Telehealth, and Telehealth is a very important tool in rural Manitoba. And when we opened up the Telehealth unit, there was a senior there who said that he had had multiple health issues and he talked about the impact that Telehealth had on his life and how he didn't have to drive into Winnipeg to see specialists; he could see a specialist in his home community via Telehealth. He talked about how, being a senior, how he doesn't like to drive into Winnipeg as much as he used to because of his driving abilities and the challenges that he faces for health reasons and how important Telehealth was, to have that asset in our community. And, of course, that was another budget that members opposite voted against, the modus operandi of members opposite.

But I tell you, Mr. Speaker, the—we know how important health is—health care is for seniors in Manitoba. And we also know that a two-tiered health-care system that the members opposite's leader has said is going to be the solution to health care is certainly not in the best interests of seniors in my constituency.

And, you know, another thing that we talk about is housing. And as mentioned, as we speak, there is a new seniors housing complex being developed in Riverton. There is a group of seniors that volunteered and fundraised and worked with government in Winnipeg Beach to build the Gateway Foundation housing complex in Winnipeg Beach. We know that my neighbours and the MLA for the Interlake has the benefit of an assisted-care home that—housing complex that we contributed to as well, Mr. Speaker. We are moving with a lot of partners, and moving on our own in many cases, to build more hybrids of housing complexes to address seniors' needs in Manitoba.

Now, I appreciate the intent of what the members opposite are doing here with a bill to talk about seniors. But you know what? I think they're—we're having the debate in the wrong Chamber. I think members opposite should talk to their cousins in Ottawa about the fact that Old Age Security now is going from 65 to 67, Mr. Speaker.

Members opposite should talk to their colleagues in Ottawa about our national party's platform on the

Canada Pension Plan, and how small adjustments to the contribution levels will make that more sustainable for people, and people can retire with a pension plan that provides them with the sufficient means to retire with dignity and live in dignity. But that's, you know, that's members opposite. They pretend to be the champions but they certainly don't—aren't held accountable for some of their actions.

There are a number of things that we could talk about in this particular bill, a number of things that we have been doing and will continue to do for seniors.

Affordability, for example: We were the government that equalized rates in rural Manitoba. They talk about being champions of rural Manitoba, but they allowed—we came in and said hydro should be the same, whether you live in Gimli or whether you live in Altona or whether you live in Winkler, as the same rates that we had here in Winnipeg. We equalized the rates.

And what are they talking about? Their previous leader—I can't remember which one. They've had four in the last I don't know how many years. But one of their leaders, a few years ago, talked about market rates. And what would that mean for the average senior living on a fixed income, Mr. Speaker? And, of course, for—God forbid, that members opposite would privatize Hydro, which we think is their plan. We know that they plan on scrapping any construction of Manitoba Hydro, which would have a tremendous impact on the hydro rates. So you want to talk about affordability, let's look at our public utility.

Speaking of public, a very important public service is home care—home care and a model of home care that we have in Manitoba that is the envy of many jurisdictions. We were the pioneers in home care and in Aging in Place strategy in finding supports to assist seniors in their housing and allowing them to stay at home longer, to live in place, strategies.

Members opposite talked about privatizing home care. And what would the impact be of privatizing home care for seniors in Manitoba, Mr. Speaker? The costs would be market driven, just like they want to have market-driven rates on hydro. You'd see the costs increase for members opposite—or if members opposite had their way and privatized home care.

And I know my parents—my parents, as seniors—again, my dad's celebrating his 80th birthday and my mom in her early 70s, they've often showed me their telephone bill and how their telephone bill had gone up incredibly with the privatization of Manitoba Telephone System.

And they also recognize the value of a public insurance, as my father and my mother both are still driving, and will for as long as their health will allow them to do so. And they talk about their rates of Manitoba Public Insurance for insurance on their vehicles. And they know that having a good public utility like Manitoba Public Insurance is why they benefit from those rates and the rebates that they've received because of their impeccable driving records as well, Mr. Speaker.

So you want to talk about affordability, we're the government that is guaranteeing, in legislation, that our public assets will make sure that Manitoba is among the most affordable.

Well, let's talk about education taxes, Mr. Speaker. I mean, members opposite, they reduced the education personal tax credit. They reduced it. And what are we talking about doing for seniors? Well, we've increased the education property tax credit and we've increased it up to \$1,100 for seniors and we're working towards eliminating education taxes for seniors.

So, yes, there are a couple things that are very important to seniors, No. 1 being health care.

And I would put our record up against members' opposite record any time, anywhere in Manitoba, whether it is here in the city of Winnipeg, whether it is in northern Manitoba, whether it is in rural Manitoba. I would stand beside our record any time compared to members opposite. And affordability, again, Mr. Speaker, very important to seniors—

* (11:00)

Mr. Speaker: Order. Order, please. When this matter is again before the House, the honourable Minister of Entrepreneurship, Training and Trade will have one minute remaining.

The hour being 11 a.m., it's time for private member's resolution, and the resolution under consideration this morning is sponsored by the honourable member for Morden-Winkler (Mr. Friesen), titled "Declining Emergency Health Care in Manitoba".

RESOLUTIONS

Res. 12—Declining Emergency Health Care in Manitoba

Mr. Cameron Friesen (Morden-Winkler): I move, seconded by the member for La Verendrye (Mr. Smook),

WHEREAS in 1999, the current provincial government promised to end hallway medicine in six months with \$15 million; and

WHEREAS in fiscal year 2011-2012, 8.1 per cent of the total visitors to emergency rooms in Winnipeg left without being seen by a physician because wait times were so long; and

WHEREAS ambulances off-load times at Winnipeg's emergency rooms have more than doubled from 30 minutes in 2009 to 75 minutes in 2012; and

WHEREAS there were more than 100 hours in 2012 where no ambulances were available in Winnipeg to respond to the next emergency; and

WHEREAS in 2012 the Winnipeg Regional Health Authority was fined \$1,214,529 by the Winnipeg Fire Paramedic Service for off-load delays exceeding 60 minutes at Winnipeg hospitals; and

WHEREAS there were 17 health-care facilities in Manitoba experiencing emergency department closures or downgrading of services as of February the 1st, 2013; and

WHEREAS Dorothy Madden, Brian Sinclair and Bonnie Guagliardo all died after facing unacceptable waits at Winnipeg emergency rooms; and

WHEREAS the Health Minister made a strong commitment in 2009 to improve training for emergency room staff assigned to assess patients in waiting rooms.

THEREFORE BE IT RESOLVED that the Legislative Assembly of Manitoba acknowledge that emergency health care in Manitoba has significantly deteriorated over the past 13 years.

Mr. Speaker: It's been moved by the honourable member for Morden-Winkler, seconded by the honourable member for La Verendrye,

WHEREAS in 19—

Dispense?

An Honourable Member: Dispense.

Mr. Speaker: Dispense.

Mr. Friesen: I'm pleased to be able speak on this resolution this morning. Emergency service in Manitoba is a very, very vital part of our health-care system. and it would be great today if we could all stand and talk about the way the system was succeeding for all Manitobans, but, Mr. Speaker, the evidence tells a different story.

In Manitoba, we have issues that are facing emergency services that are making it very difficult for Manitobans to receive the kind of care that they require when they find themselves in a situation where they require access to the health-care system and they're seeking those services by calling 911 and seeking the services of a paramedic and ambulance or arriving at the doors of emergency rooms across the city and across this province. And over the last number of weeks, we have brought more and more of these accounts to the floor of this Legislature; we have brought serious concerns being expressed by Manitobans across the province about the quality of the care that they receive in emergency services.

Manitobans should have access to prompt and quality emergency health-care services, and this government spends lots of money in the system. As a matter of fact, even this year, health-care spending continues to outstrip other areas of spending, so there's no quarrel about the amount of money being spent, but we continue to try to focus this government's attention on value for money. And, indeed, in another study just published last week by the health-care council of Canada, they found—or actually, I'm sorry, Mr. Speaker, that one was by the Conference Board of Canada. They found that there was no correlation in the system and no correlation in their findings, yet again, between what a jurisdiction would spend on health-care spending and the results that they would see. They said there's no direct correlation. There is no perceptible correlation. In other words, it's not just about who spends the most money; it's—the issue is ensuring that the system is a quality system, that monies are spent and that always we are reassessing what we do and why we do it.

So, Mr. Speaker, today, we're standing here because this government came into power in 1999, and they made a commitment to health care. They said that they would end hallway medicine in six months. They said it would cost them \$15 million, and they would get the job done. And yet, 13 or 14 years later here we are, and we still have patients

in the hallways, we still have ambulances stuck in the queue at hospitals waiting to off-load patients, and those queues are growing and growing, and the system is—and the situation is unsustainable as it is.

Mr. Speaker, to talk about those ambulance off-load times for just a moment. In 2009, the average off-load time for an ambulance at emergency was 30 minutes. As of 2012, that average time it takes for paramedics to successfully transfer that patient into the care of the receiving emergency room is 75 minutes. And that's a huge red flag. Those numbers show that the time to transfer is skyrocketing. And it brings up important questions about the use of resources, the allocation of resources. And it also, of course, raises important questions about what this costs the system. Because any ambulance that is stuck in a queue with the paramedic complement that it has is an ambulance and paramedic crew that cannot be ready to respond to the next Manitoban who requires their services. So, we have to ask basic questions about how to get this fixed.

And, Mr. Speaker, we're here today because the answers being contemplated by this minister are not adequate to meet the size and scope of the challenge. As a matter of fact, I'm holding in my hand a headline from just April the 3rd in the Winnipeg Free Press. The title of the article is Project takes pressure off ERs, and what this article basically does is it says that what's going to happen is that the Province wants to set new targets. They want to set new targets for bringing down that wait time for ambulances at ER. The problem is that in the new target specified by the WRHA, they don't even set a new target that is beneath the threshold at which the fines would begin to be assessed. And you might say, well, what are those fines that you're referring to? Well, the fines we're referring to are the fines that are now in excess of \$1.2 million per year being assessed by the City of Winnipeg through the Winnipeg fire and paramedic service to the WRHA saying, listen, you cannot tie up our resources that way without suffering some kind of consequence. And so, they began to assess fines that at first, I believe, that that fine was set at 90-minute threshold, and then it was reduced to 60-minute threshold. And they said, if you've got one of our rigs and crews waiting there more than 60 minutes we're going to assess that fine. And that fine is now over a million dollars a year. And even the new targets that the minister and her department are setting are not getting that job done. So this is clearly a big issue.

But, Mr. Speaker, those are not the only issues in health care. I know my colleagues are going to stand up in a number of minutes and they're going to talk about important issues when it comes to closures and access to the system in rural Manitoba and in other urban areas. But in my minutes remaining before my time expires, I want to bring to your attention a number of incidences that have occurred in emergency rooms that didn't need to occur. They are tragic incidents that took place, and they were preventable and it's tragic to hear about these things.

Only a few weeks ago, I brought to the attention of this Chamber a woman who went to St. Boniface ER because she was suffering the symptoms of a stroke. Her husband recognized those symptoms right away and brought her to the ER, where she proceeded to wait unattended to for the next five and a half hours. She was suffering a stroke, and yet she—after initial assessment no one came to check on her. And finally a family member came to join her at ER, could not believe what was happening and went to advocate. And I would say to the minister, I was really troubled to hear—and this is something I know she could do something about—that family cited later on there were signs posted in that ER that basically gave the message that if you act out or if you are too much of a disturbance in that ER we reserve the right to not serve you, something like this. And they talked about this sign that was posted; well, here's a law-abiding Manitoba family, they took that to mean they should not advocate for her care. And I find that very troubling, and I would invite the minister to look into that situation and see if somehow that wording couldn't be changed. I understand the pressures that must be on ER staff. I understand they get all kinds of people walk through the door. But I think in this case, clearly, that message was misconstrued, and care could have been sought with so much more effectiveness had they known they were able to procure it. A matter of fact, of course, we understand that care should have been provided in any case.

*(11:10)

But a second issue, Mr. Speaker, that I have brought to this Chamber has to do with a woman whose—by the name of Bonnie Guagliardo, who went to ER as well after she suffered a terrible head injury, and she went to a different ER in this city. And she waited and she waited and her condition didn't improve. As a matter of fact, it got worse and worse and, over time, she made a decision, I believe, after six hours or so, to leave the ER. And she left, and she

went back home. And that decision resulted in her death—her tragic death. She was found the next morning by family members in her home. The coroner determined—in an autopsy report, determined that she had probably died very shortly after returning home.

As a matter of fact, Mr. Speaker, I want to indicate to my colleagues in the Chamber that in terms of a percentage of patients not seen by a doctor in ER, as of 2012, March the 31st, it was 8.1 per cent of all patients. Out of a total of almost 300,000 or 287,000 patient visits to an ER, 8.1 per cent of those were not seen by a doctor. That means over 23,000 thousand of them were not seen, and that's a troubling statistic.

But, Mr. Speaker, the system failed. But the system wasn't supposed to fail, because in 2004, this very government conducted a comprehensive review in an emergency care task force, because these problems didn't just start up. These problems have been in the system, they are endemic to the system, and they were around in 2004. As a matter of fact, there were a number of recommendations made at that time, and of those recommendations, one of them was to be—the implementation was ongoing. It was supposed to be in place, and it said that there should be a reassessment nurse who's there making sure a patient is treated. And then another recommendation said, if anyone leaves and is not seen, a phone call must be made home.

The minister stood in this Chamber the other day and said those recommendations were implemented. Well, how could they be implemented when this woman clearly received neither one of these supports that was supposed to be in place? Mr. Speaker, I look forward to the comments that my colleagues will make on this resolution. It is very important for us to recognize that the system is declining and it needs attention right now.

Hon. Theresa Oswald (Minister of Health): It's my pleasure to rise in the House today to respond to the private member's resolution and to put a few facts on the record. So I was listening very carefully to the member and some of the issues that he raised, and I would agree that a number of the issues that he has raised are worthy of discussion, further exploration. Certainly, in some of the specific cases that he cited, there are reviews and examinations going underway, because that is critically important.

We know that if at any time something should go wrong in the health-care system, we need to have

a construct available to us whereby we can look at any issues or errors that happen and do everything that we can to review those issues to enable, wherever possible, avoiding those issues from happening again. It's why, Mr. Speaker, that we entrenched in legislation the issue of mandatory of critical incident reviewing, because we know that back in the 1990s when—and before—when things were to happen in the medical system, the culture was to sweep those errors under the rug.

Nurses didn't want to speak about things that they observed doctors doing that they believed were inappropriate. Other health-care professionals wouldn't want to speak of things they saw nurses doing, and it was a whole culture of silence, of secrecy and, consequently, of errors repeating themselves. And we know that as a result of the pediatric cardiac inquest that took place, that the recommendations came through very strongly by Justice Sinclair that the whole ethos of health care had to change whereby these errors and mishaps had to be brought forward and people needed to feel safe to do so to enable learning to happen. And so that's why we've entrenched the critical incident process in legislation and that's why we're working very, very hard.

Indeed, Saskatchewan refers to Manitoba in terms of transparency and accountability as the model by which every jurisdiction in Canada should strive to emulate. That transparency and openness can only help more learning to occur and to help our health-care system get better.

I'm not suggesting, Mr. Speaker, that we're going to be able to eliminate all errors in the health-care system. We know that as long as human beings, in all of their magnificence and, indeed, their flaws, are involved in the system, that there will from time to time be errors. The effort is to, wherever possible, to minimize that from happening.

I know, Mr. Speaker, that the member opposite made reference to hallway medicine—that phrase that we've known since back in the '90s—and we know that the goal is to ensure that Manitobans have access to rapid emergency care, and it is a top priority. And I would cite for the member that, while I would not stand today and say that this issue has been 100 per cent resolved, I can say that the data is very clear; we know that in the late 1990s, when patients being lined up in the hallway was indeed an epidemic, we know using the precise same method of counting patients, that routinely there were an

average of about 28 patients across the system in the hallway every day in Manitoba. It was the standard; it was the way that business was done. December of 1998, we know, was particularly terrible. There were an average of 35 patients in the hallways routinely.

Today, counting in exactly the same way that was counted back then, the average is one and it is often zero, Mr. Speaker, and that is a fact. This is not to say that it never happens. But going from an epidemic—a routine appearance of 28 and, December of 1998, 35 patients every day—to an average of zero or one, I would call this reasonably substantial improvement.

Now, the member also raised some comments about patients who are leaving without being seen. We know that patients go to emergency rooms for situations that are not life-threatening. They need care, without a doubt, but they're not necessarily appropriate candidates for an emergency room; we know this. We know the vast majority of people that leave without being seen should likely have not presented to the emergency room in the first place.

Now, the member cites a specific case that doesn't fall into that category—I acknowledge that—but, in general, Mr. Speaker, we know this, which is why we're working very hard building the St. James Access Centre. We just opened the NorWest Access Centre; it's spectacular. QuickCare clinics opened in Winnipeg, in Steinbach, in Selkirk and, of course, making that commitment to Manitobans that they will all have access to a family doctor with a very aggressive target of 2015.

We're building hospital-home teams, Mr. Speaker, which will allow seniors who are frail, elderly and have complex needs to continue to get that care in their homes and be visited by a doctor. I listened just an hour ago to members opposite speaking about care for seniors, and this is a critically important initiative that is yielding remarkable results in substantially decreasing the needs for those patients who had been frequent visitors to the emergency room and for admission to hospital, enabling them to stay home.

We also know that every year roughly 10,000 people facing a mental health crisis have come to emergency rooms, and because their—the physical manifestation of their circumstances is not as severe as, say, a heart attack or a broken leg or someone suffering from injuries from a car accident, they tend to get seen lower down in the queue. It's

why just this week, Mr. Speaker, we were so honoured and delighted, in partnership with the Winnipeg Regional Health Authority and our clients—our mental health clients—to open the first of its kind Mental Health Crisis Response Centre in Canada. We know that those individuals, roughly only 15 per cent of them ever need hospitalization. They will get better, specialized care in this centre, and we're very, very pleased about that.

And I would also add that I just find it so curious to listen to members opposite for the first hour speak about the need to build more personal care homes in rural Manitoba—which I happen to agree with and why we've committed \$200 million to do exactly the same—in the same breath or the same moment that their leader stood up with an alternative budget, if you will, that said that it would slash \$52 million out of health care—\$52 million. So they stand up and talk about building more personal care homes, which I support, and at the same time, their leader talks about slashing \$52 million. The dog—that dog won't hunt, Mr. Speaker.

* (11:20)

And, further, I would suggest that the true burden on our seniors going forward would be no greater than reverting or going to a two-tiered health-care system that their leader was advocating for just this week. And I know I get shrugs and grimaces from members across the way, so I'll assist them in saying that it was on the 28th of May that the Leader of the Opposition said very clearly that a two-tier health-care system, quote: is a system that we need. He also went on to say, during the same interview, when he was asked—and this makes them a little antsy and I can see why—the very same interview he was asked whether Manitobans should be allowed to cut the line and buy services, and he said, and I quote: I think that's what Manitobans want to see. End quote. And so, you know, when he was asked about how he'd improve health care, he said that cutting funding was, quote: obviously, end quote, the first thing that he would do.

And so, Mr. Speaker, you know, we have sensed for many a year that this was the primrose path that the Conservatives will want to tread down the second that they get their hands on the wheel, but they've always been a little bit cautious about talking about it openly. In fact, the Leader of the Opposition, just the other day in that same interview, said, well, you know, it's dangerous to talk about those things. And I would suggest you—that there's nothing dangerous at

all about standing up and saying that you want to protect health care. There's nothing dangerous at all saying that you want to build more personal care homes—he doesn't like talking about that. But, well, you know what? We're not only prepared to talk about our record, we're also prepared to talk about his. And I'm happy to take this opportunity in my 40 seconds left to remind folks that his record and the Conservatives' include firing a thousand nurses, canceling all health-care construction, cutting 15 spaces in medical school, cutting \$37 million from rural hospitals and PCHs in the '90s, closing the Misericordia ER permanently and four more of the community ERs overnight, introducing home-care user fees, cutting \$3 million from home care, housekeeping, meals and laundry services, trying to privatize home care outright.

We know what their agenda is. We're working every day to improve the system. By gum, we know what they're going to do.

Mr. Dennis Smook (La Verendrye): I'm not going to talk about the '90s. I'm not going to throw a temper tantrum. I'm going to talk about things that are happening today.

I would like to thank the member for Morden-Winkler (Mr. Friesen) for bringing this resolution today: Declining Emergency Health Care in Manitoba.

Manitobans should have access to prompt and quality emergency health care no matter where they live. Emergency wait times have become so long that Manitobans have become increasingly ill while waiting for care, and many have died.

I would like to talk about what's happening in my constituency, southeastern Manitoba. At one time we used to have two hospitals with two ERs servicing a very large area. It's probably one of the larger constituencies in Manitoba. The Whitemouth hospital closed a couple of years ago with the clinic left. On October 17th of 2012, the Vita emergency was closed with the answer it would be a short closure, things would come back soon and everything would be fine. Well, Mr. Speaker, it's been seven months and the garbage bags are still over the emergency hospital signs on each end of the town. We have no emergency room there. The community of—the hospital of Vita—in Vita services the whole southeastern area, all the way from Dominion City to Buffalo Point, which is an hour and a half drive.

Now the nearest facility is Steinbach; Steinbach is 35 minutes. If you look at what's happening, that's just too big of an area for somebody to come from Buffalo Point or from wherever, all the way to Steinbach, and it's not fair to the people of southeastern Manitoba. It puts lives at risk, it also—it's not fair. We all live in the same province. The Premier (Mr. Selinger) of Manitoba, a little while ago, said that everybody in this province deserves equal health care no matter where they live, and that is something I would like to see happen in southeastern Manitoba. We deserve it as much as anybody else in this province.

The Vita ER looks after 1,700 cases a year. We also have a PCH attached to the hospital. This hospital is important to the area in southeastern Manitoba. I mean, I've had friends—I've got two friends that suffered major heart attacks and if it wasn't for the ER in Vita they would be dead today, and to me that's important.

My biggest concern is the minister told us that it would be a short closure, that they would find doctors and everything would be fine. But that's not the case. We're having a lot of problems. It's been seven months, and there are other communities in Manitoba that are suffering the same problem. As of February of this year 17 health-care facilities in Manitoba were faced with emergency department closures or downgrading of emergency services. And it worries me that the minister promises to do something, but, yet, it's getting worse and worse and worse and worse. It's happening all over the place. So if they can't find doctors for other hospitals, how are they going to find doctors for the Vita emergency? They keep promising they're going to do things, but it never happens.

I'd like to bring to Mr. Speaker's attention that Beausejour Hospital is also—it services the north end of La Verendrye. On the May long weekend, it was closed for a day. So the residents of La Verendrye could be faced with no place to go. The closest from Beausejour would have to go all the way to Winnipeg or Selkirk, like, anybody from Whitemouth. That is not fair. This minister needs to look at what's happening and do something about it. This minister sits and—well, we're on it—we're on it. We're on top of it. But she's not, and that's my biggest concern. She makes all kinds of promises, but with the reputation of this NDP government, where is it going? They have not been truthful to the people of Manitoba, so what can we in southeastern

Manitoba expect from a minister who will not give us proper answers?

Manitobans continue to wait longer for diagnostic tests: MRIs, CT scans—two months. Like, it is not fair for people to have to do this. In 1999, the NDP government made a commitment to health care in Manitoba. They promised to end hallway medicine in six months with \$15 million. Thirteen years later, patients are still lining the hallways and they are stuck in ambulances waiting to be off-loaded at hospitals. Wait times continue to be unacceptable because of this minister's mismanagement. More and more Manitobans are dying as they wait for the care they need. This government should be looking at treating all Manitobans equally when it comes to health care, not be partisan and decide where they're going to put health care and not treat everybody the same.

Thank you, Mr. Speaker.

Ms. Melanie Wight (Burrows): I'm really grateful to have the opportunity to be able to speak on this topic today. My only difficulty will be trying to fit all the excellent things that we've done into only 10 minutes. So I'm hoping that, of course, others will be able to speak and continue to get everything onto the record. It's absolutely, of course, impossible.

The member from La Verendrye mentioned that he doesn't want to talk about the 1990s, and I can certainly understand why. It makes complete sense that he wouldn't want to go there. But we've already gone there with the opposition leader having been part of those 1990s, and having mentioned only the other day that he wanted to go to two-tiered health care. So I think we've clearly made the connection there to the 1990s.

* (11:30)

I would mention some of—they're also mentioning about rural Manitoba not being funded and, I mean, I just—I'm not sure where they're getting that. But back in those 1990s, Mr. Speaker, the PCs actually cut over \$7 million from hospitals, PCHs and clinics in communities across western Manitoba. One of them happened to be in the Melita hospital, which was where I was born, during '95-'96—that's not when I was born, just saying. And I'm grateful I wasn't born then because that's when they cut \$182,000 from the Melita hospital budget. From Minnedosa hospital, I under—believe that's where the member from Riding Mountain is now, it was a \$1.5-million cut between '92 and '98, at that hospital.

When it comes to Brandon West, they cut over \$5 million from the Brandon hospital.

And, personally, I have had some connection there. My mother was in a few years ago to get a pacemaker, in a—absolutely beautiful, new facility out there in Brandon. It was just gorgeous and she got fabulous care there. I was so grateful, and it was absolutely beautiful—[*interjection*] It was a few years ago, actually, that we were there, and it was beautiful then. Maybe it's more beautiful now, I don't know.

So, one of the members also mentioned—and they might want to listen to this because, I don't know, maybe they might want an actual fact on it. When it comes to hallway medicine, it is down 99 per cent from the late 1990s when it was an epidemic and there were, routinely, an average of 28 patients lining the hallways for days, Mr. Speaker. And for the last few years, the average has been less than one patient and often is zero. So I think the progress has been amazing, although we don't ever actually hear that from the other side.

We've also—because one of them was asking, where has—where—what have we been doing? Where has the money been going? We've also rebuilt and expanded the ERs at the Health Sciences Centre, at the Children's Hospital, at Concordia, at St. Boniface, at Victoria, at Seven Oaks, and last year we committed to a \$20-million redevelopment and expansion of the Grace ER.

In my area we recently opened the access centre on Keewatin and—[*interjection*] Yes, it was a nice piece in the paper—thank you, member. And it was about the hundred—100 professionals that are operating out of the access centres in all kinds of areas. So there are 10 exam rooms there; there's a lab open there from Monday to Friday so anyone in the area can go there and get their lab work done; there are mental health workers; there are EIA workers working out of there; there are keeneey—keenes—keeneey—oh, okay, I'm not going to be able to get the word out—somebody could help me; you're always helping other times. Keeneo—kee—okay—

An Honourable Member: Kinesiologists.

Ms. Wight: Thank you, member from Morden-Winkler. Kinesiologists—still, I'm still not saying it. Did I say it right? They're there at the access centre on Keewatin, I'm happy to say, and they're doing just amazing work.

And as I mentioned in my article, one of the women that was working there in the mental health

was just so impressed with how the access centres are being run and the complete community feeling there of all—everybody from all different disciplines working together. So there's nobody sort of sitting in their own little, separate towers, unwilling to work together. They're all working together.

And the other day, Mr. Speaker, I was driving home over the Arlington Street Bridge, which, thankfully, in spite of Russ Wyatt, still is there for me to drive over, and as I was coming down the other side, I noticed a bike. And the people—there were adults on the bike, and there was two of them—and one was riding on the handlebars, which you should never do, and as I came down the hill over the Arlington Street Bridge, they lost control of the bike and careened off and went flying into a yard. And I turned around and was able to come back and jump out and get them into my car, but I had right there the QuickCare clinic on McGregor. So I was so relieved because we were all a little bit panicked, and we were so relieved that there was somebody somewhere, right in the area where I knew they could get care, you know, immediately on walking in those doors. So it was a blessing to have that knowledge and know where to send them. So I was very grateful for that—being in that—being there.

I think we mentioned also some of the EMS work that we've done, and when I was canvassing, I ran into a paramedic over on Church in my area, and he was talking about some of the things that they're doing now in paramedics around the heart, the STEMI protocol for heart attack victims, and that's just amazing. They save lives right in the ambulance, and since they have been able to do that work right there mortality rates for heart attacks have dropped from 8 per cent to 2 per cent.

One of the members had also mentioned—I believe it was the member from Morden-Winkler—fines for ambulance stays after his leader called for a—you know, he's mentioning this, yet his leader has called for user fees, two-tiered health care and it was their government that had to pay \$2.3 million in federal fines because they had breached the Canada Health Act in the 1990s—[*interjection*] Yes, letting the rich pay a user fee to jump the queue into a private clinic for cataract surgery. Now, I know we're talking back in the '90s jumping queues, but it's pretty relevant today when he just spoke of doing exactly the same thing.

We also have more nurses working in Winnipeg ERs today and over the last four years we've seen a

net increase of 50 nurses working in Winnipeg ERs, and that's actual filled positions.

But one of the things, I guess, I am most excited about—there's so many things so it's hard to narrow it down. But the one that I guess I would pick right now is the grand opening of the Mental Health Crisis Response Centre—*[interjection]* Because, yes, it should be clapped for. There are so many people in our society that deal with mental health issues and it is so hidden so often from our youth to our elderly. And I know that I've worked with many youth in that position who had mental health issues and I know other people who have worked with many people—the wonderful group in my area called, well, close to my area—SSCOPE who works with trying to get work for people with mental health issues. And so, you know, from them and the people I've worked with I've learned a lot about the difficulties and the struggles that these people go through. The medication can be, you know, it's very—it's pretty powerful meds, for example, if you're on—if you're schizophrenic and that sort of thing. And we know what happens to people who don't get their medication and who need it and how dangerous and sad that can be for everyone. So I am so grateful that we have opened the Mental Health Crisis Response Centre which will take probably about 10,000 people over a year out of our emergency rooms, right? And they will be able to go directly, Mr. Speaker, to the help that they need, directly to professionals who work in that field. And like so many other things that this government does we are the first in Canada to dedicate a facility in this area.

And we should make a list. We need to have a list of all the firsts because I'm very proud of the things that we go out and do that nobody else has yet thought of. And we get to lead the way in many areas—in many, many areas.

So in addition to 'bariding' more appropriate and efficient care to Manitobans the new centre's going to, as I said, accommodate about 10,000 patients and really free up all of our ERs. And—but aside from freeing up our ERS, I mean, the real point is those people are getting the health—the help that they need, Mr. Speaker. That's the key. They're actually going to be lived—able to live the most productive lives they can.

So thank you so much for the time—

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

Introduction of Guests

Mr. Speaker: Prior to recognizing the honourable member for Emerson, I want to draw the attention of honourable members to the public gallery where we have a second group from Sun Valley School for—we have 24 grade 3 and 4 students under the direction of Ms. Mandy Manderhooft. This group is located in the constituency of the honourable member for River East (Mrs. Mitchelson).

We again welcome you here this afternoon—this morning.

* * *

Mr. Cliff Graydon (Emerson): It gives me great pleasure to rise to put a few words on the record on this resolution that's been brought forward by the member for Morden-Winkler (Mr. Friesen). It's actually very fitting that he brought this forward today. He's been raising some issues in the House in the last week that were very, very important issues and shows the deficiencies in the system.

*(11:40)

Just to highlight some of these, we'll start with the broken promises by this NDP government. They made promises in 1999 to end hallway medicine within six months and \$16 million, and as we all know today the hallways are plugged. There are still people in all the hallways. What they have done, though, is they have installed some surrounds so that the people have a little bit of dignity. They're laying, waiting in the hallway, and they do have an opportunity to plug in a radio or a television so that they're a little bit more comfortable while they're waiting for service. But that's not what the people in Manitoba deserve. They deserve to have decent—decent—service, but when we look at the resolution and the resolve on the resolution—that the Assembly of Manitoba acknowledge that emergency health care in Manitoba has significantly deteriorated over the past 13 years.

And just to give you an idea of the deterioration of the health-care system—and the fact that it has been brought to the attention many, many times in this House, and we've seen the Minister of Health (Ms. Oswald), the member for Seine River, stand up and say, we are doing a great job, we are doing this, we have health-care clinics and we have this and we have that, and we're the first in Canada for this and the first in Canada for that, we know that there's more work to do and we're working diligently, but if you have a specific case please bring that to my

attention. Well, Mr. Speaker, you've been a member of the House a lot longer than I have, and you know that I have brought some things to the attention of this House. And just to remind you who that might have been or what that might have been—Keith Bergen's situation.

He suffered a fall in his home and was taken to St. Boniface Hospital. He waited there for quite a period of time, as he was unable to get a wheelchair. Medox Health Services, a private company, was providing him with a bath, until Home Care said, couldn't have that anymore, that was unacceptable, and would not cover the costs. He couldn't afford to hire someone to give him a bath. He went without a bath for three and a half months. I brought that up in this House three different times, and each time the minister responded by saying, well, give me the details—give me the details. At the same time, he was without a proper wheelchair, as his was unacceptable for the condition that he was in. And he had been waiting and waiting and waiting and then went through many, many delays before he got the proper wheelchair. So when we brought this up on three separate occasions, the response from the social worker was, and I'll quote: It's nice to know someone in high places, because the squeaky wheel gets the grease. When I brought that to the minister's attention, she said, well, I can't believe that someone would say that. I said, I can't believe that I had to bring this up three times in here.

It shows the type of health care that's out there that a lot of people do get bullied. A lot of people go without care. I'll bring up another situation from a lady in my constituency, and this particular lady went to a doctor. There's a doctor in Emerson for six or seven hours a day on three days a week, or was at this time; the doctor took her. She said to her, there's something there terribly wrong. She said, I just have no energy and blah, blah, blah. The doctor went to check her blood sugar, and she said, I can't even test it; it's so high that I can't test it. This is terrible, she said, you have to get somebody to take you to Winnipeg or get an ambulance to take you to Winnipeg to the emergency, and they'll deal with this immediately because you're in danger of having a stroke. Well, Mr. Speaker, she came to the emergency in Winnipeg, and she sat for seven hours. And her son went to the hospital to see what was going on in emergency. Well, when he asked the nurse whether or not this was an average wait time, she said that it was and that I should 'consume'—contact someone in the media because this problem—

because this is a problem, because, she had admitted, that emergency room was chronically understaffed. When we brought that to the attention of the minister, she said, well, I'll take that under advisement. We will check. This probably just happened this one time. Well, no, the nurse, the triage nurse, said this was chronically understaffed. And her—she sat there, this constituent of mine sat there, with her blood sugar right off the chart, on the verge of having a stroke, until 2 o'clock in the morning when she got to see a doctor many hours after she had left Emerson in critical shape.

Mr. Speaker, that's not acceptable. What is also not acceptable is—there was an ambulance in Emerson when I was first elected. The ambulance was a true volunteer ambulance service. They—all of the people that operated that ambulance, which was operated out of the fire hall, were—had taken all the training that they could possibly take. There was a local nurse that when there was a call—didn't matter what time of day or night—there was a local nurse that would jump in that ambulance and away they would go.

This government thought they could improve on that. They went to improve on that and said, well, no, no. The driver has to be a paramedic. He can't be just a fireman with training. We have to have another paramedic with them. So we agreed. We agree the best care that we can possibly get for our area. The nurse said, well, I—the ambulance isn't going anymore. They continued to operate for a year and a half with no contract with the Manitoba government, and the Manitoba government owed them over \$65,000 for the services that they had supplied. It was the only four-wheel drive ambulance in Manitoba, the only four-wheel drive ambulance that could get down the roads in rural Manitoba at most any time.

They finally ended up, after a threat of going to court, of getting a settlement of about two thirds of what they were owed, and now there is no ambulance. There is no service in Emerson or Dominion City. The closest ambulance would be in Vita or in Altona. Unfortunately, the Altona ambulance is used to cover off the ambulance from Winkler from Boundary Trails hospital. So when it's away, there is no service there at all.

So we're looking at the very, very minimum—and I have an example from last week that a heart attack victim waited 45 minutes before the ambulance came to pick him up to take him to the hospital. He

survived, but at the same time there was a lot of trauma going on and a lot of stress for the people that were waiting there with this victim.

When I see the wait times that have been pointed out in the resolution and the fact that there is now a penalty and a million-dollar fine or over a million-dollar fine, \$1.2-million fines, I can attest to the wait times. Prior to you being Speaker, Mr. Speaker, I had a blown-out lung in this very Chamber. I had it before I came in. It didn't happen in here from me talking too loud or anything like that. I don't want any misconception. But as it got worse that day, not knowing what I had, I—on the way home, I went to Steinbach to the hospital and found out that I had a collapsed lung. They worked very hard. I got good service when I got there. They worked hard at trying to inflate the lung. They were unsuccessful and so the next morning, the doctors made an assessment and said, you'll have to go to Winnipeg. At 7 o'clock in the morning, they were making arrangements for me to come to Winnipeg in the ambulance. By 8 o'clock we were on the road; all the details were ironed out. I would be here by 10:30, I would be admitted by 11, I would be operated on by noon and I'd be on the mend by 1 o'clock. Well, that's not how it went, Mr. Speaker.

And what happens when we talk about unload time, everybody feels that once you're off of the ambulance, the ambulance can leave. That's not true. What happens is, I had paramedics in the ambulance. I had a doctor in the ambulance. I had two nurses in the ambulance. I didn't realize—I didn't take this very seriously, but they did. They knew what the consequences could be. I just didn't realize it. But all of these people had to wait until I had a room and was put in a bed at 1 o'clock in the afternoon.

Can you imagine what that does to a small hospital like Steinbach that serves such a huge area? The fact that the wheels weren't turning on that ambulance, that we had taken that service away, I felt so guilty. I felt so guilty, Mr. Speaker—

Mr. Speaker: Order, please. The honourable member's time is expired.

Ms. Sharon Blady (Kirkfield Park): I know we didn't hear all of the member opposite's story, but I'm happy to see that he has made it here. I know all of us get a great deal of entertainment from his presence in the House and that there's always something that we learn from each other during these debates.

* (11:50)

For me, I guess what I find most shocking about this resolution and why I've—I rise to speak to it today is because not only do I recall what health care was like under a previous government and to see all the changes as they've impacted my own life and my own kids—I'm now a mom to two boys and I have three more that have come into my life, and four of them are between the ages of 5 and 9. So let's just say we live a heartbeat away from a 911 call at any time as boys are climbing up and down things, et cetera, seeing what they're going to do. So emergency care is a high priority not only for that reason as a mom, but also because of my folks that are seniors.

But also in addition to the experiences that this has meant in my own life in the daily interactions, but also because I spent my time previous to entering this Chamber teaching nurses and coming from a family that had nurses in it—and so, first of all, to all of those health-care professionals that are out there, including my family, my aunts, my friends, all of those that work in the health-care profession that have to do those kinds of things that involve things like blood, that frankly turns my stomach, thank you to them. Because the level of commitment that they have—in fact, actually, it just blows my mind, really, what they do.

I think of what my aunt has told me, my aunt Carol out in Thunder Bay and her experience, my best friend—one of my best friends, Dallice, who now works at Deer Lodge, other family members that have worked as professionals, I so admire what they do. And also at the same time I learned from their experience, and what they've told me has changed in their lives and in their professional practices—those that have been practising since, again, the previous government, and now through this government. And what really sort of surprises me the most is just that stark contrast, but the fact that, regardless of that contrast, their level of commitment.

And so I had folks on the doorstep when they found out that I taught nurses, often asked, you know, if I was also a nurse myself. And I said, oh, heavens, no. I don't have the intestinal fortitude for it. It took me somewhere in my mid-20s to stop passing out when I went to donate blood or get blood tests, and that I considered my contribution to the health-care system, training nurses, that I figured if I couldn't actually participate in the front lines, the least I could do was contribute training to those who had that intestinal fortitude. So it's—I guess I viewed so many things in life, as you know your strengths

and you know your limitations, and you adjust your course accordingly.

So what it—what that meant was that when I came back here after living under the Harris regime and seeing the devastation brought on, I mean, I went from frying pan to fire. I left under the Filmon government, went to the Harris regime. And I have to say, when I moved back here, you know, in 2001, it was like I could hear violins and cherubs and harps. It was like, ahhh. You know, I got to actually depoliticize for a little while, decompress and just enjoy all of the things that were happening.

And what was really remarkable was that the very first jobs that I was hired to do as an academic were, first of all, in the Aboriginal Child Welfare Initiative. Again, something that was very significant and brought about by this government after the AJI sitting there collecting dust for a decade. But I was also hired into the joint baccalaureate and diploma nursing programs, where I taught nurses. And I can't even count the hundreds of—I tried one day to sit there and do the math and think of the number of nursing students that came through my classroom in my time, from the time I arrived here in 2001. And, actually, interestingly enough, I was teaching nurses during the '07 election. Every Tuesday and Thursday afternoon I had to take time off the doorstep during that election to go teach a hundred nurses in the joint baccalaureate nursing program. So I did that. I even had to finish up a few—I guess I still had about a week or two left after E-day. And so I'm still in touch with a lot of those students and, again, seeing where they go, seeing the career opportunities that they have.

So to see a resolution like this after both the lived and professional experience I've had, I just find it, well, a little disheartening and a little maybe even disingenuous in some respects because I've seen what has changed.

And, I guess, the other thing is, too, is that having taught nurses I kind of did some research in my day. And, you know, I've got a little bit of a reading list that I could possibly pass on to my colleagues along the way on the other side there. Because I sit there and I think about the fact that there are more nurses in emergency rooms. Our beloved Grace, for heaven's sake, my gosh, the state that our Grace Hospital was in under the previous government with it being closed on evenings and weekends. We've—I mean, plenty of us are familiar with the member for Assiniboia's (Mr. Rondeau)

story about his own family experience there. I know what happened.

I've got family that worked at the Grace. In fact, actually, I'm starting to think—since about the time that that building was built, I think there might be a two-year window where I haven't had immediate family or friends working there. So the Grace has always literally been a part of our lives, and to see the kinds of changes that are coming there as a result of this government—I mean, the member for Charleswood (Mrs. Driedger) during the '07 election was going on about how we were going to close it and—close the ER, but what's funny is I'm seeing construction happening there, I'm seeing an access centre being built. I've had the pleasure of working with the Grace Hospital Foundation and seeing the transition between the marvellous work of Her Honour Pearl McGonigal and now Jeff Coleman with the foundation and the work that's there not just with the access centre, but after the access centre. Once that is up and running, we move on to a whole new ER. And there's also the fact that Grace Hospital is going to be the only—they're going to be the first community hospital with its own MRI. So, I'm not quite sure where that qualifies as a deterioration over an ER that closed up for evenings and weekends. I'm really not sure.

It reminds me—I hate to go a little bit off topic here, and maybe this is my—the mom in me in the fact that I tend to read my kids a lot of wonderful stories, but I'm sure a lot of people in this House are familiar with the book and the movie *The Princess Bride* and the line that Inigo Montoya keeps saying to his buddy who keeps talking about how something is inconceivable. And Inigo Montoya keeps saying, I don't think that word means what you think it means. And that's what I think of with so many of the comments of members opposite when they talk about health care; I don't think you—what you're saying means what you think it means, because there's a disconnect.

And I also find it rather problematic when there's, again, this talk of how deterioration, and yet the things that happened under the previous government—the cuts. The cuts, the hack and slash—\$8 million from hospitals and PCHs in central Manitoba, \$7 million from those in western Manitoba, \$5 million from the Brandon hospital, \$6 million from those in the Parkland region, almost \$3 million from the eastern Manitoba and Interlake region and \$8 million from northern hospitals. Really? And now we have, not even—I don't even

think the ink is even dry on the newspaper, you know, printings of the member from Fort Whyte, their leader's talk of how not only was the—you know, is he proud of the previous government's record, but he thinks that we should be going to private—to a two-tiered system. Oh, my God, he claims that it's a system that we need.

And this is where the reading list comes in. I would say to members opposite there's two phenomenal academics, Pat and Hugh Armstrong. Now, Pat is a sociology prof at York U, where I had the pleasure of teaching, and Hugh is in the social work program at Carleton, and they've done some phenomenal books. I would start off with a book that they originally did in 1996, but they've updated in 2010, and it's called *Wasting Away: The Undermining of Canadian Health Care*. And they go on with example after example how any move to privatization actually costs the system money while making it less and less accessible. There's also another one called *Exposing Privatization: Women and Health Care Reform*. Now, Pat was an editor, one of a group of editors, and that was done in, I believe, 2002. And there's also *Universal Health Care: What the US Can Learn from the Canadian Experience*, and Pat and Hugh edited that one with Claudia Fegan in 1998. Just a few things that they might want to consider and pick up and read and see just how terribly wrong that perspective is.

And, you know, again, in terms of those costs that privatization makes and that two-tier system,

again, I know they don't like talking about the past. Maybe if they'd stop resurrecting leaders from that era we wouldn't have to bludgeon them over the head with it, but it's your own recycling program that leads you down that path.

But, you know, just as a little FYI, don't they remember how the Filmon government violated the Canada Health Act when they allowed user-pay credit card medicine and that \$2 million was paid for violating the act? Two million dollars taken away from front-line services, taken away from personal health care, taken away from providing doctors, nurses and solid emergency room services.

So, Mr. Speaker, I think they really need to think their—rethink their perspective. I've given them a—

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

Hon. Jon Gerrard (River Heights): Mr. Speaker, this is an important resolution. The Minister of Health (Ms. Oswald), when asked about Bonnie Guagliardo, said that instead of—what she would do is have Health Links follow up with that.

We need a vote, Mr. Speaker. I call for a vote.

Mr. Speaker: Honourable Minister of Innovation, Energy and Mines.

Order, please. The hour being 12 noon, this House is recessed until 1:30 p.m.

LEGISLATIVE ASSEMBLY OF MANITOBA

Thursday, May 30, 2013

CONTENTS

ORDERS OF THE DAY		Resolutions	
PRIVATE MEMBERS' BUSINESS		Res. 12–Declining Emergency Health Care in Manitoba	
Second Readings–Public Bills		Friesen	1836
Bill 210–The Seniors' Rights Act		Oswald	1838
Cullen	1825	Smook	1840
Rondeau	1827	Wight	1841
Eichler	1829	Graydon	1843
Irvin-Ross	1831	Blady	1845
Friesen	1832	Gerrard	1847
Bjornson	1834		

The Legislative Assembly of Manitoba Debates and Proceedings
are also available on the Internet at the following address:

<http://www.gov.mb.ca/legislature/hansard/index.html>