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of the
Legislative Assembly of Manitoba
DEBATES
and
PROCEEDINGS

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MANITOBA LEGISLATIVE ASSEMBLY
Thirty-Eighth Legislature

Member	Constituency	Political Affiliation
AGLUGUB, Cris	The Maples	N.D.P.
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GERRARD, Jon, Hon.	River Heights	Lib.
GOERTZEN, Kelvin	Steinbach	P.C.
HAWRANIK, Gerald	Lac du Bonnet	P.C.
HICKES, George, Hon.	Point Douglas	N.D.P.
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JHA, Bidhu	Radisson	N.D.P.
KORZENIOWSKI, Bonnie	St. James	N.D.P.
LAMOUREUX, Kevin	Inkster	Lib.
LATHLIN, Oscar, Hon.	The Pas	N.D.P.
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NEVAKSHONOFF, Tom	Interlake	N.D.P.
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REIMER, Jack	Southdale	P.C.
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SWAN, Andrew	Minto	N.D.P.
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<i>Vacant</i>	Fort Whyte	P.C.
WOWCHUK, Rosann, Hon.	Swan River	N.D.P.

LEGISLATIVE ASSEMBLY OF MANITOBA

Thursday, December 8, 2005

The House met at 10 a.m.

PRAYER

ORDERS OF THE DAY

SECOND READINGS—PUBLIC BILLS

Bill 204—The Good Samaritan Protection Act

Ms. Bonnie Korzeniowski (St. James): Mr. Speaker, I move, seconded by the Member for Burrows (Mr. Martindale), that Bill 204, The Good Samaritan Protection Act; Loi sur l'immunité du bon samaritain, be now read a second time and be referred to a committee of this House.

Motion presented.

Ms. Korzeniowski: This is such a wonderful bill to introduce. Manitoba is so known for volunteerism, it is nice to help protect the average citizen and keep from deterring people from helping others in distress because of any thoughts of retribution or liability. The principles of this legislation embody the spirit of volunteerism. Given the context that December 5 was international day of the volunteer, this legislation is most timely.

This is not a twin of the bill introduced by the member from River Heights. This bill is unique, different from all others in different jurisdictions in North America in that it offers protection from giving advice as well as hands-on assistance in the event of an emergency.

It further enlarges the scope as it clarifies those covered under the act, but first I would like to talk about the spawning of the bill. A friend from a major industry here in the west, St. James-Assiniboia, at Boeing, related an incident at his workplace where a co-worker in his 40s collapsed at work from a major heart attack. That was about a year and a half ago now. All stood around helpless to do anything other than make him comfortable. He died there while they looked on. Who knows if any first aid would have changed the outcome, but they never wanted to feel helpless or frustrated again while another co-worker, family member, friend, neighbour or stranger on the street could have benefited by their help.

Now, I do not know if anyone had the skill or knowledge to help but was deterred by doubts of

legal implications. I believe most people will jump in and act without thought to liability, but it would be nice to remove this thought as a deterrent.

Forty-two of his peers took CPR and first aid training to ensure they are ready for the next time. The company paid for the training and time away. They then went a step further and acquired an AED, an automatic external defibrillator, and again trained staff. I thought what a wonderful thing to do. This improves and enhances workplace health and safety policies already in place in terms of the operation of machinery in the environment. It also sends a clear message to the employees of their value to the company, and, as well, it protects any clients or visitors in the site at the time. Bravo Boeing. They may well serve as role models for other companies to follow suit, both large and small.

My friend did comment, however, that the defibrillator was perceived as intimidating and asked why Manitoba had no Good Samaritan act. I committed then to look into this, which resulted in my working on this bill. I bring it forward now with thanks to the staff at Boeing for their role in initiating it and in tribute to their co-worker Dave whose tragic death led to hopefully the passing of this bill.

I have been working on this bill since last session. Once I realized we are one of only two provinces not having the act, which I realize has been in effect in B.C. since 1978, I felt it was important to research thoroughly for any way of strengthening it. It has been a long time in coming and deserved this thoroughness especially in view of our changing society with technological advances which need to be considered, such as the improvements in ensuring safe use of equipment such as the defibrillator. With changes to CPR techniques and the call for defibrillators in public places making news the last few days, this bill could not be more timely.

A spokesman for the Lifesaving Society Manitoba branch agrees with this call and encourages anything that can save a life. I am happy to see that our Government Services have been working on bringing a defibrillator into the Legislative Building and training staff. I do know that schools, the Winnipeg airport and Polo Park

shopping mall have AEDs but they are still perceived as intimidating to the average person. The manager of Polo Park says they got its own defibrillator three years ago and trained security to use it. Two lives have been saved.

The director of emergency rescue responses service said defibrillators should be right beside fire extinguishers in all public places. I could not agree more, and, in fact, I have stated that I feel they should be as accessible and comfortable for people to use as a fire extinguisher.

It is also my understanding that defibrillators are very user-friendly now or as Mr. Tordiffe said in the *Free Press* article, they are fairly idiot-proof to use now. It is my hope that this bill will minimize the fear factor and provide that comfort level so that more lives may be saved. This and improved CPR techniques should be encouraged as part of our government's commitment to healthy living. This bill will assist in that encouragement.

It is interesting to note that the U.S. goes further with imposing obligation to help others. Canadians are not as litigious and so there is no need and perhaps even insulting. It is also interesting to discover that our volunteer firefighters are already covered under The Municipal Act.

In addition to all the existing facts I have found two significant ways which we believe cover any possible situations, thus strengthening it. The first addition to this act is covering anyone providing advice in their efforts to help in an emergency, illness or accident.

There were two good examples of this in an article on people proclaimed as heroes in the *Free Press* last week, one where two men ran along a riverbank shouting encouragement and direction to a man who had jumped into the river until a third man was able to toss him a life preserver. Another recent example is where a police constable helped two out of three men in a capsized canoe back to shore. He saved one again by convincing him not to go back into the water to look for his friend. Another is where a three-year-old instructed her brother who fell into a water-filled dugout to keep kicking and do not stop while she waited for her mother to respond to her calls for help. Her advice saved his life. Although not old enough to be held liable, it is a good example of common-sense advice.

People unable to reach a victim can provide advice to a third party not unlike 911 operators

coaching lifesaving efforts to someone over the phone until help arrives. Say you are a witness to an accident but cannot reach the victim but someone else can. You can offer your knowledge or first aid or just common sense to assist in providing support until more help arrives without fear of reprisal.

The second addition to this act clarifies coverage in the case of a member of a volunteer organization that provides first aid, ski patrol, neighbourhood watch or patrol or other similar services who receives a payment or other benefit in recognition of his or her services, be it a box of donuts or a monetary reward, so long as it is not a result of an employer-employee relationship.

*(10:10)

A recent case in point was when an off-duty intensive care nurse and trained paramedic and his wife came upon a car that had spun out of control and landed upside down in a water-filled ditch. He and his wife and other Good Samaritans at the scene pulled the driver to safety where he could be attended to by the nurse. This act will ensure that any award that this off-duty nurse might receive will not be considered remuneration and protect him from liability.

A seasonal device of service that comes to mind, as well, is Operation Red Nose where volunteers drive people who have been celebrating safely home. I would hope this bill passes quickly as the season has begun. These people are engaged in helping other people basically out of the goodness of their hearts. To leave them uncovered is to go against all sense of decency. This bill is about letting people do what is good and right and not have to give a second thought to reprisal when that second could cost a life instead of saving one. It may also encourage participation in these citizen-led groups.

I know from debate on the member from River Heights' bill that there is agreement on the intent of both bills. I would ask that we could all support this stronger one. We need to give Manitobans the protection they need to act in good faith to provide assistance in times of emergency. Thank you.

Mr. Kevin Lamoureux (Inkster): Mr. Speaker, I move, seconded by the Member for River Heights (Mr. Gerrard), that debate be adjourned.

Mr. Speaker: It has been moved by the honourable Member for Inkster, seconded by the honourable Member for River Heights, that debate be adjourned.

Is it the pleasure of the House to adopt the motion?

Some Honourable Members: No.

Voice Vote

Mr. Speaker: All those in favour of the motion, say yea.

Some Honourable Members: Yea.

Mr. Speaker: All those opposed to the motion, say nay.

Some Honourable Members: Nay.

Mr. Speaker: In my opinion, the Nays have it.

* * *

Mr. Speaker: The honourable Member for Inkster has moved the motion, so the honourable Member for Inkster will speak now or you will be deemed as spoken.

MATTER OF PRIVILEGE

Mr. Kevin Lamoureux (Inkster): Mr. Speaker, I rise on a matter of privilege.

Mr. Speaker: Okay. The honourable Member for Inkster, on a matter of privilege.

Mr. Lamoureux: Mr. Speaker, I have been a member of the opposition for a good number of years. In fact, I was first elected back in 1988 [*interjection*] and was re-elected—and I ask the member from The Pas to be a little patient here. We already had one experience with the member from The Pas, and I would ask that he be a patient man.

Mr. Speaker, in 1988, I was first elected, and I was re-elected in 1990, again in 1995, and then most recently in 2003. I have always held in great respect the procedures of our House. Sometimes it works against the members, but these rules are critically important. We need to follow them, and I respect that. But you know when we look at the rules, we have what is in writing, and we have what I would classify as precedents, the traditions of this Chamber. That is really where I would like to focus some attention: how this Chamber has operated in the past.

I am not the most senior member inside this Chamber, but I do have a great deal of experience from an opposition member. I have, I would argue, put in a considerable amount of time when this House does sit. I do listen as to what is being said and observe the procedures of this Chamber and, over these 13, 14 years, Mr. Speaker, I have seen a

lot of things take place. Some of them—you know, it has been discouraging; others have been encouraging.

But, all in all, I do not believe I have witnessed what I have seen just happen two minutes ago, and for that reason, I do believe, according to *Beauchesne's*, that I am supposed to bring it to the Speaker's attention at the first opportunity. I would argue that I was just denied the ability to be able to move a motion to adjourn debate from the first time that it was actually introduced. The member from St. James just introduced the bill, and then the government is trying to force me to speak today, and I have never, ever witnessed that sort of an action by the government, Mr. Speaker.

I believe that you will not find, at least ever since I have been here, where we have seen an action by the government to deny a member of the opposition the ability to adjourn debate. When we take a look at our rules, our rules say that members do have the right to be able to, at least, adjourn debate, and if you take into consideration the traditions of this House and, at least for the 14 years that I have been around, I have always seen that rule respected especially if the bill has just been introduced. That is what really, really gets me.

I want to, and I believe I happen to have it here, as this is something that I refer to quite a bit throughout the week, the status of bills. You know, we have a bill that is virtually identical to the bill that the member from St. James has brought forward, virtually identical, Mr. Speaker. I would like to go to Bill 202. Bill 202 was introduced on November 30 for first reading by the member from River Heights. Then, on November 15, it was given second reading, and then if you look at the debates that followed, well, today, if I could be provided a copy of the Order Paper, I believe that one of the members here, and it was a New Democrat, the member from Rossmere, adjourned debate on Bill 202. The same sort of content. The only difference is the member from St. James happens to be in a majority government, one of 35 members, whereas the Leader of the Liberal Party has a caucus of two members. The only difference—

An Honourable Member: Size does not matter.

Mr. Lamoureux: Well, the Minister of Finance (Mr. Selinger) should be patient and maybe start using some of that doctorate, some of that education that he received at university and apply some principles

of fairness and equity and democracy and allowing due course, Mr. Speaker, that the Minister of Finance would be better advised to listen to what his own constituents, I believe, would say to do what is fair and right on issues of this nature.

The Leader of the Liberal Party introduced Bill 202 on November 3, at which time, on November 15 for second reading, at which point in time the member from Rossmere stood up and adjourned debate and it has been sitting in the name of the Member for Rossmere (Mr. Schellenberg) ever since. So the member from Rossmere, I would argue, wanted to be able to look at the bill, see what is inside the bill, and we have provided him the opportunity to speak on Bill 202, but day after day, in private members' hour, the member from Rossmere did not speak to the bill. But tradition, the tradition of this Chamber, has said very clearly, especially on private members' bills, that you allow members to adjourn debate.

I would challenge anyone to show me an example where a member introduces a bill in second reading, someone attempts to adjourn debate, and that adjournment is being denied. I would challenge any member of this Chamber or, even, I will ask the Clerk's office to find one case in Manitoba's history where a private member's bill was introduced and, upon the member introducing it, that leave was denied in allowing another member the ability to adjourn debate.

* (10:20)

When we are supposed to look at the rules of this Chamber, it is not only the written rule, it is also the practices of this House. How arrogant can a government be to believe that they can come up with an idea or steal an idea and then try to force it through this Legislature without even allowing debate, without even allowing members to adjourn debate? If I take the lead of this arrogant government, Mr. Speaker, if somehow this government's initiative survives, if somehow this bullying action by this government prevails today, I will give you notice right now that you are going to have a difficult time in the future whenever you require leave, whenever you want to adjourn debate on a bill, because it works both ways. You cannot have it both ways.

Mr. Speaker, who is the bully now? I will tell you who the bully is right now. Your 34-member majority government is the bully. Let there be absolutely no doubt about that whatsoever. If this

government had any principles, any respect for this Legislative Assembly, they would recognize that what they are doing is wrong. They are morally wrong. You know, I would be more than happy to sit down now if they would acknowledge that what they are doing is wrong. It cannot be justified.

An Honourable Member: Do not yell.

Mr. Lamoureux: Well, sometimes the truth hurts.

An Honourable Member: I can hear you.

Mr. Lamoureux: Well, good, turn down the hearing aid then if it bothers you, if you feel that I am a little bit too emotional about this issue, if you feel that I should not speak out when I believe that the rights of members have been infringed upon inside this Chamber. The problem is not with me, Mr. Speaker. The problem is with the attitudes of this government.

An Honourable Member: Respect your elders.

Mr. Lamoureux: Then respect Manitobans. Respect the Good Samaritans. Respect the process of this Chamber. "Respect the elders." I have more respect for the elders, Mr. Speaker, than this government has for this Chamber.

An Honourable Member: Turn down your hearing aid. That is respect?

Mr. Lamoureux: Well, let me tell you, we have had Bill 202, and if you want to talk about the ultimate in terms of arrogance, I would suggest to you is when a member introduces a bill and then does not allow for an adjournment of debate on that bill. You want to talk about arrogance? Why do you not explain that to me? *[interjection]* And now they say, "Well, go through the Speaker." Mr. Speaker, I will go through you on all these comments.

How does the government justify that, when I ask the government, any member, any member of the government that can stand up and say to me one example—that is all I want—one example where this government in fact has had a private member's bill introduced where a member of the opposition, Mr. Speaker, attempts to adjourn debate, and then the government denies the ability of that member to adjourn debate? That I believe is very unique. I do not believe that you will find a case, and that is why I believe I should have the right to be able to continue to adjourn debate because, in our rules, it allows for members to adjourn debate. Our parliamentary tradition inside this Chamber has allowed members to adjourn debate on private members' legislation.

I wanted to go back to Bill 202, a bill which the Leader of the Manitoba Liberal Party brought in. What happened on November 15, Mr. Speaker? Well, the member from River Heights introduced the bill and then debate was adjourned. Unlike the government, keeping in tradition, we respected the members' ability to be able to adjourn debate. Then, on November 17, we had one, two, three, four, four members speak on Bill 202. You know, it is interesting, one of the members was the member from St. James, that spoke on the bill, and that was on November 17. Then we go to November 24, and once again we have four members that speak on Bill 202 again. Then we go to November 29, and we have another two members that speak on Bill 202.

So then we go to today and, you know what? Yesterday, in the spirit of co-operation, in the spirit of co-operation, I agreed with the Government House Leader when he asked for us to change the rules of this Chamber. The request that he asked was that we allow for bills that did not get second reading, to allow them to become first, ahead of the ones that were being debated. That was a government request. Of course, and maybe we were a little bit too gullible possibly, we thought that the intentions of government were honourable because it does make sense what the government was requesting. Boy, did we fall into a trap because then what happens is, we agreed.

This is all done through leave, all done through leave yesterday. We went from here to a committee, back to the Chamber. We sat till 5:30 waiting, Mr. Speaker, for the rules. What happens is the Government House Leader then brings in the changes, the changes which we supported, and then those changes were to take effect immediately. We had no idea that it was the government's intention to have the member from St. James introduce the bill, and then immediately following that ensure that there is a vote on her bill. How shameful. That is a hidden agenda. How can a government, with credibility, negotiate to try to say we want this bill introduced, and then the moment it is introduced, after trying to claim that this is in the best interest of the operations of this Chamber.

A lot of those discussions were based on tradition. You know, we want to make sure that all bills are heard. You know, the arguments were phenomenal in terms of why it is that we wanted to make the change. That is what we wanted. We recognize that. That is the reason why we thought, yes, you know, it makes sense. This is something

that we should be doing. This is something that we should support.

So, Mr. Speaker, what did I do? I recommended to the Leader of the Liberal Party that, you know, this is something that we should support. We will allow it to go through. So we bent the rules. We allowed, through leave, for this member to even introduce this bill today. Had it not been for the Leader of the Liberal Party and other members of this Chamber, we would not be debating this bill today, unless of course we went through all the other bills. Then we came up to this.

Well, Mr. Speaker, so we did that in good faith, and what happens? Well, typically, what has happened in every private members' hour that I can remember, and I have only been around for 13, 14 years, I suspect many days of sitting, many sitting days, I know, in the last couple of years, this government does not like to sit inside the Legislature. But, I can tell you, there were times in which we sat over 100 days in a fiscal year, and all of those private members' hours, I cannot recall, and I do not believe that I have missed any private members' hours, I might not have been there for the full attendance of the full 60 minutes, and at times I might have had to leave a little early, but I cannot recall ever something of this nature occurring.

So what we did is we took the Government House Leader at face value. When the Government House Leader wanted to change the rule that would allow us to have members introducing for second reading at the top of the order when it came to private members' business, we felt that he was being genuine, that he was wanting to make private members' hour even that much better. After all, the arguments that he was using were valid. Those are the same arguments that I would have used, in good part, as to why it is that we should make the change. That is why they received the support from us. So only to come inside, and when you talk about the privileges of members the most important privilege that we have, I believe, is to ensure that we have the opportunity to be able to speak and address issues inside this Chamber.

*(10:30)

I believe that that is the reason why I was elected, Mr. Speaker, to ensure that the constituents that I represent have a voice inside this Legislature. *[interjection]* And the government says, "Oh, yeah, you do so, you do, you do." Well, you do not have a voice if you introduce a bill and you force the

member to speak to it instantly, immediately following the introduction of it. Maybe you should start reviewing the number of bills that get introduced and the number that actually stand.

You know, Mr. Speaker, I could go through the Order Paper and talk about that. I could say that you have Bill 2, which was introduced by the Minister of Justice (Mr. Mackintosh) on November 14. Then on November 16 that is when I actually was provided and others were provided the opportunity to be able to address the bill, and then it ultimately passed out of second reading. But, again, what you will find is someone did adjourn debate. Before a question was put on it, someone was afforded the opportunity to adjourn debate.

Well, that is Bill 2. What about Bill 3? Well, Bill 3 again was introduced, second reading November 14, from the Minister of Justice, Mr. Speaker, and then you know what? Someone adjourned debate. That bill, too, was adjourned. Did the government say "No, we are not going to allow adjournment of debate on Bill 3?" No, of course not. They allowed adjournment. Why? Because that has been the tradition of our Chamber. So on November 14 the minister adjourned debate. Well, on November 15, someone else spoke on the bill. November 16, a number of other people spoke to the bill and then it went to committee.

Then we go on to Bill 4, and this is why I think, Mr. Speaker, this is all precedent setting, and that is why we really need to look at what it is that the member from St. James and her caucus is trying to do. What happened on Bill 4? Well, it was introduced, second reading November 28, and, you will not believe this—well, actually you will because it is in print—it has been adjourned by the member from Pembina, and members of the government acknowledged and allowed that debate to be adjourned. Should they have? Absolutely.

The member from Pembina for whatever reason decides to adjourn debate. The government has allowed that debate to be adjourned and, Mr. Speaker, why? Again, because tradition of this Chamber dictates that if you want to adjourn debate, you be allowed the opportunity to adjourn debate. So there has not been another speaker on Bill 4 since it was actually introduced.

Well, then let us go on to Bill 5. In Bill 5 the Minister of Health (Mr. Sale) introduced it on November 9, and then on November 14 a number of people spoke to it. On November 15, no one spoke to

it but it continued standing. Someone obviously had adjourned it. November 16 we had one, two, three, four, at least four people speak to it, Mr. Speaker. November 17, we had a couple more people speak to it. November 21, someone else spoke to it. November 22, someone else spoke to it.

Then what happened? Well, the bill went to committee. Why? Because people were done speaking to the bill. Did the government that time try to say deny leave and say, "No, no, no one can adjourn debate"? No. Why? Well, I sound like a broken record a little bit, I guess, but I think sometimes you need to reinforce it. Because the tradition of this House, the tradition of this Chamber says that you allow a member the right to be able to adjourn debate on a bill. That has been the tradition of this Chamber, and that is why members on Bill 5 were allowed to adjourn debate, to speak to it. Time was provided. Time was afforded to these people.

Then we go on to Bill 6. In keeping with the tradition, it states November 9 was the day in which the Minister of Health brought in this bill and, again, Mr. Speaker, a number of days, it stood on the Order Paper. Then we look at November 22, we had a member who actually spoke to it, and then after that member spoke to it, it was passed in order to be able to go into committee. I think it is a good thing.

You know, for how many days it just stood there in someone's name, government recognized that that person had the right to allow it so that they could review the bill, they could comment on it when they felt it was most appropriate to comment on it, Mr. Speaker, not when the government insists, because the moment that a government starts to insist that a person speak on the bill, that is actually closure. That is a form of closure. If the government decides that they no longer want people to be able to adjourn debates or leave a bill sitting on the Order Paper, they then resort to the heavy hand of, often, a majority government, and the government will move some form of a motion, or they will deny certain procedures from occurring, and typically opposition members get upset when that happens. For good reason, because when that happens, what you are doing is, you are enforcing closure on that subject matter, whether it is a bill or a resolution, a money matter, whatever it might be. And I will tell you something, governments that use closure get into trouble, because that means that they are enforcing their will, not the public's interest, their will over the public interest, because, as a member of the

opposition, I represent my constituents first and foremost. *[interjection]*

Yes, to the Deputy Premier. Yes, I represent my constituents. She might represent someone other than her constituents. I represent my constituents first. So when you enforce closure in whatever form you are putting your political interests ahead of the public interest, and I say shame on the government. A government that has to use that sort of a measure is morally wrong, and the more you rely on closure, the more the public is going to be aware of the type of people that you are, that make up that government.

So then we can go on to Bill 7, because what we are talking about is, again, the traditions of this Chamber. That is what the matter of privilege is all about, is me not being able to adjourn debate when a bill, for the very first time, is introduced and not being able to adjourn debate. Well, Mr. Speaker, let us go on to Bill 7. Bill 7—

An Honourable Member: Mr. Martindale wanted to speak. You could have adjourned if you wanted to.

Mr. Lamoureux: Well, you know, now members in the back bench, you know, the member from the Interlake and others on the back benches, Mr. Speaker, are saying, "Well, other members just wanted to speak to it. That is all that they wanted to happen." Well, again, you know what? If that is the case, I would invite the member to stand up on a point of order and give clarification on that, because all I was wanting to do was adjourn debate.

What has happened in the past is, once the debate is adjourned and if you want to speak on it, the member can still speak on the bill, but that was not what was being said. What was being said was that they wanted this bill to pass. They did not want me to adjourn debate. That was the intent of the government. If, in fact, I have misinterpreted what the intent was, I would ask the members, and if their intent is to allow me to adjourn debate, I will sit down now and accept the adjournment after members have actually spoken to the bill, if that is the intent—*[interjection]*

And I pause to allow the member who says that that is the case, and he is saying, no, that is not the case. Okay.

So, Mr. Speaker, that has been clarified. We know that the government's intentions were not to allow me to speak unless I was only prepared to speak at that time and that time alone. That was the intention of the government. Well, if that is not,

again I ask the government to give an indication, a clear indication, that that is not the case because that is what this matter of privilege is all about.

So, obviously I am right in my assessment and that is why I think that it is important that in making this ruling we have to emphasize the procedures of this Chamber. The procedures of this Chamber, Mr. Speaker, say, or the tradition I should say, of this Chamber says what this government has done is wrong.

So let us go on to Bill 7, Mr. Speaker. What happened on Bill 7? Well, the Minister of Labour (Ms. Allan) introduced this bill on November 9, and then—

* (10:40)

An Honourable Member: Just let him speak and then we can adjourn.

Mr. Lamoureux: Is that the agreement? Mr. Speaker, I am being told that the member from Burrows would like to speak to it and then I would be allowed to adjourn the debate. So, in that case, if that is the will of the Chamber, I am prepared to withdraw my matter of privilege.

Point of Order

Mr. Speaker: The honourable Government House Leader, on a point of order.

Hon. Gord Mackintosh (Government House Leader): I understood there was a matter of privilege on the floor. Is that right?

Mr. Speaker: The matter of privilege has been withdrawn by the Member for Inkster. Before we proceed, seeing the honourable member has sat down, my understanding was the honourable member was withdrawing his matter of privilege. Is that the case?

Mr. Lamoureux: Yes, just to give clarification, Mr. Speaker, I am now told that I would be able to adjourn debate on this bill upon the member from Burrows giving a second reading, so, for that reason, I am withdrawing my matter of privilege.

Mr. Speaker: Well, negotiations between members are up to the members. I am asking the honourable member, are you withdrawing your matter of privilege at this point?

Mr. Lamoureux: Yes.

Mr. Speaker: Okay. The matter of privilege that was raised by the honourable Member for Inkster has been withdrawn.

Mr. Mackintosh: Well, on a point of order—

Mr. Speaker: On a point of order?

Mr. Mackintosh: I have never heard the likes of a matter of privilege being raised and proceeding for half an hour in private members' hour and then just being withdrawn, Mr. Speaker. My understanding is that the member wanted to adjourn the debate. He can adjourn the debate. It is just that the Member for Burrows (Mr. Martindale) had planned to speak on this bill today and he should be allowed to speak on the bill and then he can adjourn it. I understand that that is now an arrangement that is available. I cannot believe what the member did in taking the time of this House.

Mr. Speaker: The honourable Official Opposition House Leader, on the same point of order.

Mr. Leonard Derkach (Official Opposition House Leader): Well, I think we need to all understand what the process here in the Chamber is. My understanding, Mr. Speaker, you indicated that when the member from Inkster said that he would adjourn debate, that was denied, and if he did not speak at that time, that he would lose his place to speak on this bill. That is why the member from Inkster stood up on a matter of privilege.

Now, if there has been some confusion with regard to that, I think it should be cleared up because, as it stands now, my understanding is you ruled, Mr. Speaker, that if the member from Inkster did not get up to speak on the bill at that point in time, that he would lose his place, which means that he was not allowed to adjourn debate. So we need some clarification in that respect.

Mr. Speaker: On the point of order raised by the honourable Government House Leader, he does not have a point of order.

* * *

Mr. Speaker: But for clarification, the vote was a voice vote for adjournment, whether the adjournment would be allowed or not. The motion for adjournment was defeated, so the obligation of the House is to continue debate. The person that stood up to move the motion had the floor, and I have two rulings of previous Speakers that state that the member that had moved the motion for adjournment

would either speak then or lose their turn to speak. That is where we are at right at this moment.

If I could just conclude, that is where we are at this morning. But if the House agreed by leave, then the member could, but it would have to be done by leave, the member could adjourn debate, and then by leave allow the member to speak. So that would be the normal process.

Mr. Lamoureux: Mr. Speaker, I would just ask for leave of the House to acknowledge that after the member from Burrows has done speaking, that debate would be adjourned in my name.

Mr. Speaker: By our Manitoba practices, the House can pretty well do what the will of the House is, and the honourable Member for Inkster has proposed to the House, and if the House grants leave, then that would be the process. What the honourable member has proposed is that, if the House is willing, the Member for Burrows (Mr. Martindale) would speak now, and the Member for Inkster would not have to speak at this point but would be rising to adjourn debate after the Member for Burrows has spoken.

Is that agreed to? [*interjection*] Well, wait, wait, wait.

Mr. Denis Rocan (Carman): Mr. Speaker, I will tell you right now, Sir, I will have to deny that because, if the Member for Burrows happened—and it is all hypothetical by the way, and here we are sitting here, we are playing these silly games. If the Member for Burrows is standing up now to speak on this particular bill before the House, and if he is happening to be speaking right till eleven o'clock, I think by my calculations he should have two or three minutes left remaining in his time. So how are we going to stand this in the Member for Inkster's (Mr. Lamoureux) name? So, basically, it is all hypothetical. If the member wants to stand up after the Member for Burrows and adjourn debate, I do not have a problem with that. But to ask us for leave now to guarantee his place, no, I will deny that leave.

Mr. Speaker: Okay. For the House, on the honourable Member for Carman's point of order, for clarification of the House, what we are deciding right now is because our rule states that the member that stood up to adjourn debate is the next speaker.

So I have to ask the will of the House: Is there leave for that to be waived in order to recognize a different speaker, and that is the Member for Burrows?

The easiest way to solve this issue, what we have done in the past many, many times, is for the honourable member to move adjournment of debate, and then, by leave, you recognize other members to speak. That would be the most simple way to deal with this.

Mr. Lamoureux: Mr. Speaker, I would move, seconded by the Member for River Heights (Mr. Gerrard), that debate be adjourned, with leave if required.

Mr. Speaker: It has been moved by the honourable Member for Inkster, seconded by the honourable Member for River Heights, that debate be adjourned, by leave. Is that agreed to?

Some Honourable Members: Agreed.

Mr. Speaker: Okay, it has been agreed to.

Bill 204—The Good Samaritan Protection Act

Mr. Speaker: The honourable Member for Burrows, by leave.

Mr. Doug Martindale (Burrows): Mr. Speaker, do I have leave to speak on Bill 204?

Mr. Speaker: Does the honourable Member for Burrows have leave to speak to Bill 204? *[Agreed]*

* (10:50)

Mr. Martindale: Thank you, Mr. Speaker. The relevant scripture passage for today is Luke 10: 25-37 and the text would be from verse 37, "Which of these was a neighbour? The one who showed mercy." Or, another version is, "The one who shows kindness." This is very relevant to this bill because we are debating The Good Samaritan Protection Act, and it is based on probably the most familiar parable of Jesus.

Just to very quickly sum it up, we know that two people passed by the traveler who was beaten up and robbed, a Levite and a priest, and Levites were a kind of priest. So, basically, two priests passed by on the other side, did not stop to help the stranger who was beaten up and left for dead. But the Samaritan, an outcast, did stop and did help the person by taking him to an inn and providing money to the innkeeper to look after him.

The point of the parable is that we should help anyone who is in need. As I said previously, in a similar sermon that I gave on another bill, the point of the parable is that we help people who are in trouble regardless of how they got themselves in

trouble. That is an important part of the parable. Of course, it illustrates and answers the question: Who is my neighbour? Our neighbour is anyone who is in need. This certainly happens in many, many cases where someone is in need and a stranger or a passer-by stops to help.

I know of two examples that I would like to use to illustrate this. One time my son Nathan was coming back from Regina to Winnipeg and they drove through a blizzard. They probably should not have been on the Trans-Canada Highway. We were very worried about him and the other people he was with. When he got home safely, fortunately, he had quite a story to tell about seeing a motor vehicle in the ditch near Headingley, I believe it was. They stopped to help the people, and my son was the first one on the scene. A passenger in this vehicle was injured and Nathan stayed with this person until an ambulance came. It was probably a good thing that he was there because he had some training in CPR and other first aid through the YMCA. We were quite proud of his role in helping this person in distress.

Another time, and it happened that my son was with me, we were campaigning on Dufferin Avenue during an election. There was an individual who was very intoxicated. She was following us down the sidewalk, and so we crossed to the other side because we did not feel that there was anything that we could do for this individual. Maybe we should have, but I do not know what one does in those circumstances. She crossed the street and she lay down in the middle of Dufferin Avenue, which is a four-lane street. So I immediately went to a house where I knew someone to phone the police or an ambulance to help her. She followed us to this house and she smashed the window in the front of the house and cut her arm very badly. She went back outside and she was lying on the sidewalk and two motorists stopped to help. In both cases, there was a nurse. Both of them were nurses who stopped to help. We went back out on the sidewalk to see if there was more that we could do, and very quickly an ambulance came to help.

Well, to their credit, the nurses were taking a risk. There was a lot of blood involved. But they did not think for themselves. They only thought about helping this individual who was in distress. So they, too, were Good Samaritans in this situation.

So I commend the Member for St. James (Ms. Korzeniowski) for bringing in Bill 204, The Good Samaritan Protection Act, because it is going to

protect volunteers who stop to help individuals regardless of the circumstances. As the Member for St. James pointed out, we have a very strong tradition of volunteerism in Manitoba and we want to encourage that. We want to support our volunteers if they end up helping people in various circumstances.

There are many organizations that that would apply to. For example, St. John's Ambulance, neighbourhood patrols, for example, Citizen on Patrol groups, of which there are a couple in my constituency. I have been out on patrol many times. I have not had to help anybody who was in distress. But it is always possible that a Citizen on Patrol group might have to do that.

Any of us could be at a public event anywhere and someone could collapse and we might have to provide CPR. I know a number of years ago, I believe it was St. John's Ambulance, provided CPR training in one of the committee rooms. I was the only MLA that attended, but there were other staff in the building that attended. Perhaps we should invite them back because the guidelines for CPR have recently been changed. So all of us who were trained as first responders, like the Member for Brandon West (Mr. Smith), for example, we should all learn the new CPR techniques that are being introduced.

Another example would be Operation Red Nose, where every year in December and early January, volunteers drive people home, so they get home safely, and drive their vehicles home. I have volunteered with Operation Red Nose, and I am sure other members of this Chamber have as well. One never knows what kind of situation you might get into and might need to help someone, and you might need the kind of protection that this bill provides.

Another important part of this bill is that it provides protection for someone receiving medical advice over the phone or through any other medium as they wait for the proper medical authorities to arrive. So it could be a Blackberry, I suppose. It could be a cell phone and you might have somebody on the other end that is providing medical advice. This could be very helpful in the circumstances, but you might also want to be protected regarding the kind of advice that you are being given because you may be using that medical advice to provide medical care for someone.

So, in conclusion, I think this is good legislation. I look forward to hearing other members speak on it, because I think it is a good opportunity for us, using this bill to commend volunteers in the community, to

commend individuals who come to the aid of others, who are, in effect, being a neighbour to others, who are helping others who are in distress and not caring for themselves, but this provides that protection so that people do not worry about being sued.

Now, fortunately, in Canada, our society is different than some other societies. The United States, as we know, is a very litigious society and people sue each other at the drop of a hat, and that has consequences. Doctors, for example, have to carry very expensive insurance because there is always the concern that they might be sued. But in Canadian society maybe we are a more civil society. I am not sure why these differences have developed, but we are not as likely to either sue someone else or to be sued, and that is a good thing. But in the event that that might happen, it is probably a good thing that we have this kind of legislation.

This is not the first time that we have debated a Good Samaritan bill. The Member for Inkster might remember that a number of years ago, when Paul Edwards was the Liberal Leader, I believe it was Winnipeg Harvest who came and asked for Good Samaritan legislation. Because there was all-party agreement, I think that was one of the rare occasions when a bill passed in one day. I think we went through three stages and a committee stage in one day. Fortunately, that does not happen very often here because, you know, we need to give the public notice in order to come down and make presentations at the committee stage, but it was a very direct request. I think it went to the Liberal caucus first and I think the government and the opposition jumped on it. There were negotiations between the three parties and we got it through very, very quickly because nobody wanted to be blamed for stalling something.

We may be in a similar situation today, where we want to get something through as quickly as possible, and with those few remarks, I will conclude. Thank you.

Mr. Speaker: Any other speakers? When this matter is again before the House, it will remain standing in the name of the honourable Member for Inkster (Mr. Lamoureux).

Do the members wish to continue to the next bill or call it eleven o'clock? What is the will of the House?

Some Honourable Members: Eleven o'clock.

Mr. Speaker: Eleven o'clock. The hour being 11 a.m., we will now move to resolutions. We will deal

with the resolution Interfacility Ambulance Transfers.

* (11:00)

RESOLUTIONS

Res. 6—Interfacility Ambulance Transfers

Mr. Leonard Derkach (Russell): Mr. Speaker, I move, seconded by the Member for Emerson (Mr. Penner),

WHEREAS currently an individual who is transferred by ambulance from one health care facility to another but is not returned within a 24-hour period must incur the full cost of that transfer; and

WHEREAS there are no exceptions to this policy, even if those patients whose transfer is a direct result of this NDP government's failure to recruit and retain doctors in rural Manitoba;

WHEREAS physician shortages throughout rural Manitoba have resulted in the closure of emergency rooms and the downgrading of services in many rural communities;

WHEREAS the closures have forced rural Manitobans to be transferred to Winnipeg and to other urban centres in order to receive health care services that would normally be available much closer to home;

WHEREAS patients are then assessed substantial bills as a result of their ambulance transfers;

WHEREAS it is unacceptable for the NDP government to offload the costs of ambulance transfers to patients and taxpayers;

WHEREAS a spokesperson for Manitoba Health has stated that this policy needs to be fixed because "*it underscores there are inequities in the system.*"

THEREFORE BE IT RESOLVED that the Legislative Assembly of Manitoba urge the Premier and the Minister of Health to consider stopping the current practice of treating Manitobans outside the city of Winnipeg limits as second-class citizens; and

BE IT FURTHER RESOLVED that the Legislative Assembly of Manitoba urge the Premier and the Minister of Health to consider paying the costs of all interfacility ambulance transfers, where a physician orders the transfer in order for the patient to access medically necessary health care services

not locally available or services only available in urban centres.

Mr. Speaker: It has been moved by the honourable Member for Russell (Mr. Derkach), seconded by the honourable Member for Emerson (Mr. Penner),

WHEREAS currently—dispense?

An Honourable Member: Dispense.

Mr. Speaker: Dispense.

Mr. Derkach: Mr. Speaker, in the short time I have to speak to this resolution, I think it is important to note how important a resolution of this nature is to people who live outside the urban centre. We have seen, over the course of the last six years, since 1999, when the Premier (Mr. Doer) first promised that with \$15 million and in six months he would absolutely fix all of the ills in the health care system that we were facing back in 1999.

Some six years later, Mr. Speaker, we still live with long waiting lists, longer waiting lists. We now have a new reality. Hallway medicine has turned in highway medicine for rural Manitobans. Although we have fancy coaches now in rural Manitoba who transport patients back and forth, we have a bureaucracy that has developed where patients cannot get access to service adequately. They cannot get it on a timely basis and so they are being forced to use those coaches, those ambulances, throughout the province to be transferred from those facilities in rural Manitoba where these services are no longer available to the urban centre here in Winnipeg or, perhaps, in some cases it might be Brandon, in other cases it might even be Dauphin.

But, Mr. Speaker, what we are seeing is an erosion of services to ordinary rural Manitobans and this is happening daily. It continues to happen as the days and the months go by. What is the great unfortunate thing is that the cost of health care are not only going up for government, but they are escalating for rural Manitobans who need to use the services of an ambulance. I do not know how we can tolerate to stand by and watch rural Manitobans using ambulance services having to dig into their pockets, not for \$100, not for \$200, but for thousands of dollars when they are transported from rural settings into Winnipeg. The greater tragedy is that, if they have to stay for longer than 24 hours, then they are assessed the cost of transporting them back to their facility.

What is unknown, Mr. Speaker, by many people is this is not done at the request of the patient. Because of the crowding of our facilities in urban centres now, that patient cannot stay in an urban tertiary facility for any extended period of time. If that patient has to be recovering, then that patient is put back in an ambulance and transported back to his rural hospital, all at his or her own cost. In a day where we claim to be providing equity in services throughout Manitoba, we see that this part of it is very inequitable. It sets up a second-class citizen in this province, and that second-class citizen is a rural Manitoban who has to use the services of an ambulance to get him or herself from a facility in rural Manitoba to a facility where they can access specialized services that are not available in that part of the province.

So, Mr. Speaker, we find that unacceptable and the government finds it unacceptable, because we have heard a spokesperson for the government say very clearly that this is a policy that needs to be addressed. It is a policy that does not work. It is a policy he says, and I quote Mr. Peter Dalla-Vincenza, who says, "It is a policy that has to be fixed. There is no question about it. It underscores that there are inequities in the system we have to look at." That is an admission by the government that their policy is not working when it comes to interfacility transfers.

The Minister of Health (Mr. Sale), when speaking to AMM, said that this is a stupid policy, and I want to quote what he said. He said, and I quote, "Not to put too fine a point on it, but the 24-hour rule is really stupid. It is dumb. It is a silly rule that needs to be changed."

Well, Mr. Speaker, if, in fact, this is the minister's feeling, and if he really believes in what he said, then why does he not fix it? He has the ability to fix this issue. He can do that with a change in policy. It does not require legislation or regulation; it is a policy issue. So the government can fix it very quickly, and they can also fix it in a way that those people who perhaps have incurred those costs most recently can be reimbursed.

Mr. Speaker, we have people writing to us, people phoning us, people meeting us on the street with their bills in their pockets, asking us what they can do because they cannot afford to pay them. Many of these people are on fixed incomes. They may have a small pension coming in, but they have all those costs, the living costs, that all of us have on

a daily basis. But they live on a fixed income and they are restricted in terms of how much excess money they have to be able to afford these kinds of expenses.

Now, the minister said something about, "Well, there are private insurances that you can have." This is coming from a government that does not believe in the private sector, Mr. Speaker. But it is telling us that, well, you should be carrying private insurance, or you should be carrying Blue Cross.

Well, what we are talking about here is a fairness issue. Let us compare the person living in an urban centre and a person living in a rural setting. In an urban centre, your specialists and the services that are not available in rural Manitoba are available within 15 minutes of any point in the city. So, Mr. Speaker, anyone living in the city here, even if they have to incur an interfacility transfer cost, that is a minor expense. But for somebody who is living in Swan River, in Roblin, in Deloraine, in Boissevain, the costs of an interfacility transfer for those people is in the thousands of dollars.

I know a person living in a very modest, low-cost housing unit, came to me and gave me her experience. She needed a pacemaker put in. She was taken from the community to Brandon, where she was told that she could have the pacemaker installed and would be brought back in the ambulance following that surgery and would be recuperating in her own local hospital.

What happened in the event, Mr. Speaker, was she was taken to Brandon, but the doctor who was going to perform the procedure was called away to an emergency. So, therefore, she was left there, not for six or seven hours, but for three days. After the procedure was done, the ambulance did pick her up and take her back to her own local community and her own local hospital. The cost to her was over \$2,200, and this was a trip between Russell and Brandon.

Now, how many times can a patient afford that kind of cost? The other question is: Why should that patient have to incur that kind of cost?

So, in this resolution, I bring the attention of this issue to the government, I bring the attention of this issue to all of Manitobans because, in this province today, we have a two-tier system of health. Mr. Speaker, when services were available in many rural settings, those interfacility costs were not incurred. Today, because of a lack of pediatricians and other

speciality services in many of our rural settings, patients are forced to travel into Winnipeg to get those services.

Now, Mr. Speaker, I know we have to be reasonable in what to expect. In order to be reasonable, perhaps we need to look at phasing in the fix to this problem. But we need to get moving on it today because every day we see those ambulances running back and forth across the province. They are carrying patients who are paying for those costs themselves. This is what is so unfair. This is what needs to be fixed. It is the government's responsibility to fix it. The NDP government has abandoned a lot of the services that were available in rural Manitoba. Many of our emergency services in small rural hospitals no longer function. They are not available. The government points to a lot of issues, but the most important issue is that provision for human resources has not been made by this government in those facilities, and therefore people are forced to be put into ambulances and travel long distances to access services.

So, with those few comments, Mr. Speaker, I ask that members really consider this and the government really considers this matter in the most serious fashion. Thank you.

* (11:10)

Hon. Tim Sale (Minister of Health): Mr. Speaker, I thank the member of the opposition for a reasoned speech in regard to this issue. I think that sometimes in our Legislature we do not get enough reasoned speeches. While I cannot agree with everything he said, I think he has made a reasoned contribution to the record, so I thank him for that.

Mr. Conrad Santos, Deputy Speaker, in the Chair

I want to put just a few bits of history on the record, Mr. Deputy Speaker. Remember that the policy in regard to interfacility transport was articulated in January of 1989 by the previous government under the signature Frank DeCock, who was then the deputy minister and a very able deputy minister in fact.

The situation that we inherited, of course, as the member opposite knows, because at some point he had some involvement with the ambulance services in Russell, was that of a very outdated fleet, indifferently maintained in terms of the quality of service, no provincial dispatch capacity in that fleet. So we frequently have coaches, as the member opposite will remember, crossing each other on the highway, one empty, one full, both doing the same

job, so that we sent people in to Brandon and the coach returns empty. Not very efficient use of our resources. Thirdly, the training levels varied enormously from people with very few hours of emergency responder training through to paramedic Is and IIs; clearly a real challenge.

So there are five elements in this system in terms of safe, effective, consistent technology. I think we have addressed that issue. We have 160 new coaches. We have a state-of-the-art medical co-ordination transportation centre going in to Brandon on the sixth floor of the nursing building at Brandon Regional Health Centre, which will allow us to make much better use of our ambulances. We envision the situation where someone might be dispatched from Wawanesa to Winnipeg. The ambulance would no longer return empty to Wawanesa, but it might take a patient back from Winnipeg to Boissevain and then pick someone up there to take them Brandon and return somebody from Brandon back to Wawanesa. So that coach might be away for a significant period of time from Wawanesa, in which case the system would reassign a vehicle to the Wawanesa area, in other words, make much more efficient use of both our staff and our resources and make the system more affordable in terms of the cost of carrying people from one place to another.

Thirdly, I think, Mr. Deputy Speaker, it is very clear to all of us that in a modern health care system, moving people from one place to another is not always desirable, but it is very frequently defensible in terms of quality of care. So, I think, as we recognize the system needs to move people, for example, in the case of Rivers Hospital, the members will know that we have established Rivers as an acute rehab hospital for people having had hip or knee surgery in Brandon to complete their recovery in rehabilitation in Rivers. It does seem a bit much to say to a Brandon patient who might be from Virden, "and to go to your acute rehab centre in Rivers, we are going to give you the privilege of paying for the bed for the ambulance." That does not really make a lot of sense to our system. So we recognize the need to deal with the interfacility transport question in particular.

Fourth and fifth, in terms of the consistent sustainable funding mechanisms, we recognize that it is not fair for someone living in a remote area of Manitoba to pay two or three times, or four or five times, what it costs somebody who is a citizen of Winnipeg to use an ambulance. The question then is, as an uninsured service, which the member opposite recognizes that ambulance care, like personal care

homes and drug costs, are all uninsured services in medicare, and provinces provide them, not out of the requirement to do so under the Canada Health Act, but simply because it makes good sense and is good medicine. In all of those, there is a private pay component.

I just want to poke a little fun at my colleague opposite from Russell who spoke about the issue. He appears to be in favour of people paying for MRIs at Maples, and for other things at Maples, privately, out of their pocket. Somehow that is a good thing, but paying part of the cost of an ambulance is somehow a bad thing. I think there is just a little bit of intellectual dignity missing in the two arguments. It is a tad of inconsistency here that one should pay out of one's pocket for an MRI that might be medically necessary, but one should not pay any component of an ambulance transfer cost, a bit of inconsistency there which the member may want to consider.

Let me also then go on to say how our current system is funded. Presently, somewhere between, depending on the area, 60 percent and 80 percent of the costs of ambulance transport, whether it is interfacility or emergency, are already paid for by the Province of Manitoba. In other cases, there are additional funds coming from cities like Brandon, Thompson and Winnipeg, where there are significant contributions to the cost of ambulances from the citizens of those municipalities.

Thirdly, Mr. Deputy Speaker, of course, all of the capital of our system is entirely paid for by the Province. Fleet Vehicles buys and operates and maintains our ambulances. The Medical Transportation Co-ordination Centre in Brandon will be fully funded by the Province of Manitoba, and members opposite will see in this year's Estimates that that new centre is there.

So we are already paying for, you and I and all of our taxpayers, depending on the system in question, between 60 percent and 80 percent of the costs already. The actual independent payer is not paying anything like, in aggregate, 100 percent or even 50 percent or even 60 percent. They are paying less than that by a significant margin. Plus, of course, anyone who is on social assistance would receive their ambulance transport as part of social assistance supports. Those who are covered by other systems, veterans, members of the federal area, all receive their ambulance costs through different systems.

I think we have to, as we strive to address the question of equity, which we have already said in our

Throne Speech we would do, and we have in the six years we have been in government addressed four of the five components of our transportation system and, in this Throne Speech, indicated we will be addressing the fifth one as well, I think the members need to recognize that we already cover, on average, close to 75 percent of the costs, plus all of the capital costs of this system.

We are not talking about patients paying a hundred percent of anything. Of course, most Manitobans who are able carry Blue Cross or carry some form of private insurance because they understand that neither their drugs nor their personal care homes nor their ambulance systems, nor other uninsured services are entirely covered by the Province, and they are not covered by any province to my knowledge. There are always components of private insurance, Mr. Deputy Speaker.

I think it is a useful debate. I think that members opposite clearly had time, over 10 years, to address this issue, and I think a completely fair assessment of that was that they did very little to nothing. There were not new ambulances, there were not new training standards, there was no dispatch capacity and there was no action taken on their own policy. Their own policy was that people would pay for ambulance services, the charges that were levied by the RHA in which they lived or the city or town in which they lived. I think that when you look at the fact that every RHA and every town has a different set of charges, we have an opposition that I think is raising an important issue, but we also have an opposition that did absolutely nothing to address that issue in their time in government.

So we accept the responsibility for the system. We will make improvements to that system. We have already made substantial improvements and will continue to do that, but let Manitobans not think that members of the former government did anything to make this system any better while they were in power for 10 long years.

* (11:20)

Mr. Jack Penner (Emerson): I would like to just put a few words on the record regarding the interfacility ambulance transfer services in the province of Manitoba, or maybe I should say the lack of services in Manitoba and the lack of consistency in rural Manitoba. As most members in this Legislature know, I have represented an area in the southern part of the province bordering the U.S. It covers almost half of the southern part of the

province of Manitoba and then extends north to just on the north side of Steinbach, east over to the city of Steinbach.

There are some inequities in the services provided by ambulances in the province that should have been addressed many years ago, but the problem that has arisen over the five and six years has been such that it has dramatically increased the inter-transfer of patients from one facility to another, and largely it is because of a shortage of doctors, and many of our smaller communities' hospitals, and I refer to the hospital, or the so-called hospital, that once was at Emerson which has now been closed, and it is now simply a transfer site, and where stability can still be done by a doctor if he or she is there, and then they are loaded in ambulances and taken to other facilities, whether it is Altona or Boundary Trails or, indeed, Winnipeg, and if those patients, then, are forced to stay in those facilities for longer than a day, the cost doubles. And therein lies our basic problems.

We have the situation in Sprague and/or the area east of Sprague to the U.S. border where there are no hospitals, and where transfers are made to American hospitals, and the services are provided by American doctors and American hospitals, and if a transfer has to take place, it is normally made to the city of Winnipeg.

Now, transfer costs for that area of the province can run anywhere between \$2,000 and \$3,000 to an individual. We all know that that area of the province is not the richest part of the province and, as sometimes we say, that should have been designated a totally different application of these kinds of services, because it is sparsely enough populated that it does not warrant another hospital facility to be built in that area. But the distances that are required for the transfer, in and out and back again to the community, is it can be very substantial, and these people have nowhere to go once they are transferred to a major facility such as Winnipeg, and then they are very often taken back to those American hospitals to finish their stay and, again, with very substantive costs to those individuals, and that needs to be fixed.

We think it is simply unacceptable for the NDP government to offload these costs of ambulance transfers to patients and/or the taxpayers, the rural, local taxpayers. We think that is absolutely unfair and should have been fixed long ago. I mean, I just heard the Minister of Health (Mr. Sale) saying that the previous government, if they felt so strongly

about it, should have changed it. Well, if this minister is serious about what he said in the *Brandon Sun*, and I quote: "Not to put too fine a point on it, but the 24-hour rule is simply stupid," and these are the minister's words, Mr. Deputy Speaker, "It is dumb. It is a silly rule that needs to be changed."

If he is really serious about that, and if it was not just playing to the people in Brandon when he said it, then he should have already long ago changed it. He has had six long years to change the policy if he does not like it. Certainly, he is in a position. He has the Cabinet authority. He is the Minister of Health. He has the authority to change it. If the Premier (Mr. Doer) was serious about ensuring that adequate services would be provided, as he said he would when he announced before he was elected the first time, that "Give me \$15 million," he said, "Give me six months, and I will fix our health care system."

You know what the people of rural Manitoba are saying today: boy did he fix it. What a way to fix a health care system, by closing the small rural hospitals. The people in those areas have nowhere else to go. When you close them to stabilize them where there once was a hospital, and then transfer them to another larger facility, and then, three or four days later, send them a bill for the transfer, and you call this an equitable policy for all Manitobans. Then tell those people in those areas, well, you do have an option. You can buy private insurance and pay the cost to ensure that you will not have to pick up these exorbitant costs charged by the health care system to those people.

I think, Mr. Deputy Speaker, this speaks volumes about the attitude of this government. We believe that the government should pay for all interfacility ambulance transfers. There is no question that that should happen, simply because of the way the health care system is being designed by this so-called socially responsible government, the NDP. If this is socially responsible, then I would like somebody to interpret for me irresponsibility, because this is irresponsible.

Patients should not have to foot the bill for the NDP's failure to manage the health care system in rural Manitoba. We know how badly they have failed. We just need to look at the total cost of our health care system today.

In 1999, he insisted the budget was \$3.8 billion for health care. Today, it is more than \$4 billion higher, in six short years, \$4 billion higher than it was in 1999 for health care. The Member for Selkirk (Mr. Dewar) laughs about it. This is no joke,

Mr. Deputy Speaker. The people of rural Manitoba do not find this funny at all. They find the cost exorbitant. They say where are the services? Where now we have doubled the cost of health care in the last five years and where are the services. The services have declined and this is the NDP model for health care in this province of Manitoba. What a model. What a cost.

It is absolutely an area of concern. The doctor shortage in rural Manitoba has been announced in this House by the official opposition day in and day out, time and time again. We have pointed out the deficiencies in the health care system and the doctor shortages. That is one of the reasons why this resolution is before this House today. This is one of the reasons I stand proudly to second this resolution.

I beg the current minister to have heart and do what he said to the *Brandon Sun* when he said, "Not to put too fine a point on it, but the 24-hour rule is stupid. It is dumb. It is silly. That needs to be changed." We wholeheartedly agree with the minister. Thank you, Mr. Deputy Speaker.

* (11:30)

Mr. Doug Martindale (Burrows): This is a very interesting resolution because emergency medical services are not covered under the Manitoba Health Services Commission. At least that is my understanding. And yet, on other occasions, the Conservative caucus wants us to support privatization of health care, for example, the Maples clinic.

An Honourable Member: Americanization.

Mr. Martindale: The Americanization of health care, they want to promote the for-profit model of health care. They want the government to fund the Maples Surgical Centre, so I think they are a little bit undecided on what they really support.

On the one hand, they want to increase public support for health care by having everyone covered by inter-hospital ambulance transfer. On the other hand, they want more money going to the for-profit system like the Maples clinic, but you know, they are a little disingenuous. For example, the Maples clinic they support at Question Period but this one they bring up in private members' hour. So maybe they do not want the public to know that they want to increase public support for health care when, on the other hand, they are talking about supporting a for-profit clinic like the Maples Surgical Centre.

An Honourable Member: You are making yourself look foolish.

Mr. Martindale: Well, I am sorry that the former minister who introduced this resolution has already spoken because now he will not get a chance to rebut what I am saying, but I am sure that somebody in his caucus would be happy to do that for him. He might have to write out their speaking notes and explain why, on the one hand, they want something covered by the health insurance scheme that is not now covered at a cost of millions of dollars. On the other hand, they want us to go down the route of privatization. I do not get it, but I am sure that someone over there can explain this dichotomy in the Tory policies.

We actually want to reform the emergency medical services, and we have some objectives. For example, a modern emergency medical service system should be comprised of five main components: (1) safe, effective and consistent equipment and technology; (2) a medical transportation co-ordination centre to strategically manage the dispatch of rural and northern land and air ambulance services and all interfacility medical transport. We are doing that. I believe that is the centre we are setting up in Brandon, and I know that members opposite were present with members of the government and our Minister of Health (Mr. Sale), and I think the Premier (Mr. Doer) was there, at the Manitoba Royal Winter Fair in Brandon. There was a press conference there when we announced it, and I think it had all-party support because it is going to help members in rural constituencies and in major cities.

I remember hearing about some of the anomalies in the former or maybe even still current system whereby an ambulance might be taking a patient from rural Manitoba to Winnipeg and going from Winnipeg back to rural Manitoba empty. We are told that once the centre is up and running there is going to be co-ordination. They will no longer have empty ambulances running around. So that is a big improvement. We look forward to seeing that fully implemented.

(3) integrated system co-ordination and administration, including but not limited to streamlining governance and accountability for quality training and education for personnel; and (5) consistent and sustainable funding mechanisms. I guess that is really what we are talking about in this resolution today.

Just to go back to this business about the public system and the private system, you know in some

countries there are many more things that are covered in the public system. In some countries, dental and optical and drugs are covered in the public system, but of course, you pay higher taxes for that.

So, it is a conundrum for government because you may want to expand coverage, but how are you going to pay for it? In Manitoba, we have balanced budget legislation so we—*[interjection]*

The member opposite reminds me of what we used to say. That was 1995. That was then, this is now. But our comments are all on the record, and I know that in the election campaign there were a lot of quotes and mine was one of them. But, as you know, we changed our policy in 1999, and we support balanced budget legislation.

The point I am trying to make is that many times the public wants us to cover things, and we would like to expand coverage, but how are we going to pay for these things? So I think the members opposite should think about that because they do not want taxes raised but they want more coverage. They want the government to spend millions more to put something in the public sector, but how are we going to pay for it?

Oh well, let the government figure that out. That is their problem. I think that is their philosophy, right? But when it comes to the private sector, they use a different argument. They say, "Oh, give people a choice. If people want to jump the queue and go to the Maples Surgical Centre, let them pay for it, or let the government pay for it as well." That just increases the profits of the Maples Surgical Centre, so they want it both ways, but you cannot have it both ways.

Just trying to point out inconsistencies in the members opposite. Now, I had five objectives of the EMS reform, and we have dealt with the first four, and we are working on the fifth. The Conservatives opposite did nothing for 11 years and handed us a mess. When we formed government, we inherited the worst EMS system in the country. It was just one of many health care issues that the Tories had spent 11 years damaging that we had to fix. Nursing cuts, doctors leaving, the patients stacked in the hallways, cancer patients waiting weeks, cardiac patients waiting months, hospitals promised but never built.

You know, it is interesting, if you listen to the rhetoric from the members opposite—*[interjection]* Well, there are some problems we are still working on, but if you listen to the rhetoric from members

opposite, you would think there was a crisis in the health care system. If you talked to people who had been to a hospital recently, and you ask them what was the quality of care when you were in the hospital, almost inevitably people will say, "I got good quality care." Personal experience of patients is actually quite different than what we hear from the members opposite. If I have a choice between listening to my constituents and listening to the members opposite, I will listen to my constituents every time.

The EMS system was plagued by an aging and unsafe fleet. Lack of standards for training of EMS personnel, lack of a central dispatching capacity to ensure timely and efficient responses, and, yes, a fee structure that was inconsistent and unfairly applied. It was a patchwork of services. In short, it was a mess.

Now, in fairness to the Tories, I never thought I would say this, but it is in the speaking notes, there is probably a caveat though. You will have to wait for this because I am sure it is not, you know, totally unrestricted. In fairness to the Tories, it is a pretty complicated system that has developed over a long period of time. But, here it comes. Regionalization in 1996, which put the EMS services under the authority of RHAs, did not help and certainly it did address any of the inequities with IFTs. I guess that is interfacility transfers. The 24-hour rule was implemented by the Tories in January 1989. Oh, a minority government, is that not interesting?

Here we are debating a resolution to try and fix a problem that became a problem in 1989 when the Conservatives were in government. Now, how ironic is that? Today they want us to fix a problem, and, you know, our staff do a little research to find out when did the problems start and the problems started in 1989. Who was in government in 1989? The Conservative Party. Although they do not call themselves the Conservative Party anymore, they are the PC Party of Manitoba, it is like a logo and you are not supposed to figure out what PC stands for. It is supposed to be something better than the Progressive Conservative Party of Manitoba. I am running out of time here.

It does not make a lot of sense and that is why we are going to fix it, just like we were fixing the rest of the system that we inherited after 11 years of neglect. The EMS system that we inherited needed substantial capital investment and system improvement at all fronts. We started with the

obvious; replacing ambulances, then there is the medical transportation co-ordination system, EMS training and the next priority is the fee structure. I look forward to hearing more debate from other members on this important resolution.

Mrs. Leanne Rowat (Minnedosa): Mr. Deputy Speaker, I rise to put on record my concerns with interfacility ambulance transfer issues that I am hearing from, through my constituents, through my friends who live in urban communities such as Winnipeg and Brandon and the concerns they have with the present government's inability to understand that all Manitobans are entitled to quality health care. They are not receiving this in many sectors of our province.

I am very disappointed in the debate coming from the government side of the House and how glib they are to the issues that many Manitobans are facing. I am pleased to stand today to share my concerns. With this current government's inability to understand the importance of this issue and understand that they are actually being glib with people's lives and with people's health, Mr. Deputy Speaker.

* (11:40)

It is unfortunate that all taxpayers have to pay for this NDP government's failure in health care, especially when in 1999 this government promised that they would fix health care in six months with \$15 million. I think that this government should be held accountable, should be ashamed of their inability to keep promises. I believe that we, on this side of the House, have been working very closely with our constituents who are very, very disappointed with this government's inability to follow-through on their promises.

My communities have had their emergency rooms closed and acute care services discontinued under this government's rule and this government's glib policy. They pay little attention to the issues that are being faced in my communities. I am very disturbed by their glib and sarcastic attitude towards my constituents and others in rural Manitoba.

Any individual who is transferred by ambulance from one health care facility to another, but is not returned within a 24-hour period, must incur the full cost of the transfer. Mr. Deputy Speaker, I receive many calls and many letters from constituents who have issue with the ambulance fees. I believe that this is something that the government should be

taking seriously. Again, based on this minister's glib comments of indicating that it is stupid, well the buck stops with the minister. If it is a stupid policy, fix it. I do not understand where this government will admit that there is a policy that is stupid and continue to work within that framework. It shows this government's inability to handle situations, this government's glib and disinterest in the constituents' concerns. It actually underscores the inequalities in the system.

I have recently had the privilege of speaking to a young girl and her mother who had received services, had a minor surgery done and had to be ambulated to Winnipeg. Those concerns raised are very disappointing, Mr. Deputy Speaker, because this individual could have received the services in Brandon, a brand-new facility in Brandon, or an add-on, but actually no physicians and no specialists available to address the health care needs of our province.

Again, this government talks about providing services, Mr. Deputy Speaker. They are not providing services; they are building buildings with no services being provided within them. I have had constituents go and receive emergency care, or hope to receive emergency care in Brandon, and being turned away because of this government's inability to provide the services that are required by my constituents.

Physician shortages throughout rural Manitoba have resulted in the closures of rural emergency rooms. So a lot of my constituents have had to go to Brandon to receive care. A lot of my constituents use the pediatrician services within Brandon. Just this last month, we have lost another pediatrician, Dr. Cisneros from the community, who has relocated to Winnipeg. This pediatrician provides quality care and service to a huge sector of Westman, and now has left and, I guess, leaves all of the work to one physician at this current time.

I want to bring up that point, Mr. Deputy Speaker, because when in discussions with physicians in Westman, it came to my attention that there was a conference in June of this last year in Vancouver for pediatricians and medical experts from across Canada. That was in June. That was before Dr. Cisneros had decided to leave. It was disappointing to the individuals that had attended that conference because there was no representation from the Brandon RHA or from Manitoba Health at this conference in recruitment of pediatricians.

Now, you would think, with the crisis situation in Brandon that there would have been somebody from the Brandon RHA there to recruit, at least to provide information on the community. I think that just goes to show that there is no consistent pattern of recruitment for physicians or specialists. What it does, it just shows the lack of concern this government has for the valuable opportunities that are there for recruitment.

Another situation where an individual had to have an interfacility ambulatory transfer, Mr. Deputy Speaker, was a young girl that had her tonsils removed and had to be ambulated back to Winnipeg for care. This was in the media, and it created some very, very strong and very, very loud concerns from a lot of constituents, a lot of young families, who have children that were receiving similar treatment. It concerned them to the extent that they would go into Winnipeg, they were paying for hotels or accommodations so that they would not have to deal with a potential situation as this young family had to deal with, and knowing that these ambulance costs would have to be covered by themselves. They were concerned that there would not be the quality of care through the specialists in Brandon.

So, Mr. Deputy Speaker, by not providing the care and the concern that is needed by this government, many families within rural Manitoba are experiencing undue concern and stress when they are having to deal with the health care system in our area.

A couple of quotes from individuals that live in the area, Jennifer Lamb, who is part of the Westman group, Westman Moms for Health Care, and she has indicated, and quite clearly and quite accurately, that the only time that the Health Minister (Mr. Sale) takes any action is when people involve the media and make public inquiries, Mr. Deputy Speaker. It is really unfortunate that the Westman Moms for Health Care have had to bring so many issues to the attention of this minister and this government when they have an obligation to provide quality care for all Manitobans.

In closing, I think that I would like to have put on record, and I am going to be clear, that patients should not have to foot the bill for the NDP's failure to manage a health care system in rural Manitoba, Mr. Deputy Speaker. It is time that Manitobans outside the city of Winnipeg limits were treated fairly and not like second-class citizens by this

government. I am deeply concerned with the state of health care in Manitoba, and I believe that this government should be held accountable and should take action on the issues that are put before them. Thank you.

Mr. Daryl Reid (Transcona): Mr. Deputy Speaker, it is my pleasure to rise to speak to this Interfacility Ambulance Transfer resolution that has been brought forward by the Member for Russell (Mr. Derkach). I listened quite intently to the comments that were made by members opposite with respect to this particular resolution and the importance of this resolutions to their constituents. I do know that we have been working for some time on a resolution of a number of issues involving ambulance services in the province of Manitoba, and I am quite proud of the progress that we have made. That is not to say that there are still not challenges out there because there are some challenges that we are currently working on, and we hope to have a solution for those challenges in the very near future.

But I did listen very closely to the comments that were made, and I will just reference a couple of them, Mr. Deputy Speaker. The Member for Russell, when he was addressing this particular resolution that he has brought forward here today, said that we need to be reasonable on what our expectations should be, and we could phase in a solution. So what he is saying is that government needs to look very closely at this issue and this challenge that we face in this province and then to take the necessary solutions and implement them, perhaps over a period time. Those are the recommendations, if I understand his comments correctly that he has said here.

* (11:50)

But, then again, I also listened, and that seems to be, Mr. Deputy Speaker, a reasonable proposal to put forward, at least in my mind, with respect to how government should proceed with the implementation of a solution. Then I listened to the comments that were made by the Member for Emerson (Mr. Penner), where he said that it was an NDP problem and it should have been fixed long ago. Well, I disagree with the first part. It is a problem that we inherited, so I guess in that sense it is a problem for our government and a challenge that we have to deal with, but the Member for Emerson is absolutely right. This is a problem that should have been fixed long ago.

The question that I have in my mind, and there is correspondence to the effect of how long this issue

has been around, it has been around since 1989, during the years that the Member for Emerson was in Cabinet. During that time, the Member for Emerson, as a member of the Filmon government Cabinet, did nothing to resolve this issue.

Mr. Speaker in the Chair

If he sees it as such an important issue today, which we accept is legitimate, the question on my mind is why did he not impress upon his government of the day to resolve this issue at that time, in fairness to his constituents. Now, I listened, also, to his further comments that government should pay for all interfacility transfers. I do not think that this is an issue that we are ignoring as a government and we are working diligently to resolve the ambulance service issues in the province of Manitoba. In fact, we have made substantial progress.

I just want to relate, for the reference of members, a little bit of history about how this has come about. I can remember, just before we came into government in 1999, that there were paramedics in the committee room of this Legislative Building talking about the poor level of ambulance service in the city of Winnipeg and in the province of Manitoba, in the committee room just down the hallway from this Chamber. Did the government of the day listen to those paramedics?

An Honourable Member: Yes.

Mr. Reid: Did you do anything about it?

An Honourable Member: Yes.

Mr. Reid: No, you did not do anything about it. So you have left that as a challenge for this government, upon assuming office, to resolve and to deal with, and we have made significant progress. I want to relate for members opposite the progress that we have made.

I remember in 1999, coming into office, the constituents of Transcona calling and writing me and saying, "The ambulance in Transcona is not there. That ambulance is pulled out of the community of Transcona. Not only is it antiquated, but it was not available to service the community."

So our government reacted immediately and we embarked on a program where we would renew the entire ambulance fleet for the province of Manitoba, and I am happy to report to members that we are in the process of finalizing the renewal of the entire ambulance fleet for the province of Manitoba, 160

new ambulance coaches for the province of Manitoba.

An Honourable Member: That is the chassis only.

Mr. Reid: One hundred and sixty. Chassis only.

An Honourable Member: What about the gurneys?

Mr. Reid: Well, is that not amazing? So, while we make the capital investment, now they are questioning the capital investment that we make to improve services to his own constituents. Shame on you, I say.

Mr. Speaker, I can tell you that that new ambulance is serving my community. In fact, my own mother used that ambulance twice in the last six months, and that ambulance was there for a constituent of mine that needed that service for an event I was at this past weekend. That ambulance is there now, providing high-end ambulance services and paramedic services to the constituents of Transcona and all of the other constituents in the province of Manitoba, and we are proud of that accomplishment.

In addition to that, Mr. Speaker, for the first time in the history of the province of Manitoba, our government is implementing and is in process of building the Medical Transportation Co-ordination Centre. The new ambulances will have GPS on them, and have GPS on the ones that are now in service, and there is going to be a co-ordination of the response to the emergency calls that are coming into the centre regardless of where you live in the province of Manitoba.

The third priority that our government is working on and has moved a substantial way towards solving, that when we came into office, there were no standards in place for EMS training in the province of Manitoba. No standards, and I say to members opposite, if ambulance and paramedic services were so important to your constituents, why did you wait 11 years and do nothing to solve those three issues? Nothing. They left it to our government when we came into office to take up those challenges and to bring solutions forward and to implement those for all Manitobans.

Mr. Speaker, that project, I am told, is on time and on budget and will be opened next year, something that will provide province-wide co-ordination of all ambulance and Lifeflight services in the province of Manitoba.

Next, Mr. Speaker, is the point of this particular resolution that we are talking about here today. We recognize that this is a challenge that our government needs to solve. We openly suggest that that is one we are working on. It is very high on our priority list. Stay tuned because I think we will be coming forward with a solution to that.

An Honourable Member: It is about time. We put enough pressure on you.

Mr. Reid: Well, about time; you put pressure on us, the Member for Russell (Mr. Derkach) says. Where were you for 11 years when this issue was so important to your constituents? That is the question I ask you and your colleagues over there.

We are going to address the fee structure issue, Mr. Speaker, in the very near future, and we are going to put in a better system and a fairer system for patients. We are committed to achieving this for all Manitobans.

Mr. Speaker, the members opposite like to point to the fact that our Minister of Health (Mr. Sale), when he was in Brandon, said this is a dumb rule. The members opposite say it is a dumb rule. Yes, it is a dumb Tory rule. I agree with that. That is something that we inherited as a government. Eleven years, when the Tories were in government, they did nothing to solve it. Our government has taken up these four priority areas with respect to EMS and ambulance services and we have now brought forward some solutions to those challenges.

Mr. Speaker, stay tuned for the next part of this puzzle to be solved, for the challenges that were left to us by the previous government. Thank you very much for the opportunity. I am proud of our government's achievement in respect to this particular issue and the advances that we have made. Our work will continue to solve the remaining challenges that are out there. Thank you.

Hon. Jon Gerrard (River Heights): Mr. Speaker, I noted one of the comments from the MLA for Transcona. He acknowledged that there are problems in the ambulance service. I certainly have heard a significant amount about problems in the ambulance service as it is operating at the moment. There is clearly room for improvements.

The resolution put forward by the Member for Russell (Mr. Derkach), I believe, in this instance warrants support. Certainly we need to work this out so that the people who are getting cared for at one hospital, at one institution, and then are transferred to another are covered because it should not matter whether that person is in a rural hospital initially or in a city hospital initially. There should be an overriding framework policy in how we approach this. It would, I suggest, be important, as well, in looking at the cost and the quality, to focus attention on the ability to provide more care locally, to provide more support so that hopefully fewer people will actually need the ambulance services. I would think that this is certainly an area that could have some focus.

We know that there are times when you cannot always get what is needed at the initial institution that someone goes to and that they have to be transferred after being in one institution to another institution. But there needs to be a common policy around this. We take the suggestion and the resolution from the member from Russell as a positive step in trying to move this issue forward.

Thank you.

Hon. Ron Lemieux (Minister of Transportation and Government Services): Mr. Speaker, regrettably, I cannot support the member from Russell's resolution, but I just want to put a couple of points on the record as a rural MLA. I will try to be brief and to the point. The member from Emerson made comments about how services are declining—big crocodile tears.

Now, Mr. Speaker, we are not saying that we are perfect. We never have. We are saying that it is a huge challenge, but we have made some inroads in the constituency that the member from Emerson speaks of in the southeast region of—

Mr. Speaker: Order. When this matter is again before the House, the honourable Minister of Transportation and Government Services will have nine minutes remaining.

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

LEGISLATIVE ASSEMBLY OF MANITOBA

Thursday, December 8, 2005

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