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DEBATES
and
PROCEEDINGS

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Thirty-Ninth Legislature

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<i>Vacant</i>	Lac du Bonnet	

LEGISLATIVE ASSEMBLY OF MANITOBA

Tuesday, May 17, 2011

The House met at 10 a.m.

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

ORDERS OF THE DAY

PRIVATE MEMBERS' BUSINESS

Mrs. Mavis Taillieu (Official Opposition House Leader): I wonder if there is leave of the House to proceed to Bill 210, The Seniors' Rights Act?

Mr. Speaker: Is there agreement to go directly to Bill 210, The Seniors' Rights Act? *[Agreed]*

SECOND READINGS—PUBLIC BILLS

Bill 210—The Seniors' Rights Act

Mrs. Leanne Rowat (Minnedosa): Thank you, Mr. Speaker, and I second this by the member for Charleswood (Mrs. Driedger), that Bill 210, The Seniors' Rights Act, be now read a second time and be referred to a committee of this House.

Mr. Speaker: It's been moved by the honourable member for Minnedosa, seconded by the honourable member for Charleswood, that Bill 210, The Seniors' Rights Act, be now read a second time and be referred to a committee of this House.

Mrs. Rowat: This bill was established to ensure that the rights of seniors are enshrined in legislation so that they can be superseded by a policy decision of government. Too often we hear from seniors who have suffered abuse or neglect or who have been forced to move to a faraway community in order to access personal care home beds. This legislation is intended to help bring an end to such events and to highlight the important fact that the rights of Manitoba seniors must be respected.

This bill stipulates that by March 31st of each year, the minister must prepare a report on the number of seniors who are not able to access the

rights set out in this legislation. The bill establishes the rights of seniors, including the rights to freedom, independence and individual initiative in planning and managing his or her own life, the right to access affordable and appropriate services and programs, the right to be able to retain and remain in his or her own community, the right to a system where long-term-care needs are met and the rights to access services and many other rights.

I'm pleased to put a few words on the record with regard to this bill. This bill was initially introduced by a colleague, the member for *[interjection]* Lac du Bonnet, the former member for Lac du Bonnet. Thank you, Mr. Speaker. And he was passionate about this piece of legislation, because I think he, as other members on this side of the House, believe that too many seniors are falling through the cracks. This government is good on putting out press releases and feel-good promotion, but do very little to actually implement and move forward on initiatives that are in the best interests of seniors.

Mr. Speaker, in Manitoba, much more needs to be done to make sure that the—this objective and all the outline—points outlined in this bill become true to Manitobans—seniors in—Manitoba seniors within our province.

In Manitoba, our health-care system is not preparing for an aging population. Current wait times for orthopedic surgeries remain unreasonably long. In March, there were 613 people on a wait-list for hip replacement in Winnipeg. We've recently raised questions in the House with regard to a constituent of mine from Westman who has been waiting in excess of 50 to 60 weeks for an orthopedic surgeon to move her through the system to get her surgery done.

So, Mr. Speaker, we see unreasonable wait times for people who are wanting to have surgery that will improve their quality of life, actually, in so many ways, ensuring that they can spend time with their families, get out in the gardens, continue to do the volunteer work that they do in the communities or work with their families in taking of their grandchildren, as my parents can attest to is a very trying job at times, but fulfilling.

Mr. Speaker, many seniors in Manitoba cannot get healthy, affordable food and that is an issue

which, you know, is very important to seniors—nourishment is important to continue to be healthy in body and in mind. And in March, Winnipeg Harvest reported that the number of seniors using the food bank doubled before—between March 2009 and March 2010. So seniors are now making up 50 per cent of the adults who are using the food banks in Manitoba, and this is not a good statistic; this is not something the government should be proud of. This is very disheartening for families of loved ones who are having to access food banks in the years that they should be enjoying their time and enjoying the fruits of their labour that they've given to the province over a significant number of years.

Mr. Speaker, seniors are looking to remain in their own communities in the places where their families are and where they have built a life for themselves. And that's true of seniors in southwestern Manitoba, in northern Manitoba, in the cities, and they're well aware of the government's promises or broken promises, I should say, and how those promises are just not being delivered.

Services to seniors, Mr. Speaker, is one area that I think this government has really dropped the ball. These are resource co-ordinators. These are people in the community who work at the grassroots level who work with seniors in the community, and what we have seen is the disrespect that this government has shown to this type of an organization—this organization that does so much for people within the community—seniors within the community.

We know that there's been an off-loading of responsibilities to these organizations by government and by the RHAs. The governments have indicated, oh, we've given the RHAs money to work with these services to seniors organizations. Well, they funnel the money, but the money doesn't get to those organizations and ultimately those services do not get to the people within the communities who need those services to continue to remain independent within their own homes or within assisted living homes within the community, Mr. Speaker.

*(10:10)

There are so many opportunities to continue programs like the congregate meal program. So many communities have come forward and indicated that they just don't have the staff hours to implement a congregate meal program within their communities. We have a community—I was in Grandview just last year and they were talking about having a service co-ordinator who works 20 hours a

week in that community; she knows the community needs a congregate meal program and this is something that they really need to get working within their community. But she just doesn't have the resources to be able to do that. She's given so much of her own time to help with so many other needs within the community that we really need to be looking at congregate meal programs within the community such as Grandview and other communities within Manitoba.

So, Mr. Speaker, I believe that what this government has done is—has missed the boat on so many initiatives. We've even had to embarrass them into actually moving forward on initiatives with regard to seniors. With the grandparents' rights, for example, that was an initiative that I was passionate about and worked very hard to get this government's attention on. It took me twice to introduce the bill with no results from this government until we went on a road trip.

In the summer of 2006 we travelled the province. We went to communities like Selkirk, Portage, Brandon, Rivers, Swan River, Flin Flon, Souris, and we raised the issue with over 3,000 people, signing their names to a petition, encouraging and pushing this government to take some action on that very important need, which is getting grandparents access to their grandkids, working with them to be—to enable them to be connected with their grandkids. We all know the significant relationship that there is between a grandchild and a grandparent. And so many families do—just, unfortunately, do not have that ability to do that.

So the grandparents' rights bill that we tried to push through to government for several years finally got the ear of government, and we were so pleased to see that they actually moved forward on that and actually implemented a tool or a resource for grandparents to access supports. So, Mr. Speaker, we do see that if we do push hard and push long, we can get this government to actually pay attention to the needs of seniors within our province.

So, Mr. Speaker, I think this bill, The Seniors' Rights Act, speaks to the need of government to be held accountable to the programs that they announce, which don't always see positive outcomes. We want to see a government that actually, when they put something out there, that actually it works and it is actually meeting the needs of the people within the

community, the seniors community within our province.

So, Mr. Speaker, I think this bill is very important. I think it's an excellent tool to be used to ensure that the government is accountable, to—it's messaging to seniors, and we see and have identified so many weaknesses within this government that I think this bill would only enhance and improve on the quality of life for the seniors within our province. Thank you.

Hon. Kerri Irvin-Ross (Minister of Housing and Community Development): I am going to put a few comments on the record, and I'm going to talk about actions that this government has taken, actions that improve and support the lives of seniors and elders across this province. I will not be able to go into as much detail as I would like; the time is way too short. But I'd like to just list a few of programs and policies that we have passed and then go into some more detail about how you see it impacting the lives of seniors and elders, whether they're living in urban, rural or northern Manitoba.

One of the initiatives that I had the privilege of participating in and seeing the value of was Age-Friendly. Age-Friendly Manitoba has taken off. Many municipalities have embraced it. And what that does is it provides an opportunity to—for seniors to be at the table and to have those conversations about what their communities need to look like, what kind of supports they need to participate fully, whether it's in recreation, whether it's in housing, whether it's employment if that's what they're interested in, evaluating what's happening in the community and what next steps need to happen.

So we have over 70 communities who have taken on this challenge and now consider themselves as age-friendly. And many municipal leaders are taking that charge and ensuring that we can continue to support our seniors in those communities.

We also have the seniors abuse line; we have a provincial toll-free bilingual seniors information line; the Manitoba's healthy Aging in Place initiative or also the Long Term Care Strategy; the Manitoba Home Care program, the best home care program in North America; the Provincial Elder Abuse Strategy.

Now, this is a really interesting initiative. Elder abuse is something that has happened in our community and across this world, and what we've been able to do, working with our many community partners and seniors and elders, is start to talk about

it. One of the best ways to deal with elder abuse is to build awareness, and that's what we have done. We've had those conversations. We've also looked at doing work intergenerationally, with young people and seniors, to break down those stereotypes and those barriers and develop an ongoing respect for the wisdom and the sacrifices that the seniors and elders have made in our province.

One of the initiatives that we have, we have a toll-free line that provides counselling supports. But we also have safe suites that, in partnership with Manitoba Housing and Age and Opportunity and the seniors secretariat, we've been able to identify suites within Manitoba Housing, and when an individual needs to be removed from an unsafe environment, provide them a place where they can call home in a short term, but we work with them intensely to help them come up with a long-term strategy. We are—I'm getting lots of recognition across the country for this initiative, but what's important is we are talking about elder abuse and we're making people aware and providing alternatives and strategies to support individuals.

We also have a group of seniors and elders that represent their communities on the Manitoba Council on Aging. Now, this is an extremely active group who works very closely with the Minister of Healthy Living, Youth and Seniors (Mr. Rondeau) and provides advice to our government on health care, on housing, on transportation, on recreation. And really, what they've been able to do, over the last few years, is travel across Manitoba and have those conversations, and bring that information right back here to us and encourage us to continue to build on our successes and to take next steps.

We also have implemented the Primary Caregiver Tax Credit to support individuals who are providing care to a senior, a loved one at home, to give them some financial—some extra financial security so they can continue to provide that support at home.

We also have the SafetyAid program. Now, the SafetyAid program is an interdepartmental project that we have where we work with the Department of Justice, the seniors secretariat and Age and Opportunity, and we go across the province and going into homes and checking out and ensuring that it's safe. Making sure, looking at deadbolts, but also looking at falls and maybe sometimes putting in grip bars, things that we may take for granted but are incredibly important for individuals.

We also have the support services to seniors program, and that's where we continue to provide funding to community groups, to provide recreation opportunities, social opportunities, some meal programs happen there. One of the most important things that they do is break down that issue of isolation that many seniors and elders face.

So, by working with non-profit, businesses, government departments, we're able to build a strong support services for many seniors, ensuring that they're able to age in place and to live in their homes, and provide them with those necessary supports, whether it's through the SafetyAid program or whether it is through providing them with Home Care, providing their families with support so they can continue to do that.

I'd like to put on the record some information about, since 1999, what we've been providing as support to seniors. And as we have developed and made investments in personal care homes, we've also—I'd like to say, that since 1999, that we've added over 930 personal care home and supportive housing beds across Manitoba. And again, we've expanded home care.

The Minister of Health (Ms. Oswald) made an announcement on February 18th. And on this—in this announcement was a \$260-million investment to provide more choice, more independence, better quality of life for the growing number of seniors. And in that announcement, we talk about more home care supports, innovative new rehabilitation program, and new income protection benefit for up to \$295 per month, to make supportive housing an affordable alternative to personal care home placements. As well, in this announcement, we talked about our long-term-care strategy.

*(10:20)

What I want to state and put on the record is that, as we're talking about individuals aging, which is a privilege that I hope all of us will be able to participate in, and as we're aging, we need to provide those very valuable options for Manitobans, and it's a continuum of housing that we have to look at. As I spoke earlier about ensuring that individuals remain in their own home, we need to provide those supports. But as they transition and need additional supports, we need to be able to ensure that we're providing assisted and supportive living options as well. There's the private sectors out there providing those options, but it's not always affordable for individuals. So that's why we need to make sure that

we are providing affordable alternatives for individuals as well and, then, as well as the personal care home.

As the Minister responsible for Housing and Community Development, I've had the privilege to observe and see the passion in many communities across Manitoba where groups have gotten together and developed housing options for their constituents, and as they developed those housing options, the pride as they saw it rise from the foundation. I've been in Grunthal, in Steinbach, Winnipeg Beach. We've gone to La Broquerie and made announcements, and in these announcements—in Sprague as well—and as we've gone through those communities and talked about—and that is only just a small sample of the housing initiatives that we have implemented with our partners and Manitoba Housing.

We know that seniors housing is of vital importance to many individuals and for their families. We'll continue to work with those partners. We'll continue to see those options being presented. It's very exciting to see what we've accomplished since 1999. But I'm even more excited to see where we're going to go in the future to ensure that seniors across Manitoba have the support services that they need and continue to enjoy a positive quality of life. Thank you.

Mrs. Myrna Driedger (Charleswood): I'm very pleased to rise and put a few words on the record this morning regarding this important bill brought forward by my colleague that will ensure that the government provides seniors in this province with the programs, services and supports that they need to live their life with dignity, with the rights and freedoms that they deserve.

Mr. Speaker, I'm going to focus largely on the area of personal care homes because this is one area where I think for the last 12 years the NDP have dropped the ball in preparing for the growing need in this area. We have a huge need in Manitoba for more personal care home beds and this government has really not seemed to have understood it.

It doesn't take a brain surgeon to figure this out, Mr Speaker. With our growing population and the huge cohort of baby boomers who are becoming seniors, that eventually more personal care home beds and more supportive housing units are going to be needed. And, in fact, we haven't seen a whole lot of action from this government in the last 12 years.

In fact, in terms of personal care home beds, a leaked document had showed that the NDP actually planned to close 680 personal care home beds instead of building more. And if anybody wonders why we are in trouble right now, all they have to do is look back at the poor planning and the poor management of this issue. *[interjection]* And, Mr. Speaker, I don't know why the member for Kildonan (Mr. Chomiak) is sitting in his seat heckling about this because we have the leaked document. It is their own strategy that indicated they were going to close 680 beds.

Mr. Speaker, because of their poor management of this issue we saw an NDP-created crisis hit the acute care hospitals last fall. In another leaked document, an internal WRHA memo, it said that the Winnipeg hospitals were operating above capacity and urged all hospitals to facilitate as many hospital discharges as possible as quickly as possible. Further, the memo directed all personal care homes to relieve pressure in hospitals by placing a moratorium on new admissions from the community. Personal care homes could only accept patients directly from hospitals.

This moratorium went on for months because of a shortage of long-term-care beds, which forced the WRHA to rapidly discharge patients from hospital and block new community admissions to personal care homes. In terms of the number of patients that were shoved out of the hospital that quickly, we have to wonder how many of them fell through the cracks, and when we see hundreds of patients being forced to remain in the community when they need a personal care home bed, we have to wonder what kind of stresses are on those families and how many of those patients have fallen through the cracks.

So one just asks: how could the government have not seen this coming? Our ERs have been in trouble for a long time. You know, Brian Sinclair was an example of somebody waiting 34 hours. The reason people are in problem, waiting in the ERs, because they can't move through the ERs because there's no hospital beds for them to move into.

So this government has had years to look at this, and it's been brewing for a long time. When you get—can't get ER patients out of the ERs and into the ward because over a hundred acute-care beds are taken up by long-term-care patients who are stuck there because there is no long-term-care bed for them, this government should have been on top of this. This wasn't something that happened overnight. This was

a crisis that started under this government and escalated. And last fall, because of the concerns that people were seeing and the fears that they had out there, we did have the leaked memo that showed what was actually happening. And this has been going on for a long time. It was bound to reach a critical point, and what it pointed to was the poor management of the whole long-term-care program by this NDP government.

So, besides over a hundred long-term-care patients stuck in acute beds, 300 to 400 patients needing long-term-care beds are stuck in communities because there are no long-term-care beds for them to go to. So we're looking at anywhere, maybe, at any given time, 300 to 500 patients that need a long-term-care bed. And this isn't just something that arose over night.

And I can't imagine the chaos this is creating for families that have an elderly person at home, and I've talked to a lot of them. In fact, we're getting more and more calls all the time about this. The pressure that these families are faced, trying to look after an elderly parent at home, worrying about their safety is really significant, Mr. Speaker.

And one has to just wonder: where did all the health-care dollars go that the federal government has given to this provincial NDP government with transfer and equalization payments? We have seen an unprecedented amount of money flow into Manitoba, and yet we see the whole area of long-term care and the needs of the patients in that area being neglected by this government. In fact, an Auditor—the Auditor General looked into some of this, and she said that the government has to provide better information about nursing home wait times, yet the NDP Minister of Health (Ms. Oswald) said that no RHA has a formal system to track wait times for personal care home placements. As a result, average wait times for personal care placement cannot be determined, Mr. Speaker. So we've had a government that's been here for 12 years and they cannot even tell us how many patients are waiting for personal care home bed.

So we have to wonder: why is this Minister of Health not expecting better information to be gathered and monitored at this level? Why has she neglected this very important concern? How can she possibly effectively plan for the future? And we now see that she can't. We see that this NDP government has not had an ability to address the issues of personal care home planning, and we see that they have created the chaos in the system right now.

The Minister of Health also made a serious commitment that there would be unannounced visits to personal care homes to ensure standards were being met. When we asked about this, through freedom of information, what did we find out? Hardly any visits, unannounced visits, were being made to personal care homes, another huge failure. The NDP got their photo op, they had their big announcement, but, as with many things that we see with this government in health care, there was no follow-through on it. It was a failure of this government. It's poor management, and seniors are paying the price.

*(10:30)

Another area right now where seniors are struggling—and I'm dealing very, very closely with some of that—is in the area of home care. There are huge concerns starting to percolate out there about issues for patients. There are big changes coming right now in home care, and I really question some of the changes or how the government is going about making those changes. I'm seeing patients right now falling through the cracks in numerous ways, and I fear that something very serious is going to end up happening with some of these patients, and there's so many families struggling because of it. And what we see, by looking at all of these areas, is this NDP government is seriously neglecting to deal with issues around seniors.

They get their photo op; they do their quickie thing; and then they go missing in action. And, you know, the ministers might want to say, you know, oh, look at what we're doing, look at what we're doing, but unfortunately, they can talk a good talk but they're not following through with the walk, and we're seeing seniors pay for that.

That's why I think this is a really important bill, and I'm glad to see that my former colleague from Lac du Bonnet had brought it in, and now my current colleague has brought it before this House again. We take this issue very seriously. We think it's important that the government needs to do a far better job of addressing this, and we would urge them to act on this legislation and pass this very important bill that would provide better care and supports for seniors in Manitoba. Thank you, Mr. Speaker.

Hon. Dave Chomiak (Minister of Innovation, Energy and Mines): And I'm very pleased to rise upon this particular matter formerly brought forward by the very efficient and decent and effective

member from Lac du Bonnet, who I am sorry he's no longer a member of this House.

Having said that, Mr. Speaker, I'm quite astounded at some of the comments that I heard from members opposite. The—for example the member for the area that's—the member for Neepawa who takes credit for so much that's done—

An Honourable Member: Minnedosa.

Mr. Chomiak: —Minnedosa, Mr. Speaker, talks about private member bills.

When I was in this Chamber in opposition, we couldn't get a private member's bill on the floor. We couldn't get a member—a bill on the floor and we have allowed bills to pass. We have allowed them to put in—and then members stand up and take credit for measures that we put forward. But, you know, credit isn't what we're here for. Doing the public good is what we're here for.

And, you know, Mr. Speaker, the best indication of future behaviour is past behaviour. Members opposite made mention of home care program—the home care program, the best of its kind in North America. The members opposite wanted to privatize the home care program. They came in and Connie Curran and all their friends said privatize. They tried to privatize it and there was a huge rebellion on the part of the population in seniors.

And we know the member's plans will be the same. How else can you account for a government—a supposed government-in-waiting that wanted to cut half a billion dollars out of the budget in one year, Mr. Speaker, half a billion dollars from the budget in one year. And they talk about programs in rural Manitoba—when they were in office the best indication of future behaviour is past behaviour. The money given to non-government organizations was minus two. It wasn't even—it was minus two and you know they have the gall to stand up and talk about rights of seniors.

Rights mean nothing if you have no programs. Rights mean nothing if you're closing beds. Rights means nothing if you fire a thousand nurses. Rights means nothing if you shut down the medical college and reduce the enrolment. Rights means nothing if you cancel the X-ray and technician program. Rights means nothing if you privatize home care. Rights mean nothing when they're only words. Rights mean nothing when the member talks about one person—one person, Mr. Speaker.

You know what, Mr. Speaker, let's talk about the past and present. You know we have a Protection for Persons in Care Act that I tried to bring in when I was in opposition—we brought in, this government. Now members stand up and talk about—they talk about the number of people that are affected by that. Well, of course, there's going to be people affected by it because we brought in an act that actually did something.

Mr. Speaker, when I was in opposition, an individual was murdered in a personal care home and members opposite covered it up; nothing was said. Nobody knew the person was murdered. The person was moved to a psychiatric facility after murdering a resident in a personal care home that I'd complained about for several years privately to the minister, and they moved that person who had perpetrated the assault and murder on that patient to a psychiatric hospital and hid it. They covered it up and I had to make it public, and that's one of the reasons why we brought in a bill, so governments couldn't cover up mistakes.

Are there mistakes, Mr. Speaker? Yes. Do we announce them? Do we go out and have critical care incidents? Yes, but talking about rights, and the member for Charleswood (Mrs. Driedger) chips and chips away about rights, but it doesn't matter about rights if you don't have the programs or services.

My colleague talked about the programs in place. Let me just talk about the fact that there's more than 400 additional personal care home beds, over 500 new supportive housing units, expanded home care services for thousands of seniors. Home care service that you were going to charge for and eliminate.

Mr. Speaker, a caregiver tax credit of \$1,020 for caregivers of home care clients. Did you vote for that? Did members opposite vote for any of those? No.

New supports for approximately 35 seniors in group-living assistance, with transportation to daily activities; members opposite voted against it.

Improved care, quality of care in PCHs with 500 new staff. That's a new one. That one sure dropped through the cracks during the lean, mean 1990s; that one dropped through the cracks. They dropped the ball, to use the member of Charleswood on that one. They fired workers, they fired workers, Mr. Speaker. We put in place 500 new staff since 2007.

Quality standards in 2005; there were no quality standards in personal care homes. When I was in opposition I called for that. We came into government, we put it in place. Now members opposite stand up and talk about secret, leaked memos when, in fact, we applied the Freedom of Information Act to those institutions which was not applied when they were in government. We couldn't find out how many beds were in a hospital, never mind what patient was being dealt with, Mr. Speaker. What inconsistency on members opposite part. How dare they talk about rights when they provided no rights by taking away rights by virtue of closing beds, firing nurses, firing doctors and not expanding programs.

My good heavens, Mr. Speaker; how can members opposite have the gall to stand up and talk about our record of over 1,000 beds, when their record saw the closure of over 1,000 beds? Misericordia Hospital, itself, with its 600-plus beds, was shut down, secretly, in the night, with no public discussion. And the members sitting in that front row know that. They know that, and they say nothing about it.

So rights without programs, rights without supports, mean nothing. It means nothing if you don't back it up with support, if you don't back it up with services.

And I might ask, Mr. Speaker, what options are being offered by members opposite? What options? Name one idea, name one concrete idea that they've offered. The Leader of the Opposition (Mr. McFadyen) said health care would not be a priority. The member for Carman (Mr. Pedersen) said there's no use talking about health care. The member for Charleswood (Mrs. Driedger) stands up every day and talks about leaked memos that she gets as a result of freedom of information that wasn't even offered when she was assistant to the Minister of Health and thought that the Ministry of Health was the greatest ever.

She ought to look at that photo in the *Free Press*, walking through the hallways, where there were dozens and dozens and dozens of beds lined up, Mr. Speaker, when she examined the hallways, and she examined the hallways and saw dozens of beds. You know, at least there's beds for people to lie in in rooms, never mind in the hallways. Never mind.

So, Mr. Speaker, I find it very strange the members have the gall—you know, I'd like to hear one idea, one proposal. They want to be government.

How the heck can you promise to be government when you have a track record of destruction, a track record of cutting, a track record of slashing, wanting to cut half-a-billion dollars out of the budget and offer not one good idea?

Now, the member for Lac du Bonnet brought in the rights for seniors, and I have a lot of respect for the former member for Lac du Bonnet. And rights are really important, and you can put them in place, but you can't put them in place if you don't have the programs. You can talk about rights—you know, you have the right to sleep under the bridge—the rich have as much right to sleep under the bridges of Winnipeg or Paris as do the poor, Mr. Speaker. You have as many rights to a bed, or home care, as you want, but if you've got no home care program, because it's privatized, your right means nothing.

And members opposite have offered nothing in terms of alternatives, Mr. Speaker. They've recognized—they haven't recognized the Access centres, they haven't actually recognized the program, they haven't recognized the department. My colleague spoke about the programs offered. I know my other colleagues will educate members opposite about some of the other programs, but it doesn't matter to members opposite who are ideologically hidebound towards privatization, towards dismantling a system, a system they've never supported.

*(10:40)

And the best example of future behaviour is past behaviour. And during the lean, mean Tory years, Mr. Speaker, of slashing and cutting, members opposite learned, unfortunately, nothing. And part of the point of life is to learn from your mistakes. Not only have they not admitted to those mistakes, but they're perpetuating them by not offering any alternatives except to cut budgets, to criticize programs that are in place and to offer nothing positive, nothing substantive, and, in fact, be inaccurate when they belie the fact that they've brought this forward and that forward.

When we—when they were in government, they wouldn't even allow us to put private members' bills. I don't think we passed one private member's bill the whole time that—during the lean and mean Tory years. We've allowed bills to pass. We've allowed bills to go through. We've taken good ideas, Mr. Speaker. That's what governments do. Governments listen, governments respond, governments deliver services to people that—

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

Hon. Jon Gerrard (River Heights): Mr. Speaker, I rise to talk to bill 10, The Seniors' Rights Act.

I've listened to the rhetoric from both sides of the House, and I would think that putting forward some basic rights for seniors in this province should be treated with a lot more common sense, recognition that things have not been perfect, as the member for Kildonan has said, that the importance of governments not covering up the mistakes, admitting, as his government should do, that things are not perfect under his watch—there have been some major, major and recurring issues—and that a bill of rights is something for all seniors. It is something that is there and will be there to protect and to help seniors, whatever government is there. And it is an important part of the checks and balances that we should have in Manitoba.

So I'm here to support this concept of The Seniors' Rights Act, to talk about a number of the particular issues which are referenced here. And I'm here to argue that it would make sense to let this go to committee and so that it can be discussed and have input from people, and that there is a great deal that is worthy here and we should recognize the contribution of the member for Lac du Bonnet. And I think it would be an important tribute to the recognition of the member from Lac du Bonnet on both sides of this House to be able to vote to send this to committee and to move it forward in a spirit that seniors should come first rather than partisan battles.

I'd like to talk about several of the clauses here. One of the clauses talks about affirming dignity. This clearly is an important aspect of what we all should be doing to support seniors. And we have a problem at the moment in many—not all—there are many very good personal care homes, but there are quite a number of personal care homes where there are problems with supporting seniors' dignity, where there's the overuse of antipsychotic drugs as restraints rather than to find other ways, as we should be doing, to support the dignity and the well-being of seniors.

The right to be in the community. I have talked and heard from many, many people in various parts of Manitoba who tell me that there is not a personal care home bed available in their community and they must go outside of their community for their mother or grandparent, and that in some cases it is not just,

you know, a kilometre or two; it is 10, it is 50, it is a hundred, it is several hundred kilometres. People being—and undergoing major dislocations. So a right to be in a community should be a fundamental right and we should have this as a part of the seniors bill of rights.

The right to culturally and linguistically sensitive ways of supporting seniors is important. We have, wonderfully in Manitoba, a community with people from around the world speaking many different languages and with many different cultures, and I hear repeatedly from many that it is difficult to have, in the personal care home where they are put or allocated, the linguistic and culturally appropriate support, whether it be food or other cultural activities or language, and that this is important. And we should be affirming this as part of a bill of rights for seniors.

The concept that there should be minimum disruption—we know very well that as people age that having a place where they know where they are, that's familiar, is tremendously important, and that seniors rapidly become disoriented when they don't have this, and this should be a basic right; and a basic right to a healthy lifestyle; a basic right to protection from abuse, and, sadly, at the moment, the number of reports and complaints of abuse has been going up, has been skyrocketing, and the number of investigations and follow-ups have been going down, and I hear this from talking with people in individual personal care homes; the right to be fully informed; the right to have a public trustee who will work for people instead of, as we've seen in the case of Olga Cumberbatch, to act unilaterally and, from all we can see, against the best interests of Olga, who was bruised and put in a place where she didn't want to be and where she suffered.

And so for all these reasons, I would argue that we should support this legislation. Let's get it to committee, and I'm going to sit down now so that there will be time for others to speak as well.

Hon. Jim Rondeau (Minister of Healthy Living, Youth and Seniors): I'm pleased to put a few words on the record for this. And I would like to also say thank you to the member—former member for Lac du Bonnet for bringing this to the attention of the House, but, you know, it's always interesting because the Conservative Party, Mr. Speaker, say they care about speakers—seniors. They say they care about all people. But two years ago, they were going to eliminate the department of seniors, so it's quite

interesting how they said that they were going to wipe out the entire department, so I think it's interesting to note that I'm the first Minister of Healthy Living, Youth and Seniors, and two years ago in their budget—alternate budget, they were going to wipe out the department. And I think that's truly a shame, so you know it's quite appropriate where the Conservatives say one thing and they do a total another.

I look at the bill, and I'm going to go through the bill—quite interesting. Let's talk about first the right to protect—protection from abuse, neglect and exploitation. It's interesting to see the programs. In the—in 2004, we took it on as a cause, and I think it's very, very appropriate that we have now a 24-hour-a-day, seven-day-a-week abuse line; we have an elder abuse consultant; we have elder abuse programs; we have safe suites; we have a contract with a seniors organization to move forward on the whole issue of elder abuse; and, in fact, Mr. Speaker, we're actually working with the federal government through multilingual senior centres and different ethnic senior centres to make sure that that program and all the programs that we're offering are understood by others. And, you know, I'm pleased to be part of a government that started that program, that financed it, and make no mistake, the Liberal Party voted against all those expansions, and the Conservative Party voted against all the expansions. So make no mistake, they may say they want seniors' rights but they vote against the programs and the services that seniors now rely on and make a difference in their lives.

* (10:50)

We'll go to the second one, Mr. Speaker, the right to access affordable and appropriate services and programs. I'm pleased to actually have moved forward on home care, where home care is delivered in this province regardless of how much money you have.

In other words, we did not move to privatize home care. If you note, Mr. Speaker, the former government—the member from Charleswood was one of the architects to try to privatize home care, and it—they're talking about having access to service depending on the size of your wallet—depending on the size of your wallet rather than on whether you need it. And I'm pleased to continue to expand home care. I think that the members opposite believe that it should be affordability if you have a large wallet, not if you have the need.

So I'm pleased to continue to have a very good home care system; I'm pleased it's based on need and on medical necessity where doctors recommend it, not based on the size of the wallet—like the Conservatives do. And so when you look at independence, dignity and expanding choice, expanding choice means they want to privatize; they want to privatize and depend on wallet size.

Next. The right to be able to remain in the community in his or her own home—his or her home with the support of community-based long-term-care services. Yes, we continue to expand those services; we continue to enhance those services, and the Conservatives and the Liberals have voted against those enhancements.

So make no mistake, where they believe they may have rights, but they do not believe in delivering the programs and services to the people that they are purporting to support.

Next. The right of access to services that allow aging in place where possible. I'd like the members to note that we actually have an Age-Friendly Initiative that was started in February 2008; it's a comprehensive initiative that promotes participation, inclusion and health of older adults in the community—in communities. Its goal is to have every adult engaged, every older adult engaged in active contributions to their society, have independent lives, et cetera. I'd like the members to note that the government of Manitoba provides \$487,000 annually to help 72 participating communities throughout the province to help them engage in citizens and Age-Friendly.

I'd also like to let them know that we support 105 community resource councils, 21 multipurpose seniors centres and, also, we deliver a lot of the services from the seniors centre through senior-serving organizations.

So, Mr. Speaker, we actually provide money and support to seniors doing this, and, again, the Conservatives and the member for Charleswood (Mrs. Driedger) voted against those organizations getting money. So I think that they should look at the record, because they did not provide the level of support we're providing and they voted against this provision and expansion of services.

So when they say that they should be age-friendly, we agree. We put the policy in; we put the initiative in. And, by the way, Mr. Speaker, almost 80 per cent of all seniors are now covered by

age-friendly communities, which are looking at expanding the services and supports, and the money necessary to carry out this program was voted against by the Conservative Party.

Next, Mr. Speaker. The right of transition between the various forms of long-term and end-of-life care with minimal disruption and maximum attention to quality of life. I agree with that, and our party and our government believes in that, so we have instituted—the member from Kildonan instituted a wonderful program on palliative care. We've expanded it. We have home care—home teams that'll help support families and the people that need this service. And you know, I'm proud of that. I've gone to the Grace Hospital palliative care unit. I've seen it; I've seen the staff in action. And I'm proud of that expansion of service caused by an NDP government, and it's a service that's wonderful.

I look at the other programs and services that we have, whether it's assisted housing, supportive housing, and make no mistake that when we're looking at the number of houses that we have built—so far over 930 personal care home and supportive housing beds across Manitoba, which is 430 personal care homes and 500 supportive housing. And you know what, Mr. Speaker? We put that in our budget because we thought seniors were a priority, having appropriate housing was a priority and, again, the Liberals and the Conservatives voted against the housing.

So although they say that they believe in it and they want it as part of a bill of rights, they voted against the programs.

We look at this—the right to an opportunity to choose a healthy lifestyle and be supported in this choice by culturally appropriate programs designed to foster health and wellness without regard to economic status. Mr. Speaker, we believe that. We deliver the programs to do that. In fact, I'm pleased to say that the multi-purpose senior centres, the different senior centres around the whole province, we actually create support. We work in partnership to deliver programs, whether it's in motion, which is creating activity, whether it's 55-plus games that we're partnering with ALCOA with, whether it's with all these organizations, we actually work in partnership and we fund, we fund those initiatives. So, by funding them, you support them. You support seniors to keep active physically and mentally. You slow down the process of dementia. You get them

physically active which stops falls, and that's very, very positive.

And then when you start talking about being safe, I am proud that we have a program that actually moves forward where people have safety and security. So the SafetyAid program was started in 2004, Mr. Speaker, and what it does is there's a team of people who go in to see seniors. They put deadbolts in the locks; they pick up the scatter mats; they make sure people don't fall. And, you know, I'm proud to be the minister that started that program. Why? Because we're looking after the seniors proactively. And although the program only costs about \$100,000 and \$120,000, it prevents broken hips, knees and maybe even hospital care which might end a life prematurely.

Mr. Speaker, I'm proud to be a part of a government that put that program in. I'm proud to be part of a government that supports that program and, make no mistake, the Conservatives and the member from Charleswood voted against those programs and program expansions. So, although the bill of rights in theory makes a difference, I believe not only are we doing it in theory, we're doing it in practice.

We're supporting seniors every day in practice in real things that improve their life and give them the right to live where they should and thrive. And, Mr. Speaker, make no doubt, the members opposite have never done that. They do not believe in helping all. They're for a privileged few, and I'm proud to be part of this government in supporting seniors in the long term.

Mrs. Bonnie Mitchelson (River East): Mr. Speaker, it will be a proud day in Manitoba if all members of this Legislature could stand up today and support seniors by passing this bill. And I would like to ask all members of the House to stand up proudly and say, yes, to this legislation.

Ms. Diane McGifford (Lord Roberts): Well, Mr. Speaker, it's certainly my pleasure to stand today and put a few words on the record about this matter, both because I was, in a past incarnation, the minister responsible for seniors. And I take this opportunity to congratulate the staff from that ministry who do an excellent job day in and day out, but, secondly, because I am a senior, and so programming, et cetera, for seniors is extremely important to me.

As well, I live in a constituency which is rife with seniors. I could make reference to 360 Osborne, which is a seniors complex, beautifully kept. I

believe it was created under the tutelage of Muriel Smith when she was the Minister of Housing. And I also point to Fred Tipping, which is on Osborne Street, 601 Osborne and is a 55-plus home and a wonderful place for seniors.

I know, Mr. Speaker, living in this community with so many seniors of the contribution they make to the community centres, to the schools. I think of one of my constituents, Mr. Maurice Paul [*phonetic*], who for years and years has been going to Riverview School to teach—work with the children and the French language. So I certainly understand the importance of seniors.

But, as all my colleagues have pointed out, this is a piece of legislation which is excellent in theory, but, in fact, the—in fact, when the members opposite were in government, they didn't have the programs to support it. So there are several outstanding issues when it comes to this piece of legislation. It—first of all, Mr. Speaker, it does not translate that rights—

* (11:00)

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

The hour now being 11 a.m., we'll move on to resolutions, and we'll deal with Resolution 10, Health in the North.

RESOLUTION

Res. 10—Health in the North

Mr. Frank Whitehead (The Pas): Sorry, Mr. Speaker.

Mr. Speaker, I move, seconded by the member from Kirkfield Park:

WHEREAS chronic disease is a major concern in our northern communities; and

WHEREAS access to healthy food and high-quality health care are key to reversing this trend and creating a healthier northern population; and

WHEREAS the provincial government has recognized this chronic disease prevention is essential and has also made recruiting doctors and medical personnel in the north a provincial priority over the last decade; and

WHEREAS the Northern Healthy Foods Initiative is creating strong, healthy families by improving access to healthy food, enabling northern

Manitobans to improve their nutrition, quality of life and prevent chronic disease; and

WHEREAS the provincial government is committed to innovative programs working with schools and families toward chronic disease prevention, including the permanent, ongoing funding of \$765,000 annually to our community-based Healthy Together Now initiative.

THEREFORE BE IT RESOLVED that the Legislative Assembly of Manitoba urge the provincial government to continue to invest in the long-term health of our northern communities by improving access to healthy foods and high-quality health care in northern Manitoba; and

BE IT FURTHER RESOLVED that this Assembly be urged to reject the position of the Leader of the Opposition—Official Opposition who previously promised to cut funding for essential northern infrastructure projects and promised to eliminate the Department of Healthy Living, Youth and Seniors.

Mr. Speaker: It's been moved by the honourable member for The Pas, seconded by the honourable member for Kirkfield Park (Ms. Blady):

WHEREAS chronic—dispense?

Some Honourable Members: Dispense.

Mr. Speaker: Dispense.

Mr. Whitehead: I want to say a few words about the problems we have with the chronic disease issues in northern Manitoba, particularly the issues of diabetes. As you know, and other members know in this Assembly here, that diabetes amongst the Aboriginal people, particularly in the north, is of a major concern, and it is a—it's a disease that's taken hold of all ages, young and old.

On a personal note, I have a niece that was diagnosed with diabetes, early age, in her early teens. In the north, that's unusual, but over time, because of the conditions the people are living, the cost of living and the lifestyle has caused this disease amongst the young and old to spread throughout northern Manitoba.

In our community, for example, there's a fair representation of our people who are suffering from this disease. But this is a disease that could be preventable—type 2 diabetes, as an example, if people were to be more knowledgeable of the healthy lifestyles, healthy foods, you know, that kind of

lifestyle. But, sadly, many of our people cannot afford healthy foods in our part of the north.

But there's another disease that's taken hold of our people just recently and that's heart disease, and I'm very concerned that this disease has spread not only to, you know, to the older population, but the people that are suffering from this particular disease are getting younger. I know of some individuals who have had open heart surgery because of heart disease in their early 40s, and some in their late 30s. In our part of the country that's unheard of. We never had this before. This is very troubling times for us. But I think this is a—these are symptoms of unhealthy lifestyles. Why is that? I think it has a lot to do with the issues of poverty and living below the standard of living that other Canadians and Manitobans are accustomed to.

There's another one, another disease that's taking hold in our northern communities and that's cancer. Cancer has spread throughout our northern communities in a fast-moving rate. Young and old are affected again in this particular area. I'm very concerned that, you know, we will continue to suffer from these diseases and die from these diseases, and the deaths of our people are becoming younger. Some of them totally debilitated by this disease, not able to do what they would like to do, not able to go out into the lands they used to. So it's very, very troubling.

But there's an issue here with the cost of living that has been extremely high in northern Manitoba for decades now. It's just a cost of transporting goods to our part of the country in northern Manitoba that's very, very costly. As you know, most of the isolated communities rely totally on transportation that's very costly to move the products and the goods through the winter roads.

So—but I'm very encouraged to see that this government has promoted healthy living in the north, has made decisions to provide opportunity for people in the north to live a healthy lifestyle. And the particular programs that I mention in the motion, for example, has helped our people in the north get accustomed to going back to a healthy lifestyle through healthy foods and so on.

*(11:10)

One particular community that I enjoy going to, Moose Lake just north of The Pas there. I was encouraged to see one particular family still living off the land. Still living, you know, the way they

used to with no diabetes, no heart disease in their family. It's very encouraging to see that they have taken full advantage of the programs and opportunities that were provided by this government. They took me to their own little greenhouses they built, based on the programs that were provided. And they showed me that, you know, given the knowledge, given the opportunity, the people can help themselves again, to the point where they will return to that healthy lifestyle. I'm very encouraged to see that.

On the issue of physicians and doctors and nurses in our part of the north, as you know, you know, access to these communities are very, very limited, but I have met doctors in our communities that are very committed to being in the north. They like the north. They like the people that they work with. The leaders of the communities and the citizens of those communities has welcomed them with open arms, and—but it was through opportunities provided by this government that those doctors have remained in those communities, particularly in The Pas. Three doctors, who will probably live there for the rest of their lives, only because the programs afforded for them to continue providing service to the members in the communities, as a result of this government's vision for quality health care in the north.

I'm proud to be a member of this government that looks out for the best interests of the citizens everywhere in Manitoba, particularly in the north, where we know access to those communities is very difficult. And I think that, you know, by moving forward with this kind of thinking, we can expect more quality health care in the north, as we move along towards providing better health in the north, continuing to grow and develop new ideas, getting people involved in what they would like to see in their communities, in their part of the north, and we're listening—this government is listening. And we are moving forward, I know, because I meet regularly with the leaders of the communities. Thank you.

Mrs. Leanne Rowat (Minnedosa): I'd like to put a few words on the record with regard to the private member's statement—or private member's resolution, regarding health in northern Manitoba.

Everyone agrees with the preamble that there is, you know, issues with chronic disease in northern Manitoba, and there are a number of programs that are working at trying to address this. That's the bread and butter or the apple pie kind of stuff that we all

agree; that we need to ensure that there's programs and supports in place for all communities within Manitoba.

But more importantly, speaking to the resolution today for northern Manitoba, who have a number of challenges facing several communities or many communities within the north. We have isolation. We have poverty. We have overcrowding in homes. We have education issues in some communities. And further into my comments, I'll talk about a program that is actually working in OCN and Cross Lake and Nelson House, who are, you know—there are people out in the communities who are doing great things to address the challenges that are facing—the many challenges with regard to chronic illness in the north.

My question would be then to the government, and the question is about accountability and how they're measuring those outcomes, Mr. Speaker. Is the current government initiatives—are their current initiatives improving the health outcomes? You know, we've talked about prevention. We see announcements. We see some initiatives, piecemeal, but we need strategies. We need to have an outcome-based strategy that's showing that actually we are going to implement this over a period of time, and these are the challenges, and this is how we're going to address that and then review that.

But in—the real results we're wanting from this government are not showing up in many of the programs that they're offering. Running programs because they have nice names gets us nowhere, Mr. Speaker, and we need to ensure that these programs are doing everything possible to address the needs within the communities.

Manitoba is—Manitobans are aware of the chronic diseases that we face in the north after 11 years, that we are seeing, you know, chronic disease issues increase significantly with so—within so many communities and with so many people. Chronic diseases such as diabetes are a serious concern in our province, and especially in the north, due to high transportation costs which pose a challenge and offer an impediment to accessing affordable healthy foods. And, you know, we had a debate in September of '08 where the Minister for Culture, Heritage and transportation—Tourism talked about Cheez Whiz as being a milk derivative product, and this is something that should be, you know, applauded as an alternative to milk.

You know, with that type of statement and that type of initiative from a minister on the government side, I beg to differ with being an innovative way of dealing with the challenges facing chronic disease and trying to address the need and the significance of healthy food.

In November 2003, this government appointed a Minister of Healthy Living (Mr. Rondeau) to create conditions and support behaviours that promote healthier choices to help reduce the risk of type 2 diabetes. This government seems to believe that by appointing a Minister of Healthy Living, health outcomes in Manitoba will approve—improve. So we continually ask the Minister of Healthy Living: provide us with the outcomes; show us that your programs are working. How can we make sure that the programs are actually meeting the needs of the people that are intended to receive these programs? So we continually raise this and we are not getting satisfactory responses from this minister on so many levels with regard to chronic disease.

So this is continuing to be an issue. We'll continue to push forward on these initiatives. We believe that Healthy Living, Youth and Seniors has a strong mandate to meet the needs of people who with chronic, and so what we want to see is this ministry take on the role that it's intended to do, which is to make sure that Manitobans are healthy, and that we're actually meeting the needs of people who need assist and support.

According to a report, the additional costs of chronic disease in Manitoba, released by the Manitoba centre for healthy aging, the RHAs, not surprisingly, spent substantially more money on Manitobans with chronic disease than those without, and the costs of chronic disease are tremendous for RHAs throughout the province but in particular the north.

In Churchill, for example, the cost—it costs the RHA nearly five times more to treat people with chronic heart disease than it does to treat people without, and in both NOR-MAN and Burntwood RHA, it costs about four times more to treat people with chronic heart disease than without. So similar ratios have been seen for other chronic diseases such as arthritis, heart disease, stroke and diabetes. So we know, Mr. Speaker, that there are so many chronic disease issues in the north. We know that there needs to be a strategy in place to address and work with these people within the northern communities who

are looking for answers, who are looking for some support.

But on the flip side, Mr. Speaker, I think it's worth mentioning that First Nations in the north historically have had a lifestyle that was very holistic, active and prevented many of these chronic diseases. The harvesting of plants, trapping, fishing, hunting all contributed to healthy living and still do for those practising this lifestyle. People took personal responsibility for their health, and it was part of their culture.

* (11:20)

Northern community festivals, for example, like the Trappers' Festival, which have a king and queen trapper event, which I've had the opportunity to attend several times in my capacity as Aboriginal and Northern Affairs critic, canoe races in other communities, as an activity, have used this way of life as a celebration. It's a way to get youth engaged and get them interested in their culture and their history. So I think there are many opportunities that can be enhanced and can be encouraged by communities to ensure that a healthy lifestyle is encouraged.

I know that we need to return to the personal pride and responsibility that exists in many northern communities but can be expanded upon. Health needs to be more from the lack of illness to include emotional, spiritual, physical and mental well-being.

Mr. Speaker, you and I have had chats about hockey and the importance of physical activity for children. My daughter plays volleyball and rugby and basketball, and so many of these activities are so important not only for the physical activity aspect of it but for leadership and self-worth. My son plays hockey and volleyball and thrives on the competitive edge, thrives on the importance and the significance of that, and I know that you've talked to me about Jordin Tootoo and your son Brad and the significance that sport has played in the life of young people.

And I think when we see communities like OCN and Cross Lake and Norway House, you know, developing innovation programs like the program which is called traditional ways of land, which is a full credit for land-based education, Mr. Speaker, we have to be looking at those types of communities who have done great things. The OCN, their program actually looks at spending 10 minutes longer in the classroom per day and looks at going longer in the

school year, and what has happened is we've seen kids engage in school, engage in sport, and so what has happened is then you look at what you can provide for those children to prosper and grow. I understand that Joe A. Ross offers a, you know, physical activity programming and in a large gym. They have athletic fields full of soccer nets and soccer pitches.

These types of programs are so important, and I do know that when you are involved in activities in the north, you have to travel a significant distance to participate and be involved in these activities. So I think the commitment is there. The communities are doing great things. What we need to see from this government is an encouragement to these communities to continue.

So I think what we're seeing from the NDP government in their contributions is a tired and weak government. They're using rhetoric and fear mongering to put forward a resolution that could have seen a positive outcome. What we're wanting to see is more support across the board for northern Manitoba to ensure that northerners are respected and recognize their resilience and strong belief in their unique relationship to their lands and their lifestyles hold the answers to many of the modern problems within chronic disease, Mr. Speaker. What we want to see is a government that supports that, not one that plays with rhetoric.

Mr. Gerard Jennissen (Flin Flon): It's a pleasure to talk on this particular issue, Mr. Speaker, because nothing is closer to our heart in northern Manitoba than keeping our northern people safe and healthy, and we certainly do have our challenges there, as the member from The Pas pointed out just a few moments ago.

One of those major challenges, Mr. Speaker—and there are many, but just to pick a few—one of the major challenges there is transportation, because very often in remote and very distant communities, it's hard to get to the place where you need to be taken care of, a hospital or a health centre or a nursing station. So transportation is critical for many northerners to get to the right medical people, and that's why—although the members opposite say it's rhetoric on this side. Well, on their side, I remember a few years ago they instituted a \$50 user fee for the Northern Patient Transportation Program, which was a negative to northerners and it certainly wasn't helpful at all. So if that's the kind of action that the opposition talks about, it's not action we really want.

We want better and improved roads, and our government has done a lot to further this end. Just one example, we're spending three times as much on winter roads now as we ever have before under a Tory government. We've tripled that budget. A hundred million or—we—what used to be a hundred-million-dollar program to keep our roads in shape under the Tory government—or even less sometimes, \$90 million, \$80 million—is now at least four times as much, Mr. Speaker. So we're certainly trying to address the transportation issue.

And we also try and do that with Telehealth, by the way. We've got Telehealth stations in some northern communities such as Flin Flon and Snow Lake and many others, which makes it unnecessary for a patient to have to go south, and that saves us a lot of money.

Still, a lot of travel is necessary. Sometimes people have to be medevac'd or take a flight south, and those flights cost in the neighbourhood of \$1,200, \$1,300 one way for one person. So we know how expensive that Northern Patient Transportation Program is, but at least we have it in place. Other places do not have it. For example, Saskatchewan doesn't even have that.

We try, whenever possible in the north—and a person has to go south to Winnipeg, let's say, to see a specialist—to use the buses. But buses are also expensive, and since Greyhound changed its route a few years ago—actually, the NOR-MAN regional health told me—the people at NOR-MAN regional health told me that simple change to run the bus line all the way through Brandon rather than directly to Winnipeg cost one—cost them \$1 million more, because now people would have to fly, some of the older people, people that were a little more ill, people that normally may have taken the bus. So that was certainly not very helpful as well.

And, of course, beyond that, the people—the person in the opposition who have talked in the past about bringing road projects south rather than leaving them up north where they are needed dramatically is not helpful as well, Mr. Speaker.

But it's more than just access; it's more than just transportation. We've also done some, I think, some very good work with regard to building infrastructure, health infrastructure. And it's not just transportation, health infrastructure, it's also, of course, recruitment and retention of health professionals, as well as dealing with chronic disease that some of the speakers before me have mentioned.

But let's go back to infrastructure for a moment. We're putting an upgrade into Grand Rapids, a 7,000 square foot health centre for Grand Rapids, which is very welcome news for those people. We've put new CT scanners in the north in several places. We have primary health-care facilities now in The Pas and Flin Flon that weren't there before. We've doubled the dialysis unit in Flin Flon, and I know we've done a lot of dialysis work in other places as well. We've done hospital upgrades and expansions in Thompson, in The Pas, in Flin Flon and many other areas as well, Mr. Speaker.

Now, previous speakers have alluded to the fact that one of the problems we have in the north with disease prevention is that a lot of our people are traditional people who are used to traditional diets, have had to switch to other diets which are not as healthy. And, if you're, let's say, a young mother who may be on assistance, social assistance in a remote northern community, and you're trying to make, you know, trying to make a living for you and your kids, it's pretty hard to do that on the amount of money that's allocated. When you go to the store, you find that two litres of milk is \$12, \$13; fresh fruits and vegetables are often not available, and, you know, those are obviously great disincentives to be healthy. And that's why we do have some of these outbreaks of—well, not outbreaks, but high levels of diabetes, for example, and other chronic illnesses as well, Mr. Speaker.

But to talk a little bit about chronic disease prevention, investments in health care are vital, but it's also extremely important to recognize the importance of investing in chronic disease prevention, being proactive. Our government is taking a serious steady-handed approach to chronic disease prevention and building healthy northern communities.

The Department of Healthy Living, Youth and Seniors, a department that the opposition sometimes talks about eliminating—which would be a shame—that department is doing innovative and ground-breaking health and chronic disease and prevention work in the north, including the Healthy Together Now program; chronic disease prevention; the healthy food fundraiser; and Our Health Our Future, the national dialogues on healthy weights, because there is or seems to be a bit of an epidemic of obesity among people, particularly young people that we're trying to prevent, Mr. Speaker. So chronic disease prevention is certainly an important part of our strategy of keeping northerners healthy.

Northern food security is a huge issue, Mr. Speaker. I've already alluded to some of the outrageous prices we pay in the north for such staples as milk and bread and fresh vegetables and fruit, especially in the wintertime, especially if they have to be flown in. And that's why it's so important to get roads to the north, particularly all-weather roads, not just winter roads. That way we can prevent some of these horrible diseases or afflictions that affect so many of our northerners, such as hypertension and heart disease and stroke and certain types of cancer, as well as diabetes.

* (11:30)

The Northern Healthy Foods Initiative is really important for my region. It improves access to healthy foods. I'm particularly proud of the Revolving Loan Freezer Purchase Program. Under this program, 500 freezers have gone out to people in 18 communities. And just to put that in context a little bit, Mr. Speaker, some are traditional people, let's say in Lac Brochet, or Tadoule Lake, some were Dene people, who were used to living off the land and hunting caribou and traditionally would dry the caribou meat over the house stove in the building. That doesn't quite work anymore because they switched most of those homes to oil heat, so there is no really easy way to dry meat. So the freezer program is an excellent program which allows people over there to use freezers to freeze caribou meat and berries and fish and other foods from the north, and, of course, also allows them then to store, let's say, frozen vegetables in the winter, when they aren't accessible via winter roads. So the freezer program is wonderful.

There is a federal government Nutrition North program which is a replacement for the old Food Mail program that we used to use in northern Manitoba, but, unfortunately, the federal government is a little slow in implementing that program. Last year, I attended a meeting where they talked about fast-tracking that, but that apparently hasn't happened. And the Food Mail program makes it easier for northerners to get their food somewhat cheaper when it's flown in.

Six of my communities—not—they're not all my communities, but most of them are—six of those communities, remote communities, are at a somewhat uncertain status right now. As far as I know, they don't fall under the guidelines, under the federal government's nutrition program, the Food Mail program. And those communities are Brochet,

Granville Lake, Pukatawagan, South Indian Lake, Tadoule Lake and York Landing.

Mr. Speaker, another factor is, in the north, to keep us healthy we need access to health professionals. We have a new northern and remote family doctor residency program. We have a grant program that helps get more nurses to the north, and I was very happy a week or two ago to be attending a graduation ceremony in the fall where there was an LPN program graduating 11 Métis nurses. This program was offered in conjunction—Assiniboine College in conjunction with the Manitoba Métis Federation. I had a chance to talk with David Chartrand at that particular gathering, which was a very happy gathering.

Now, we are lucky in some parts of the north, Mr. Speaker, such as Leaf Rapids and Lynn Lake where each community does have a doctor, but many of the smaller communities do not have doctors, and we need increased incentives for physicians to stay there, and we're doing that, not only more physicians, but retaining the physicians. And, as you know, we've, of course, made sure that training doctors—we have more doctors being trained, 110 versus about 70 a number of years ago when the Tories were in power. So that is certainly helpful, but, of course, we still have to get those doctors north and try and keep them in the north. That isn't always an easy—it isn't always an easy task, because there are some disincentives for our doctors, and they don't always want to come to the colder reaches of our province.

Now, we do know what the opposition tried to do, Mr. Speaker. Apart from privatizing home care in the past, there was an \$8-million cut from northern hospital in the 1990s. That's a 23 per cent cut in funding. That's dramatic, and we don't want a repeat of that. Thompson Hospital, there was \$2.7-million cut between 1993 and '98. That's a 22 per cent cut. The Pas-St. Anthony's Hospital: \$2.5-million cut between '94 and '98. That's a 23 per cent cut. The Flin Flon Hospital lost \$1.9 million—

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

Mrs. Myrna Driedger (Charleswood): Mr. Speaker, I think this is an important topic to address the health issues in northern Manitoba. I want to indicate I support the preamble and I do believe that northern communities do have significant challenges. However the latter half of the private member's resolution is full of rhetoric and fear mongering, and because of that it is not a resolution that we can

support. It is a sign of a desperate and tired government that is spending a good part of its time—instead of addressing and talking about their successes, they spend over half of their time, you know, fear mongering and on rhetoric.

Mr. Speaker, the NDP don't tend to walk their talk. They like to talk a lot about investing in the long-term health of our northern communities and improving access to high-quality health care in the north. Well, I want to put on the record some things that will take us beyond this NDP spin. And because of the government's lack of insight and lack of leadership and direction we have had two northern RHAs seriously involved in scandals. No other RHAs in Manitoba have undergone the kind of scandals that we've seen in the north. And, you know, it makes me wonder what's happening. If the government had done what we had urged them to do years ago and evaluate regionalization, we might have gotten to the point where something like this might not have happened. But it took 10 years of us telling the government over and over and over again that you have to evaluate regionalization. You're going to otherwise allow a lot of bad practices to become entrenched. And that's what happened. The NDP didn't do their job, and now we end up with two northern RHAs that have dealt with significant scandals. And these scandals have directly, you know, taken away support from people.

The Burntwood Regional Health Authority, when we go back to 2006-2007, was the first one, and there was an audit done at that time, and it showed that RHA executives were responsible for more than \$300,000 of tax dollars for personal use. And, you know, we—I wondered at the time, you know, how was it that this government could have missed this. If they had the right processes in place, something like this shouldn't have happened. And to me that was a lack of accountability by this government for public spending, especially spending by the regional health authorities, which ultimately answered to the Minister of Health (Ms. Oswald).

And, you know, when we look at what happened in the Burntwood Regional Health Authority, the report itself said, and I quote: Our audit evidences that overall the BRHA has a weak control environment with lack of sufficient policy or procedural direction, general disregard of monitoring and enforcement, together with a seemingly dysfunctional senior executive team. End quote. You know, it was a spending scandal, Mr. Speaker, and, you know, everybody was fairly sickened by it. And

it shouldn't have come to that. Something like this did not need to happen.

And the government didn't have the right checks and balances in place in order to protect taxpayers' money and in order to provide best care, best financial oversight for the people in the north. And, you know, when money gets drained through scandals, it's not spent on patients, it's not spent on front-line care, and in Burntwood Regional Health Authority, we saw RHA's executives spend it on dishes, travel, child care, somebody bought a house, somebody bought a car, somebody bought furniture. So where were the tighter controls?

Now we see something similar happening into the NOR-MAN Regional Health Authority, and it's undergoing a review. In fact, there's been a hue and cry from the people of NOR-MAN, 350 people came together for a forum one evening, and you can't get that many people together easily unless they're very, very angry about something—350 people, hot and heated evening, a meeting that went on for, I believe, over three hours. And they were angry. They were angry about long waits to see doctors, substandard care, poor board oversight and allegations of nepotism within the RHA. We saw that the CEO's wife was given a very plum position there, and she stepped down and now we hear that he is no longer in his position. That RHA has struggled to recruit doctors. The NDP government has had 12 years. They've had plenty of time to address a lot of these challenges. The challenges are not improving.

And so we saw this government step in and call a review of this RHA and, again, why did this have to happen? Why did it come to that? And now we hear the Minister of Health has no intention of releasing the review itself. It's buried, there's no accountability, no transparency with it. The people of the north deserve to have that information and not have the Minister of Health bury the report and only make public the recommendations from the report. If we want to understand the true intentions of the NDP, all you have to do is look at what they're doing with that report.

This group that was furious with the NOR-MAN Regional Health Authority needs also to be furious with this NDP government, because a lot of their blame also falls on the lack of oversight, leadership, management by this NDP government.

* (11:40)

So what else do we know about NDP failures in northern Manitoba, Mr. Speaker? Well, not that long ago there was a medical crisis involving cancer patients living in northern Manitoba. There was only one nurse working at the Thompson CancerCare centre, and when she took leave, the entire cancer treatment program ground to a halt. You know, how is it that only one nurse was responsible for administering chemotherapy treatments in the north? And why was it that northern cancer patients had to have their treatment jeopardized every summer because they couldn't find somebody to step in and deal with the chemotherapy? Why was there a headline: "Northern health care to blame? Baby boy dies after meningitis diagnosed too late."

Why have we heard about a number of situations of misdiagnosis? Why do we have a Minister of Culture (Ms. Marcelino) that stands up in this House in debate and says how delighted she was to speak to—in a debate, and tells people in northern Manitoba to eat Cheez Whiz; it's a good substitute for milk.

In the Burntwood Regional Health Authority, they just finished a community health assessment, and there's some very, very serious concerns about what came out in that particular report, and some of the problems might stem from socio-economic factors; we all know that. Some of the information that came forward really points to the fact that we aren't seeing the type of progress that we need to see, and something seriously has to be done to address the health challenges in the north.

Another thing that this government has failed at is the midwifery program. We knew when this NDP government rushed to put through that midwifery program in the north that they set it up to fail, and, in fact, we, in Estimates, learned that, in fact, the northern program has failed. There is no longer a northern midwifery program. So why didn't the NDP do their homework in the first place? And now we're down to 34 midwives in Manitoba, down from a few years ago when it was even higher than that, despite the fact that maternal health outcomes in the Burntwood Regional Health Authority are the worst in the province. They are very, very seriously worse than other areas. After 12 years of an NDP government, that should have been addressed; that, particularly, should have been addressed.

We saw staffing problems in St. Paul's Personal Care Home in The Pas, where they actually said they had an inability to ensure safe patient care as a

reason for slowing down admissions to that personal care home.

We see significant staff shortages. Well, the government's had 12 years to deal with it, and yet, last year, the physician vacancy rate was 45 per cent in the Burntwood Regional Health Authority, and the nursing vacancy rate generally sits about 25 per cent, 28 per cent. Those are not good numbers.

We saw the NDP government come to power on saying that they will decrease the number of medevacs in the north. What's happened there? It's gone up.

We saw this government also promise, including the member for Kildonan (Mr. Chomiak), a hospital for the north. And, again, here we are 12 years later, what happened with that? Twelve years later, nothing. Maybe on the eve of an election, I understand that perhaps Minister Selinger is back at promising Island Lake a hospital.

But, Mr. Speaker, there are numerous examples of where this government has failed the north. They've had 12 years to fix it. Instead of that, all we're hearing right now is tired and desperate rhetoric from this NDP government. Thank you.

Mr. Speaker: Before I recognize the honourable member for Burrows, I remind members that when referencing other members in the House, it's by constituencies or by the portfolio they hold, not by the name.

Mr. Doug Martindale (Burrows): I'm pleased to speak on this resolution, and I want to congratulate the member for The Pas (Mr. Whitehead) for introducing this. I know that for he and our other northern members, northern health is a very important issue, and I'm sure that he as the representative of his constituency hears about health concerns and tries to respond to them as best he can because I know that he's a good representative for his community. So I commend him.

So, what's at stake here? Well, the health of our northern communities is a major concern, and it's an issue that this government has taken very seriously and requires a multi-pronged approach, which includes making investments in northern health care and investing in chronic disease prevention in a meaningful way. We've come a long way, but we still have a lot of work to do, and we can't jeopardize our progress so far.

Yesterday, I attended a Healthy Child Committee of Cabinet meeting, and a number of other people from—that are here in the Chamber this morning were there as well, and we heard some very interesting results of research studies that have been done, especially about getting young people to exercise, and there's actually longitudinal research going over 20 years that proved the effectiveness of the methods that are being used in school, actually.

I sent a text message to my son who is a teacher and asked if he had heard of this, and he was unfamiliar with it. So I'm going to do a little research on the Internet and pass it on to him. But there is some excellent ideas out there that are being used and we need to use them a lot more.

We can't jeopardize our progress so far, and I think that has implications for the next election, because if the government changes, then the progress we've made will be jeopardized, because we know that the official opposition will balance the budget, come hell or high water, and that will mean cutting \$500 million or more out of the budget and that means there's going to be cuts. In fact, 40 per cent of the cuts, or approximately 40 per cent, would be in the health-care area, and so then many programs in the north could be in jeopardy, and I see the member for Charleswood (Mrs. Driedger) is shaking her head. So maybe she plans to change her party's policy and continue with the government's current plan of balancing the budget over four years. So maybe there's been a flip-flop, maybe they've changed and maybe they no longer want to cut \$500 million. Maybe they've had a conversion on the road to Damascus and no longer want to cut programs in Health and amalgamate Healthy Living with Education and do all kinds of things that would have dire implications.

In fact, as the member for Kildonan (Mr. Chomiak) was saying in the previous debate, the best predictor of future behaviour is past behaviour. So we know that the Tories cut nearly \$8 million from northern hospitals in the 1990s; that's a 23 per cent cut in funding. Thompson hospital, \$2.7 million cut between '93-94 and '97-98; that's a 22 per cent cut. The Pas, St. Anthony's Hospital, \$2.5 million cut between 1994-95 and 1997-98; that's a 23 per cent cut in funding. Flin Flon Hospital, \$1.9 million cut between '94-95 and '97-98; that's a 27 per cent cut in funding. Churchill hospital, 18 per cent cut between '94-95 and '97-98; \$694,640 cut. And, of course, you know, if you'd ask them, they would say, well, you know, we had a recession in the early 1990s and

then, you know, the federal government cut transfer payments to Manitoba for health and education and social programs.

In fact, the federal Liberals, and the member for River Heights (Mr. Gerrard) was a part of that government, eliminated the Canada Assistance Plan which funded 50 per cent of social programs in Manitoba. And what did the provincial government in Manitoba do? Well, they brought in balanced budget legislation and they passed on all those cuts—you know, all that downloading or off-loading from the federal government, they passed it on in Manitoba through cuts to health care and post-secondary education and child care and employment income assistance.

All kinds of programs got cut because, you know, they could say, well, they made us do it, but, you know, ideologically, I think they didn't have a problem with that because they believe in smaller government, and there's lots of things that they do for ideological reasons, and that's what's driving their philosophy today. They want to balance the budget and they're going to do it in one year. We'll wait and see what happens. Hopefully, for the people of Manitoba, this government will be returned, and we won't have to see what might happen.

So our government has made health care in the north a priority. This government believes that distance should not be a barrier to high-quality health care, and I think that's why we eliminated the \$50 health transportation fee when we formed government. We are committed to providing access to timely quality health care for all northern communities. Rather than ignoring the gap in health status between Aboriginal and non-Aboriginal Canadians, our government is working with First Nations to improve the health status of patients and families. Our record shows that we have acted on these commitments and that we take it very seriously. We have modernized health facilities and brought more services to the north.

Last month, we announced plans to build a new 7,000-square-foot health centre to serve the residents of Grand Rapids and Misipawistik Cree Nation. We have been working closely with our First Nations partners on this project to ensure that the facility is tailored to the residents. I think I need to take some lessons in Cree from my colleague from The Pas.

* (11:50)

And since 1999, we have created Canada's first provincially funded on-reserve dialysis units at Norway House and Garden Hill First Nations. Two new units are set to open this year in Berens River and near Peguis First Nation, as was mentioned in this year's budget. And I could go on and on talking about all the good things that we've done in terms of health care.

We're also investing in doctors and nurses in the north as part of our plan to ensure every Manitoban who wants a family doctor has one by 2015. We are providing medical students with what amounts to free medical school in exchange for a two-and-a-half-year commitment to underserved communities, including First Nations communities. In partnership with the University of Manitoba, we created the new northern remote family doctor residency program which will help get more doctors working in northern Manitoba. These new doctors will obtain training in the north and return at least two years of service in northern communities, including many First Nations. There are now 20 residents enrolled. We have committed \$500,000 to support grants of \$50,000 for 10 second year medical students taking part in the northern remote family medicine resident stream.

We've created grant programs to help get more nurses to where they're needed most—579 nursing positions in northern rural Manitoba have been filled through these grant programs.

We're investing \$500,000 in the Physician Resettlement Fund to recruit and retain family practitioners and specialists, while providing incentives for them to practice in rural and northern Manitoba. We've invested another \$500,000 in a rural physician relief fund to provide physician coverage in situations when a rural physician has to leave a community temporarily.

We have increased incentives for physicians who choose to practice in the north. Independent physicians working in the north will receive a 25 per cent income differential compared to their Winnipeg counterparts.

Family doctors in Burntwood RHA: the Burntwood Community Health Resource Centre in Thompson is fully staffed with 14 full-time and two part-time physicians. Beginning this April, the Burntwood Clinic now provides physician coverage to Shamattawa First Nation. The use of advanced access to the clinic has enabled the clinic to provide

patients with appointments the same day or within two days. Gillam, Leaf Rapids, and Lynn Lake each have one full-time family physician. In 2009, Burntwood sponsored five family physicians through the IMG Licensure program and they're working at the Burntwood Community Health Resource Centre.

Due to the improved family doctor supply and the implementation of advanced access, the Thompson clinic has been able to offer same-day appointments for the first time in its history. As you can see, we've made these investments and it's showed—shows that our government takes this issue very seriously. This is in stark contrast to the members opposite. And what would they do?

They would make cuts to northern health care and they would devastate the investments we have made over the last 11 years. They would cut services that we have worked so hard to provide to northern Manitobans. We know they would do this, because they've done it before, and because they said they would cut \$500 million out of the budget to balance it. And, as far as I know, that's still their policy, although I think there's a little bit of slippage going on there. I think they're trying to fool the public into thinking they would just carry on business as usual like the NDP government is doing; that they're just, you know, a kind of softer, gentler Tory or something, and they would continue everything we're doing. And I don't believe that. I don't think that's going to happen if they form the government. I think you have to be careful. You know, you don't want to buy a pig in a poke, here.

Members opposite and health cuts in northern Manitoba: the members opposite cut nearly \$8 million from northern hospitals in the 1990s. That's a 23 per cent cut in funding, and I've already itemized those. This is in addition to drastic cuts from hospitals, personal care homes and clinics in communities across rural Manitoba.

In conclusion, I believe we must safeguard the health investments we've made in our northern communities. And there are many, many more of those investments, but I'm running out of time, so I can't itemize them, but I'm sure that my colleagues will continue to add to this list.

Hon. Jon Gerrard (River Heights): Mr. Speaker, I rise to speak to this resolution and to talk about the problems, in fact, under the NDP's watch, with health care in northern Manitoba.

One can start, for example, with the Burntwood Regional Health Authority where person after person has come forward with tragic stories of problems in getting access to the quality health care that they should have been accessed: delayed diagnoses, misdiagnoses, problems of money not efficiently spent, problems of physicians shortages, of nurses, decreased number of permanent nurses so that there has to be a lot more locums, and a lot more expense. And without the consistency of care, without the access to family physicians which there should be, these problems continue and continue under this government without being corrected.

In spite of the fact that it wasn't all that many years ago there was a thorough investigation of the problems in the Burntwood Regional Health Authority, and, of course, there is right now a major investigation and review of the NOR-MAN Regional Health Authority and we are waiting for that report. And we had, just this last week, the resignation of the CEO and his wife, and these resignations raised concerns about the problems that have been unearthed in the review. And, clearly, the allegations that were made at a big meeting that I was at in Flin Flon—allegations that there was nepotism, that the CEO had hired to a plum job his wife, the director of planning, research and development; allegations that there was poor accountability, that there was \$1.8 million in exaggerated costs relevant—or related to a new clinic; that the delivery of care was not up to the quality that it should be; that there were problems with access to family physicians, that it was very difficult to get a family physician in Flin Flon, to the point that people were going to The Pas or to Snow Lake rather than being able to get a family physician in Flin Flon. It was a very sad state of affairs. And, clearly, we're awaiting that report and the results of the investigation and the fact that there needs to be some major changes.

And, clearly, as, indeed, the MLA for Kildonan was saying, that you don't want to be covering up under this circumstance; you want to be transparent. And it's interesting that the very week that the Minister of Health (Ms. Oswald) has brought in a bill for transparency that there was resignation of the CEO and his wife from the NOR-MAN Regional Health Authority and a lack of transparency by the minister in producing the report and laying the full report on the table and instead just saying that she's going to provide the recommendations.

And I listened with care to the member from The Pas, who talked about the need to address

type 2 diabetes, the epidemic which is happening, the fact that there are quite a number of northern communities where the number of people with diabetes is over 20 per cent and may be considerably higher in some.

There's a dramatic increase in the amount of diabetes under this government, and it's tragic. And the tragedy is the impact on people's lives, the effect on hearts, the effect on limbs and people losing limbs, the effect on the kidneys and people needing dialysis, and the effect on the eyes with people losing their sight. And I have been calling for many, many years for effective measures to turn this epidemic around, but, time and time again, this government hasn't acted when there was an opportunity to act. And so we have an epidemic which just continues and continues to build instead of being addressed adequately as an epidemic should, with effective measures and effective support to communities so that we can be turning this epidemic around and

providing a better future for young and for old people in northern Manitoba. Indeed, the tragedy of the failure to address diabetes is one of the sad legacies of this NDP government. It's most unfortunate and tragic that more has not been done, that this has not been addressed in an adequate fashion.

And one of the things that must be done, and one of the reasons why we have to change the government, and I would argue we need a Liberal government, is to address this diabetes issue well and reverse the epidemic and turn it around so that people—

Mr. Speaker: Order. The time now being 12, when this matter is again before the House, the honourable member will have four minutes remaining.

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

LEGISLATIVE ASSEMBLY OF MANITOBA

Tuesday, May 17, 2011

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