

**Third Session - Thirty-Eighth Legislature**  
of the  
**Legislative Assembly of Manitoba**  
**DEBATES**  
and  
**PROCEEDINGS**  
**Official Report**  
**(Hansard)**

*Published under the  
authority of  
The Honourable George Hickes  
Speaker*

**Vol. LVI No. 30A - 10 a.m., Thursday, April 14, 2005 (REPRINT)**

**MANITOBA LEGISLATIVE ASSEMBLY**  
**Thirty-Eighth Legislature**

<b>Member</b>	<b>Constituency</b>	<b>Political Affiliation</b>
AGLUGUB, Cris	The Maples	N.D.P.
ALLAN, Nancy, Hon.	St. Vital	N.D.P.
ALTEMEYER, Rob	Wolseley	N.D.P.
ASHTON, Steve, Hon.	Thompson	N.D.P.
BJORNSON, Peter, Hon.	Gimli	N.D.P.
BRICK, Marilyn	St. Norbert	N.D.P.
CALDWELL, Drew	Brandon East	N.D.P.
CHOMIAK, Dave, Hon.	Kildonan	N.D.P.
CULLEN, Cliff	Turtle Mountain	P.C.
CUMMINGS, Glen	Ste. Rose	P.C.
DERKACH, Leonard	Russell	P.C.
DEWAR, Gregory	Selkirk	N.D.P.
DOER, Gary, Hon.	Concordia	N.D.P.
DRIEDGER, Myrna	Charleswood	P.C.
DYCK, Peter	Pembina	P.C.
EICHLER, Ralph	Lakeside	P.C.
FAURSCHOU, David	Portage la Prairie	P.C.
GERRARD, Jon, Hon.	River Heights	Lib.
GOERTZEN, Kelvin	Steinbach	P.C.
HAWRANIK, Gerald	Lac du Bonnet	P.C.
HICKES, George, Hon.	Point Douglas	N.D.P.
IRVIN-ROSS, Kerri	Fort Garry	N.D.P.
JENNISSON, Gerard	Flin Flon	N.D.P.
JHA, Bidhu	Radisson	N.D.P.
KORZENIOWSKI, Bonnie	St. James	N.D.P.
LAMOUREUX, Kevin	Inkster	Lib.
LATHLIN, Oscar, Hon.	The Pas	N.D.P.
LEMIEUX, Ron, Hon.	La Verendrye	N.D.P.
LOEWEN, John	Fort Whyte	P.C.
MACKINTOSH, Gord, Hon.	St. Johns	N.D.P.
MAGUIRE, Larry	Arthur-Virden	P.C.
MALOWAY, Jim	Elmwood	N.D.P.
MARTINDALE, Doug	Burrows	N.D.P.
McGIFFORD, Diane, Hon.	Lord Roberts	N.D.P.
MELNICK, Christine, Hon.	Riel	N.D.P.
MITCHELSON, Bonnie	River East	P.C.
MURRAY, Stuart	Kirkfield Park	P.C.
NEVAKSHONOFF, Tom	Interlake	N.D.P.
OSWALD, Theresa, Hon.	Seine River	N.D.P.
PENNER, Jack	Emerson	P.C.
REID, Daryl	Transcona	N.D.P.
REIMER, Jack	Southdale	P.C.
ROBINSON, Eric, Hon.	Rupertsland	N.D.P.
ROCAN, Denis	Carman	P.C.
RONDEAU, Jim, Hon.	Assiniboia	N.D.P.
ROWAT, Leanne	Minnedosa	P.C.
SALE, Tim, Hon.	Fort Rouge	N.D.P.
SANTOS, Conrad	Wellington	N.D.P.
SCHELLENBERG, Harry	Rossmere	N.D.P.
SCHULER, Ron	Springfield	P.C.
SELINGER, Greg, Hon.	St. Boniface	N.D.P.
SMITH, Scott, Hon.	Brandon West	N.D.P.
STEFANSON, Heather	Tuxedo	P.C.
STRUTHERS, Stan, Hon.	Dauphin-Roblin	N.D.P.
SWAN, Andrew	Minto	N.D.P.
TAILLIEU, Mavis	Morris	P.C.
WOWCHUK, Rosann, Hon.	Swan River	N.D.P.

## LEGISLATIVE ASSEMBLY OF MANITOBA

Thursday, April 14, 2005

**The House met at 10 a.m.**

### *PRAYERS*

### ORDERS OF THE DAY

### PRIVATE MEMBERS' BUSINESS

### DEBATE ON SECOND READINGS

#### –PUBLIC BILLS

#### **Bill 201–The Legislative Assembly Amendment Act**

**Mr. Speaker:** Resume debate on second reading of public bills, Bill 201, The Legislative Assembly Amendment Act, standing in the name of the honourable Member for Interlake.

**Mr. Tom Nevakshonoff (Interlake):** Good morning, Mr. Speaker. It is a pleasure to be here today to discuss this bill put forth by the Member for Inkster (Mr. Lamoureux). I wish he were listening avidly to this, but be that as it may, I guess one of the first things, one of the first issues that I want to raise in regard to this bill is that the Member for Inkster, in putting this bill forward, I think is suggesting that when we are not sitting in this Chamber we are not working.

I do not know what he does when he is not in this Chamber, but I have quite a busy agenda as a rule. I have a large constituency, roughly 30 000 or 40 000 square kilometres, lots of territory to cover. While I am sitting in this Chamber, as important a role as that is, I often feel that I am not paying due attention to the issues of my people on the ground. I know that I deal with a lot of casework. Every week I probably get 100-plus phone calls to my office and sitting in here as I said, important as it is, takes away from my opportunities to do what I feel is most important, which is to maintain constant contact with my constituents.

At the next level to that, I might add, Mr. Speaker, within my constituency I have over 20 different levels of government that I have to deal with. I deal with eight First Nations communities, I deal with six municipal councils, I have a number of

unorganized territories such as Peonan Point, Matheson Island, Pine Dock, Dallas, Red Rose, and so forth. I deal with three different school boards: the Evergreen School Division, the Lakeshore School Division; I deal with Frontier up in the North there in the Gypsumville area. I deal with the Regional Health authorities.

So, Mr. Speaker, it is not like when we are not sitting in this Chamber here that we are just twiddling our thumbs idly. Maybe that is how the Member for Inkster (Mr. Lamoureux) or the Member for Steinbach (Mr. Goertzen) does business in his constituency. I know that when I am not sitting here, I am sitting behind my desk, either at my constituency or even in my office talking to my members. I really take great exception when the Member for Inkster makes this suggestion that, unless we are sitting here, listening to him as a rule, we are not doing our jobs.

I want to make another point, I think very important to the Legislature, Mr. Speaker. It refers again to the Member for Inkster, who is a member of an urban constituency and has the luxury of going home to his home and his family every evening. That is something that we from outside of the city, whether it is the Member for Flin Flon (Mr. Jennissen), the Member for Thompson (Mr. Ashton) or the Member for Swan River (Ms. Wowchuk), all of these people face long commuting times, whether it is a six- or seven-hour drive for the member from The Pas to his home. Even myself, I live close to a hundred miles away from the building here.

I am not saying that I mind the drive. I used to drive to Alberta to go to work for 18 years. It was nothing for me to drive 18 hours to go to work. The hour and a half that it takes for me to get here is not as much a concern for myself personally as it is for somebody like the Member for The Pas (Mr. Lathlin) or the Member for Flin Flon or the Member for Thompson or the Member for Swan River, and so on.

The point is, quite frankly, when we are in this Chamber, we are away from our families, and there have been times when I have only been home for maybe one night in two weeks. As much as I enjoy it in here and relish the opportunity to spend time in

this Chamber, it does detract from my attention to my constituency, I feel, and also to my family, something that the Member for Inkster probably has no awareness of whatsoever, being an urban member and having the luxury of being home with his wife and family every evening.

Another point I would like to make is that while we are in this Chamber itself, those days are counted, but we do spend a lot of time in the standing committees. I know that I have spent sometimes upwards of 10 to 12 hours in standing committee at the end of the working day technically here. I remember the discussions on the amendment to the—was it Bill 42, The Labour Relations Act? Very contentious issue of the day. I recall that standing committee meeting. *[interjection]*

When we amended the Labour bill—was it 44 or 42? I think both of those stick out in my mind. That particular evening, Mr. Speaker, we adjourned the House at six o'clock. We convened the standing committee at 6:30 p.m., and I think it went 12 hours that night. It was roughly—*[interjection]*

\* (10:10)

The Member for Steinbach (Mr. Goertzen) is flapping his lips again. It reminds of something my mother used to tell me that I should close my mouth because the wind blowing through my ears was making my lips flap. It reminds me of the heckling from my extreme right over here, I might add.

On the 12-hour shift that we put in that day, probably, for the member of Steinbach, that would add up to three working days. Myself, I am quite used to 12-hour shifts. I spent 18 years in the oil patch working 12 hours a day. So it is nothing new for me, but it would probably strain the Member for Steinbach to exert himself for such a length of time.

But I think it is a valid point, Mr. Speaker. You know, when the standing committees convene, I think, at the very least that those should be included and, I think, if they were, that the balance would tilt considerably upward as to the official days that we work here.

I know the Member for Inkster (Mr. Lamoureux) likes to go on at length about one particular year. Was it '03 when the Legislature only sat for, how many days was it?

**An Honourable Member:** It was an election that year.

**Mr. Nevakshonoff:** Yes, but he conveniently forgets—*[interjection]* How many?

**An Honourable Member:** 35 days.

**Mr. Nevakshonoff:** Well, thank you. The Member for River Heights (Mr. Gerrard) says 35 days, but conveniently forgets to make the point to us that that was an election year, that the House was dissolved, and so on and so forth. As I recall, we jumped from, what was it? Thirty-two seats up to 35 seats. Is that not a record? The most seats held, I think, I read somewhere the other day. So obviously, despite what the Member for Inkster feels about our performance in the Chamber here, the people from Manitoba obviously must have acknowledged that we were doing a good job here, because they returned us with the largest majority in the history of the province, I believe. I think that is worth putting on the record.

In terms of time spent here, the Member for Inkster, in repeating this petition incessantly, day after day after day, himself has probably consumed one day of sitting in the Manitoba Legislature here. So we should try and use our time here to the best possible advantage, and to frivolously come forth with a deceptive and misleading petition like that, day after day, suggesting that none of us are doing our jobs properly here, is quite shallow of him, and here we are today with the opportunity to debate it in somewhat greater detail.

I know we are not—

#### Point of Order

**Mr. Speaker:** The honourable Member for Steinbach, on a point of order.

**Mr. Kelvin Goertzen (Steinbach):** Thank you very much, Mr. Speaker, and I know you have often said in the House and admonished us that we are all honourable members. Certainly, I have heard the member from the Interlake insult the Member for Inkster in terms of the time he spends with his family. He has insulted me, but now he has insulted Manitobans by using the word deceptive on petitions that they bring forward. I think it is important to remind the member that petitions that we read in the House are not our initiatives. They are Manitobans'

initiatives. If he thinks that Manitobans are deceptive by signing petitions and bringing forward their concerns to the House, he should put that on the record, but otherwise I would ask you to call him to order.

**Mr. Speaker:** Order. On the point of order raised by the honourable Member for Steinbach, for clarification purposes, petitions that are brought to the Chamber are on behalf of the members that sign the petition. So they are not the member's petition, but they are representative of the Manitobans that sign the petitions. That is for clarification purposes.

On the point of order raised by the honourable member, he does not have a point of order. It is a dispute over the facts.

\* \* \*

**Mr. Nevakshonoff:** Well, thank you, Mr. Speaker, and I take the point raised by the Member for Steinbach. Although technically it was not a point of order, I would suggest, what a coincidence it is that day after day after day here the members would formulate this, but so be it. We all know how things are done here and what tactics are practised.

I think I would like to return to my main theme, which is the fact that when we are not sitting in here we are working out in our constituencies, which is, quite frankly, where we belong. I feel that the people in my constituency are my primary responsibility. I was elected to serve them, in particular, in here, and maintaining constant contact with them is what is most important to me on a number of issues. The BSE crisis is a prime example. It came about in the midst of the last election. It still looms over our ranchers and other ruminant producers today, and the situation, frankly, is deteriorating even more given the complexities of the border. So this is an issue of grave importance to me.

As I said, as much as I enjoy my time in this Chamber, I think it is just as important, if not more important, that I am in communities such as Ashern or Fisher Branch or even Poplarfield, my home community which is a ranching community, talking to farmers, finding out what they think about what the solutions are to this.

So on that note, Mr. Speaker, I thank you for the opportunity to put a few thoughts on the record, and I resume my seat.

### Introduction of Guests

**Mr. Speaker:** Order. Before recognizing the next speaker, I would like to draw the attention of all honourable members to the public gallery where we have with us from River Heights School, 19 Grade 7 students under the direction of Ms. Kelly Friesen. This school is located in the constituency of the honourable Member for River Heights (Mr. Gerrard).

On behalf of all honourable members I welcome you here today.

\* \* \*

**Mr. Leonard Derkach (Russell):** I move, seconded by the Member for River East (Ms. Mitchelson), that the debate on this bill be adjourned.

**Mr. Speaker:** The honourable Minister of Water Stewardship, on a point of order?

**Hon. Steve Ashton (Minister of Water Stewardship):** Mr. Speaker, I was actually intending to speak. I thought the member was going to address the debate.

**Mr. Speaker:** The motion I have is: It has been moved by the honourable Member for Russell, seconded by the honourable Member for River East, that debate be adjourned. Is it the pleasure of the House to adopt the motion?

**Some Honourable Members:** Agreed.

**Some Honourable Members:** No.

**Mr. Speaker:** Okay. All those—

**An Honourable Member:** Can we ask for leave to speak to it?

**Mr. Speaker:** You can do anything by leave in the House you wish.

### Voice Vote

**Mr. Speaker:** All those in agreement of adjourning debate, say yea.

**Some Honourable Members:** Yea.

**Mr. Speaker:** All those not in agreement, say nay.

**Some Honourable Members:** Nay.

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

\* \* \*

**Mr. Ashton:** Mr. Speaker, I think there was a bit of miscommunication there. Certainly our intent was that I wished to speak. It is a normal process. Certainly we can adjourn the debate afterwards, and I appreciate the opportunity to speak.

Mr. Speaker, the reason I want to speak on this bill is I think it is a good opportunity to reflect on our roles as members of the Legislature, our priorities, and perhaps where we might look to the future of this province in terms of this wonderful institution, the Manitoba Legislature.

I do want to indicate that I appreciate the comments from the member from Interlake because I think the Member for Inkster (Mr. Lamoureux), despite his having prioritized this as the No. 1 issue of concern to people in Inkster, you can see, Mr. Speaker, he has brought in petitions, it is now a bill. I assume if you have daily petitions and you are working that hard, the most important message to the residents of Inkster is that the Member for Inkster thinks that the pressing issue of the day is that we have to sit a certain number of days in the Legislature.

Now, I want to put that on the record, Mr. Speaker, because I give the member credit. He is consistent. Every day he has been on his feet, he has got a private member's bill. I am sure in the next election in Inkster, there is going to be a big leaflet going out saying, "Your member fought for four years to have the Legislature sit for 80 days."

\*(10:20)

Now, Mr. Speaker, I know a bit about the constituents of Inkster. I could imagine that if you went door to door in Inkster right now, you might hear people saying health care is an issue, education is an issue, economic issues. They might even be referencing a certain scandal in Ottawa, but, of course, we know that the Member for Inkster now is part of a party that is debating whether it might become the party formerly known as the Liberal Party, but I do not think you will get anybody that will be saying the most pressing issue of the day in

Inkster or any other part of the province is how many days the Manitoba Legislature sits, but you know the Member for Inkster has put that forward.

Let us take that, Mr. Speaker, as his argument. This is the pressing issue facing his constituents. Maybe let us take it one step further. This is a private member's bill, Bill 201, so I would say it is probably one of the most pressing issues of the day for the Member for Inkster—

**An Honourable Member:** Yes. Absolutely.

**Mr. Ashton:** The member says, "Absolutely."

Well, Mr. Speaker, I want to take that and I then want to reflect on the role of this Legislature and the evolving role of this Legislature. I want to reflect on the fact, as the Member for the Interlake (Mr. Nevakshonoff) pointed out, and maybe the Member for Inkster has a different perspective on this, but I would say most urban members as well as rural and northern members, you know, members of the Legislature do far more than sit in the Manitoba Legislature.

Perhaps a number of years ago, 30, 40 years ago, the Manitoba Legislature was essentially convened for part of the year. MLAs were part-time MLAs, Mr. Speaker. It was not that long ago there was no support for constituency offices. At one time there was a constituency allowance of \$1,500 a year and people would come, sit in the spring, go into speed-up and, after a few months, would go back home to their communities. That was the Manitoba Legislature of the day, but over time, with the growing role, perhaps, of government, the growing expectations of Manitobans, I do not know of too many MLAs, certainly in our caucus I do not know any MLAs, who are anything other than full-time MLAs. But that is not defined by how many days we sit in this Legislature. It is defined by being in your constituency; it is defined by being involved in other legislative activities.

I look around at members of this Legislature who are part of the task force, the Healthy Child task force. I look at that. That is not reflected in the number of days the Legislature sits. The committees, Mr. Speaker, we have evolved to the point where our committees play a very significant role. Public Accounts, for example, plays a very significant role. That was not the case a number of years ago. That is

not measured in the Member for Inkster's magic number. You know, I could run through, tomorrow we will be sitting dealing with Estimates, but that is not a sitting day so that does not really count. The only thing that matters for the Member for Inkster is the days that we sit in full session having a Question Period. That is the only thing that matters to the Member for Inkster in terms of how he sees the role of the Manitoba Legislature.

Well, I have news for the Member for Inkster (Mr. Lamoureux), and I can speak, perhaps, best for my constituents in Thompson. They expect me to be here at the Manitoba Legislature, but I tell you, they expect me to be in the constituency, as I am. They expect to see me at committee events, as I attend. I represent, by the way, for the Member for Inkster, eight communities, four of which do not have all-weather roads. I take pride in representing each and every one of those communities, and I look at rural members who know what it is like to represent many communities.

Mr. Speaker, let me tell you this. If I have to be at the Manitoba Legislature because there is an important item of business, my constituents understand, but if I had to explain to them that I could not attend a community event because, you know, the Member for Inkster thought we should sit, we did not have any particular business but we should sit anyway, I think they would say that perhaps the Member for Inkster may want to examine his priorities because we have evolved, not only in terms of our sittings to the Legislature, to the point where we have much more of a sessional calendar. The Member for Inkster never once in his bill or his petitions reflects on the fact that the last number of years, through co-operation by all three parties, and I include the Liberals, they signed off on these agreements, when to sit and when not to sit.

Mr. Speaker, in the nineties, under the previous government, we went as long as nine months without sitting. Not one sitting, and we did not sit in the fall. We used to finish in June, July, August, and then when the government decided to bring us back, perhaps in April, we would sit again.

I say to the Member for Inkster (Mr. Lamoureux), we make huge progress in this Legislature through working together. That is the tradition in terms of roles and in sittings, and it is not easy. Believe me, I was House leader for a number

of years for our caucus, and it is never easy to work out those kinds of arrangements. One of the reasons I would argue that we have a much better system in this Legislature today is because we are starting to reflect much more the relevance of what we do in our rules and the way we sit in terms of the public and the public interest.

It was not that long ago, by the way, that we sat on Fridays. We had full sittings on Fridays. It was a big issue whether we should continue to have those sittings. I thought it was important for all MLAs, particularly rural and northern MLAs, to be able to get back to their constituents on Fridays. Still, Mr. Speaker, tomorrow, I will be meeting with constituents on Friday afternoon. I can tell you, my constituents said it makes sense. My constituents, those that follow what happens in the Legislature, said it makes a lot more sense that you sit throughout the year rather than come in, and the member quotes.

The member for Inkster talks about a few sessions that have occurred recently, and yet we have sat with 130 days not that long ago. So you could take the average sitting days and the average numbers, but most important I think is that we have a regular calendar that ensures that we have a proper way of dealing with business. Now, the member from Inkster does not point out in his bill or his petitions we have also made significant improvements in how we deal with bills.

The member from Inkster may not have been aware of this, Mr. Speaker, but we have now moved significantly. We now have, this year, an agreement on when bills have to be introduced. We have had bills that we held over intersessionally to ensure a full public impact. To the member for Inkster, I do not think it served the public well when we had 130-day sittings, and we ran through bills at four in the morning without any kind of requirement when those bills had to be introduced. That did not serve the public interest.

So, Mr. Speaker, I say to the Member for Inkster (Mr. Lamoureux) I think we have made a significant improvement in this province in the way we deal with this Legislature. I would say we can do more, but relevance does not start, I believe, with an artificial number of days. If we have to sit more, we do sit more. It is quantity that the member wants. We want quality. We want quality of sitting time.

We want our committees to be functioning better. I look at the Public Accounts Committee. The Public Accounts Committee today is far better than it was five years ago in terms of its mandate and its ability to sit. There were times when the Public Accounts Committee did not sit, did not sit for an entire year in the nineties.

I say we could probably do more to build on the success of the all-party task forces. On smoking, Mr. Speaker, on Healthy Child, we have shown, and this may be difficult for the member from Inkster to accept here, but that we can actually take an issue that should be a non-partisan issue and deal with it in a non-partisan way. I think we can build on that. I have been saying for years that our committee structures should have greater opportunity for MLAs to be able to get involved in issues of the day that are not your traditional partisan issues.

So, Mr. Speaker, that is what I believe we are doing here. It is called parliamentary reform; it is called the reform of this Legislature. All throughout this I can tell you when people see us as legislators working together, that is what they like. When they see us in our constituencies; that is what the people of Manitoba want. They do not want us to have an artificial date. I have not heard one person yet who said to me ever in the time I have been in this Legislature, "Well, how many days did you sit last year?" They might ask what bills did you pass through the Legislature, or what about that budget. I tell you when you are in government, it can be a great budget, it can be a not-so-great budget. People have their views, but nobody ever has said to me how many days you sit in the Legislature is the most important barometer of what you do.

Mr. Speaker, I appreciate the Member for Inkster. He is like a dog with a bone here. He has got this and he is not going to let go. If the member really is interested in parliamentary reform, and I assume he is, why not talk about the accomplishments that have taken place, maybe other ideas on how we can move forward. Can we do a better job in terms of our committee structures? I think there is room for improvement in our committee structures. We have done it with Public Accounts, and we can do it in other areas.

\*(10:30)

Mr. Speaker, when we sit throughout the day in the Legislature, I think we have improved, by the

way. We have speaking limits now. We allow grievances at any time. We used to allow it only when you went into Estimates. We have shortened Estimates, but I think we have increased the quality of Estimates time. We have made a lot of reforms here.

My barometer is not how many days I sit here, but it is whether when we have a debate, when we have a discussion, I feel it is relevant to why I was elected. I was elected, first and foremost, to be MLA for Thompson, for the eight communities in the constituency. I was elected to represent my constituency in terms of putting forward the vision of the people of the Thompson constituency. The vision of the people of the Thompson constituency is not to sit for so many days, it is to get things done in this province. They want to see improvements in health care, and that is what we are working on. They want to see improvements in education, and we are doing it. They want to see better highways, and that is happening. They want to see a lot of things. They want to see quality in terms of our sittings, quality in terms of results, and they want to see a Legislature that reflects the reality of this province.

I do want to add to what the Member for Interlake (Mr. Nevakshonoff) said because I find—by the way, I want to make it very clear that there are a lot of urban members that understand, or at least try to understand, what it is like in terms of the rest of the province. There are some well-placed leaders that do not seem to find much interest in the North, for example, at election time. I know at least one leader has discovered the North recently. I welcome that. Mr. Speaker, come up and visit us some time, but if you run through—*[interjection]*

**An Honourable Member:** The transportation office will give you a map.

**Mr. Ashton:** That is right. I think some of the leaders have those old maps where the North was cut off the highways map but we fixed that.

You know, Mr. Speaker, I would say most urban members understand that, but for those of us from rural or northern Manitoba, the key ability for us to represent our constituents is, yes, to be having debates in this Legislature, but it is to be in our constituencies. That is something we found works best with a sessional calendar, without an artificial date in terms of the number of days that we should be there. That is the way of the future. Parliamentary



reform based on quality not quantity. That is why the member's bill fails the test of parliamentary reform.

**Mr. Harry Schellenberg (Rossmere):** Mr. Speaker, I would like to put some comments on the record on this matter. Basically, there are two parts to the work of an MLA. One is in the Legislature here, and one is in your constituencies. Some of the best work done is done right in the constituency. They want to see their MLA in their constituency. They want to meet their MLA, possibly at the grocery store, possibly knocking on doors, possibly at coffee parties or barbecues. They want their MLA to be active in the community.

I realize the opposition, a few summers ago, a few years ago, kept us here right into August, August 17, and recently the opposition has changed. They have changed their strategy, and I think they have realized that they should be at home in their constituencies. I appreciate their change. Just because we are in the Legislature here all summer, often it is filibustering or making amendments or different stunts or matters of privilege or points of order or the ringing of bells or whatever.

**An Honourable Member:** Petitions.

**Mr. Schellenberg:** Petitions. The public is not really interested in this. They are interested in good service in their community and good legislature right here. That is what they are interested in.

Before Christmas we had a session, a short session. We only passed three or four bills. There was, I do not want to say obstruction, but the bills did not get passed. We were here. What happened? We tried, but the opposition was not too co-operative at times. I do not want to be too tough on them. I just want to say I know there are people in this Legislature that want to make great speeches, and they pretend to be great parliamentarians, They want to be on TV. They push themselves or they want to be in the newspaper. They want to have these photo ops. They want to have these headlines, and they just want to say, "Oh, I am a great MLA." Well, really, the public does not even know you. You have to know your community, and your community wants to know you. So get out there. And also, you should serve your community in every possible way and your community will know if you are serving them. You will not fool them, because often on election night there are some people that go down the tube,

they did not it, because the people did not know them either. So be very careful.

There is lots of work in the community. You can work with your community clubs. You can give out information. Make your community office user-friendly. There is a lot that you can do. Do not just focus on the headlines and photo opportunities of various different little stunts. I have to say something more here. Develop some rapport with your constituents.

I did read Sharon Carstairs's book once, *Not One of the Boys*. I got it for Christmas, so therefore I always feel you can learn something else from the other political parties and so forth. She went on to say why they did so great in the 1988 election. Well, I appreciated it. She took a lot of credit. I think half her book was that. But I also wanted to know why, in 1990, they did not do quite as well. I want to say that she does say in a few sentences, that the MLAs did not go home to develop their constituency. She owns up to it right there. I find that most interesting.

I still believe in the Tommy Douglas way, which is the grass roots way. Represent your people, you serve them and you will do well. Thank you.

**Mr. Peter Dyck (Pembina):** I move, seconded by the honourable Member for Minnedosa (Mrs. Rowat) that we adjourn debate.

*Motion agreed to.*

#### **Bill 202—The Health Services Amendment and Health Services Insurance Amendment Act**

**Mr. Speaker:** Now we will move on the next motion, Bill 202, The Health Services Amendment and Health Services Insurance Amendment Act, standing in the name of the honourable Member for Selkirk.

**Mr. Gregory Dewar (Selkirk):** Mr. Speaker, it is a pleasure to rise this morning to put a few words on the record in terms of Bill 202, a bill that was brought forward by the Leader of the Liberal Party talking about health care accountability. That is, I think, rather ironic when you consider that it was this same Member for River Heights (Mr. Gerrard), when he was the Member of Parliament for Portage-Interlake and a member of the Jean Chrétien Cabinet, of course he is trying to do his best to distance

himself from those glory days, but it was the same member when he was a member of the federal Cabinet who voted in favour of probably the largest cut to health care in the history of this country, where he voted in favour of budget after budget after budget to cut billions of dollars out of health care in this province. It meant hundreds of millions of dollars of reductions to our own health care programs offered here in the province. So it is ironic that he stands up and brings forward a bill talking about health care and accountability.

\* (10:40)

He is also the same individual when he was a member of the federal Parliament who voted in favour of the gun registry, a federal Liberal, and he is trying to distance himself even from those days as well. As well, we understand that he was a member of the federal Parliament when the federal Liberal government introduced the sponsorship program. I think that he has to be very careful when he talks about accountability, because I think you could argue that he in fact was one of the authors of this sponsorship program which we have heard so much about now on the federal scene, the federal political scene in this country that threatens to bring down the federal Liberal government. We hear the guns are rattling, the sabres are rattling across this country. The political sabres are rattling across this country, as we speak, about the future of the federal Liberal government and this dynasty of Liberal governments coming to an end.

Well, the Member for Inkster (Mr. Lamoureux) is holding out hope that his federal cousins will get their act together and they will once again, Mr. Speaker, be successful in re-electing themselves to another term. It is interesting in that they recently came out of their provincial council meeting, their provincial AGM, and what was their main tactic going into this AGM. It was trying to change their name. That was the Liberals whole motive of holding an AGM. It was trying to change their name from the Manitoba Liberal Party to whatever.

I am sure we could speculate as to what they would be looking at in terms of trying to change a name. Well, the Member for Inkster says they are talking about renaming the party the Liberal New Democrats. He knows a successful party in this province. He wants to name them after a successful party in the province. He is thinking of calling them

the New Democrats. Well, I can assure the member that that name has already been taken, and we are very pleased to be part of a very successful provincial government.

We brought in many, many positive things in terms of health care. We recently introduced another budget, Mr. Speaker, budget 2005, which will increase health care by over \$201 million, which is a 6.1% increase. In fact, well over 40 percent of our provincial budget will be spent on health care. You have to recall that, during the last provincial election, the Conservatives campaigned on increasing health care by 1 percent. How many nurses would be laid off? How many doctors, how many health care workers, how many hospitals would be closed if they got their way and introduced their 1% increase to health care?

We have members of the Conservative Party who stand up every day in this House and say, "Oh, spend more money, spend more money on my roads, spend more money on my schools, spend more money on my overpass or my underpass, cut taxes, spend money on my health care facility" at the same time as they were prepared to only increase that funding by 1 percent. So we have increased funding by 6 percent in this year alone. Well over \$200 million in one year alone. It brought, and we can all agree, wonderful, positive changes to health care here in Manitoba.

I know my friend from Pembina agrees. He agrees because, in his community, he was recently there trying to bump our minister out of the way. He was trying to bump our minister out of the way when they cut the ribbon that we funded, but, you know, we are prepared to share the glory. There is enough glory for all in this province in terms of what we are doing, Mr. Speaker, to deal with some of the deficits left behind by the Conservatives after those 11 dark Tory years.

Some of the things that were announced recently was a very ambitious plan to increase hip and knee surgeries. I believe, \$10 million will be going to the Concordia Hospital. I can tell you many of my constituents have recently had this surgery done, and they are very pleased with the approach the government is taking to deal with this type of surgery.

We are expanding community cancer care programs in Deloraine, Pinawa, as well as an

expansion of the Steinbach cancer care program, which our friend from Steinbach, when he stood up on budget day, voted against. We hear him often speak in this Chamber, and he failed to mention that. He failed to mention that in all the speeches that he has given, he failed to mention the fact that he stood up in this Chamber and he voted against an expansion of the Steinbach cancer care program.

You know, it is amazing. We are expanding hip and knee surgeries in the Boundary Trails hospital, which I believe is near and dear to my friend from Pembina's heart. We are expanding surgery in Selkirk and Brandon; 1400 more surgeries will be performed in the Selkirk general hospital over the next number of years, and this will help alleviate pressures that are on the city of Winnipeg's hospitals.

We are going to have more pediatric dental surgeries in Beausejour and in Winnipeg. We have got strong support for health care to reduce the wait lists in this province. I know my colleague, the Member for Inkster (Mr. Lamoureux), recently held a rally outside the Legislature, I believe, talking about the community hospitals. I think he had about 10 people show up, Mr. Speaker. I guess he bused them all in. He probably brought them all in himself to the rally.

I realize that we have to support our community hospitals. There has been some debate in here about the future of the maternity ward at the Victory Hospital. I can assure all my colleagues in this Chamber that our colleagues who represent those areas are fighting hard for their hospitals, but they realize that you cannot override the medical evidence that is there. In fact, the Member for Inkster wants to play politics over—

**An Honourable Member:** Cheap politics.

**Mr. Dewar:** Cheap politics over medical care.

Mr. Speaker, we have the Health critic for the Conservative Party, the Member for Tuxedo (Mrs. Stefanson) who admitted in this Chamber that when she was in labour she drove right by the Victoria Hospital on her way to St. Boniface Hospital to deliver her own child. She admitted that in this Chamber. Now, we are not certain why she did it, but they recognize there are only, I believe, two births per—

**An Honourable Member:** Per day.

**Mr. Dewar:** —per day at Victoria Hospital, and that can be accommodated in other hospitals.

I can assure all my colleagues that my colleagues from that area are very concerned about issues affecting their constituents.

Mr. Speaker, I will talk a bit about Healthy Living. We have a very dynamic Minister responsible for Healthy Living (Ms. Oswald). This budget provides a 3.6% increase to support initiatives from her department. We know that she has a committee that has done a lot of work, an all-party committee that has done quite a bit of work on finding ways to make our society healthier. I know we are eagerly anticipating the report of that all-party committee. The budget has provided \$3.6 million for them to begin to support some of the results of that initiative.

We are, as we know, training more medical professionals, Mr. Speaker. Since we have formed government, we had had close to 800 more nurses working in the field. We have increased the number of medical spaces from 70 to 85. We are trying to reverse the changes brought in by the Conservatives who, in fact, cut 15 spaces from the medical school when they were in office.

\* (10:50)

Mr. Speaker, we are working on cross-training for technologists who work in rural communities. We are increasing the Pharmacare budget. We recently announced that we are expanding the emergency room at the Winnipeg hospital.

Another one, Mr. Speaker, recently announced, we recently announced seven million dollars to expand the emergency ward at the Seven Oaks Hospital. The Member for Inkster (Mr. Lamoureux) voted against that, so when it comes to accountability, we do not need any lessons from the Liberal Party. Thank you very much.

**Mr. Kevin Lamoureux (Inkster):** Mr. Speaker, I would like to respond to some of the things that have been said. I am a little bit surprised. I did vote against the government in the budget, and for good reason.

The primary one is that the government is somewhat incompetent and has not been doing a good job at managing the finances of the province. I

think they can have much better, in terms of priorities. I would like to think that if you spend \$7 billion-plus, there are going to be some positive things that you are going to be able to say that you spent money on, as least I trust that that would be the case.

Mr. Speaker, when you look at the overall expenditure of \$3.389 billion on health care, Bill 202, I think, goes a far way in terms of what I would have figured the New Democrats would have supported. We all recognize the value of the Canada Health Act, the five principles of that act, being public administration, comprehensiveness, universality, portability and accessibility. I think that, given the amount of money that we have budgeted for health care, it would indeed be most appropriate that we add a new fundamental principle to it, and that being that of accountability. I think the government is not doing its homework by quickly writing off this. I suspect in time that accountability will become more of a factor. Today, the province receives hundreds of millions of dollars from Ottawa. We do not get any true sense in terms of how they are allocating that money out towards health care.

Roy Romanow, you know, the former New Democratic Premier of Saskatchewan, has acknowledged how important it is that provinces be more accountable with the moneys that they are spending in health care, Mr. Speaker. This is a New Democratic Premier who headed a commission in which I have heard members of this government make reference to in terms of that report and the importance of that report.

Accountability is absolutely critical, Mr. Speaker, absolutely critical. And for the government not to acknowledge it in a very real way, I think, is wrong. Out in the public they talk about the importance of accountability. You look at the dollar value that we invest in health care, and for the government just to write it off and say, "Well, no, accountability in terms of being a part of those five fundamental principles really does not have a place." I do not understand how a government would not support the issue of accountability when we spend the kind of money we do spend on health care.

Mr. Speaker, I listened to the member from Selkirk in terms of the issue of Victoria Hospital, and I would argue that that is maybe a good example. He attempts to make a mockery of efforts, and I can tell

the member from Selkirk and members of this Chamber that I had absolutely nothing to do with the organizing of the rally but to participate because I had an invitation. Someone invited me to be there, and I showed up just like I showed up for when it came time to save the Seven Oaks Hospital.

So whether it is eight people or eight hundred people that show up, it does not necessarily take away the value of what something means to the community, Mr. Speaker. I can explain the differences very easily between the groups that were doing the organizing in Seven Oaks versus the groups that were doing the organizing for Victoria Hospital. I want to defend those people that have put in a great deal of effort and time in doing what they can to protest what this government is doing.

I am disappointed in the member from Fort Garry, the members from Seine River and St. Norbert, because they should not be trying to minimize, belittle and allow their caucus colleagues to belittle efforts from their community to try to save what they believe is critically important. I can tell you that it goes far beyond the numbers that showed up at the Legislature, and if the MLAs in that area were doing their homework, they would get a better sense in terms of just to what degree there is resentment towards this government for what they are doing in terms of closing the obstetrics.

I was there when we had the rallies in regard to the Seven Oaks Hospital and I am very much aware of the organizational effort that had taken place, both from the staffing level to the political level to the grass roots level. What I am seeing is more of the grass roots level and they are focusing their attention on petitions. These are not individuals that are paid lobbyists in any sense, and they are doing their very best to try to raise an important issue.

I think the government is doing a disservice when it tries to demean those efforts, whether it is the member from Selkirk making reference to the numbers that attended a rally, or whether it is the member from the Interlake talking about the value of petitions that I introduced. I think we have to recognize these as important issues and that Manitobans feel very strongly on them. On the petitions that table, I can honestly say I think I asked maybe one or two people to sign. I have not had to physically go and ask for people to sign these petitions. These are petitions which I sent out. People

have responded by mailing them in. The purpose for me is not to get 20 000 or 30 000 signatures. I do not think it is warranted.

If the government really wants to know, I can tell you that Manitobans, the vast majority of Manitobans, do not support what this government is doing in terms of neglecting this Chamber by only sitting 35 days or 55 days in any given year. I can tell you in regard to health care that a vast number of people that live in the Fort Garry and the St. Norbert areas do not support what this government is doing in regard to Victoria hospital and the closing of the obstetrics. We do not have to say, "Well, look. If you do not show up by the thousands, that means it is not an issue." We should not have to do that. If the MLAs that represent the area were to truly canvass it and share those concerns, I suspect the government would be treating the issue that much more seriously.

When we talk about accountability, whether it is that sort of accountability or straight accountability of raw dollars that is being spent on health care, what we see being spent on health care is just phenomenal amounts. This government has clearly demonstrated it has the ability to spend public tax dollars. This government can probably spend more money than any other government on a per-capita basis in North America. You know something? That is a guesstimate on my part. I do not have the research dollars to be able to prove that, but I would challenge the government to be able to show that I am wrong. That is how confident I am in my numbers, in my quick glance in terms of the numbers.

I suspect there is a very good chance there is no government that has spent per capita more money in terms of increases than this one. Yet, what are the results? We still have people waiting in the hallways. I am talking in the recent era, in recent times, in the last four years. What is the result? We still have people in hallways getting hallway medicine. It was this government, the Doer government while in opposition, that turned or coined the phrase hallway medicine. Now it is members from the Conservative party saying and calling it highway medicine. They have expanded it out of the hallways and into our highways.

**An Honourable Member:** Spend more money.

\* (11:00)

**Mr. Lamoureux:** It is not an issue of always having to spend more money. One could also argue it is "spend smarter." You will invest tens of millions of dollars in increases to regional health care administration, tens of millions of dollars into that, and what is the bottom line in terms of health?

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

## RESOLUTIONS—COMMITTEE SELECTION

### Res. 2—Celebration of the 60th Anniversary of VE Day

**Mr. Speaker:** The hour being eleven o'clock, we will now move on to private member's resolutions. Resolution No. 2, standing in name of the honourable Member for St. James (Ms. Korzeniowski), Celebration of the 60th Anniversary of VE Day, Veterans' Day. Stand? Nothing?

Order. There has been agreement not to deal with this today, so we will move on.

Order. The House had agreed to put this off to the future. Is today the future?

**An Honourable Member:** No.

**Mr. Speaker:** No. Okay, so we will leave it. We will move on.

## DEBATE ON MOTIONS

### Standing Committee on Public Accounts Fourth Report

**Mr. Speaker:** We will resume debate on the motion of the honourable Member for Fort Whyte (Mr. Loewen), that the Fourth Report of the Standing Committee on Public Accounts from the Second Session of the 38th Legislature, presented to this House on November 23, 2004, be concurred in, standing in the name of the honourable Member for River Heights (Mr. Gerrard). What is the will of the House?

**An Honourable Member:** Stand.

**Mr. Speaker:** Stand? Is it the will of the House for it to remain standing in the name of the honourable Member for River Heights? The motion will remain standing in the name of the honourable Member for River Heights.

**DEBATE ON SECOND READINGS  
–PUBLIC BILLS**  
(Continued)

**Bill 201–The Legislative Assembly  
Amendment Act**  
(Continued)

**Mr. Speaker:** Now we will move on to resume debate on second reading of public bills.

On the proposed motion of the honourable Member for Inkster (Mr. Lamoureux), Public Bill 201, The Legislative Assembly Amendment Act. What is the will of the House?

**An Honourable Member:** Stand.

**Mr. Speaker:** Stand? *[Agreed]*

**Bill 202–The Health Services Amendment and  
Health Services Insurance Amendment Act**

**Mr. Speaker:** Then we will move on to the proposed motion of the honourable Member for River Heights (Mr. Gerrard), Bill 202, The Health Services Amendment and Health Services Insurance Amendment Act. What is the will of the House? Stand? *[Agreed]*

**Bill 212–The Pension Freedom Act  
(Pension Benefits Act Amended)**

**Mr. Speaker:** Then we will move on to the proposed motion of the honourable Member for Springfield (Mr. Schuler), Public Bill 212, The Pension Freedom Act (Pension Benefits Act Amended), standing in the name of the honourable Member for Turtle Mountain (Mr. Cullen), who has nine minutes remaining. What is the will of the House? Stand? *[Agreed]*

**SECOND READINGS–PUBLIC BILLS**

**Mr. Speaker:** Now we will move on to second readings of public bills.

**Bill 203–The Manitoba Public Insurance  
Corporation Amendment Act**

**Mr. Speaker:** Public Bill standing in the name of the honourable Member for River East (Ms. Mitchelson), Public Bill 203, The Manitoba Public Insurance Corporation Amendment Act. Is it the will of the House to proceed with the bill? No? Okay.

**Bill 207–The Medical Amendment Act**

**Mr. Speaker:** Now we will move on to Bill 207, standing in the name of the honourable Member for Russell (Mr. Derkach), The Medical Amendment Act, or, not standing, but in the name of the honourable Member for Russell, Public Bill 207, The Medical Amendment Act. What is the will of the House, to deal with it today?

**An Honourable Member:** Yes.

**Mr. Leonard Derkach (Russell):** I would like to move, seconded by the member from Ste. Rose (Mr. Cummings), that Bill 207, The Medical Amendment Act; Loi modifiant la Loi médicale, be now read a second time and be referred to a committee of this House.

**Mr. Speaker:** It has been moved by the honourable Member for Russell, seconded by the honourable Member for Ste. Rose, that Bill 207, The Medical Amendment Act, be now read a second time and be referred to a committee of this House.

**Mr. Derkach:** I am extremely pleased that we were able to get to this position on this bill now, Mr. Speaker, because there are many Manitobans who are today looking at alternative ways to get medical treatment and to be able to use, perhaps, natural forms of medication to cure their ills.

Mr. Speaker, I think we have learned a lot in the medical field over the past century, but in the last few years, there has been a definite move to people eating healthier, to people trying to do everything they can to maintain a healthier lifestyle and to avert the onset of diseases that could be caused by lifestyles, by perhaps poor eating habits, et cetera.

Mr. Speaker, when I introduced this bill, I did not introduce it because it was something that I had thought about or thought of. It was introduced because I had a large number of people who had come to me, asking why it was that in Manitoba a doctor cannot prescribe an alternative form of medicine and, furthermore, a doctor cannot prescribe a natural form of medicine, because natural forms of medicine are not under the pharmaceutical list. Therefore, they cannot be prescribed by a doctor.

If a doctor should prescribe this form of medicine, then that doctor could be subject, not only

to the, I guess, wrath of the Minister of Health (Mr. Sale) for that matter, but also to the College of Physicians, and that doctor could be disciplined and, as a matter of fact, as we have seen in some jurisdictions, a doctor could have his licence or her licence suspended if, in fact, that doctor prescribed something that was considered not on the list, if you like, not on the approved list of medications that is present in the medical field today.

Mr. Speaker, I think we are learning from other cultures and from other people that there are alternative ways to deal with some ailments in our society, and I am talking about medical ailments. There are ways to dealing with, perhaps, diseases, perhaps infections, that do not involve the taking of chemical type of medications, but, indeed, natural forms of medication have moved a long way in terms of being able to treat some of these situations.

I think, Mr. Speaker, we learn a lot from our First Nations people. First Nations people have for a long time, for centuries, been able to avert certain forms of infections and diseases by using the natural forms of medication, if you like, or natural forms of treatment, to deal with some of these ailments. As a result, we have been learning from them as one specific group in terms of what you can do to, perhaps, avert an infection or cure an infection or perhaps even some form of a treatable disease.

Mr. Speaker, all this bill does is it says that if a doctor prescribes an alternative form of medication or treats a patient in an alternative form from the ones that we have now sort of accepted as prescribed, that doctor could be subject to losing his or her licence. That is what it is. The bill today says that if, in fact, the doctor does this, and it does not harm the patient, it is not harmful to the patient, as a matter of fact, that doctor then cannot be taken in front of the College of Physicians or in front of the society for that matter and cannot have his licence suspended.

It does not mean that if doctor should prescribe something that harms the patient, that the patient does not have recourse or that we do not have recourse for a doctor doing that, because that doctor still would have to face a judge, still would have face a court case if, in fact, there was something done that harmed the patient. So this bill does not take that away from being able to have due process if, in fact, a treatment harms a patient and it was negligence on the part of the physician.

\* (11:10)

Mr. Speaker, other jurisdictions have moved in this direction. I think it is time that we joined other jurisdictions and allowed this practice to be implemented in our province as well. It does not mean that all of a sudden we are going to have masses of doctors moving towards prescribing natural forms of therapies for people, but it does mean that if there is an alternative form of treatment that could be beneficial to the patient, that could be less harmful in terms of side effects, that could, in fact, allow that patient, who might be terminally ill, for that matter, to live out his or her life in greater comfort or with less pain or, perhaps, in greater dignity, then we should allow that to happen.

Mr. Speaker, we have moved a great distance in how we look at natural medications, natural herbs, natural forms of treatment for certain things, and if you walk into a pharmacy today, you will see a whole section in that pharmacy devoted to natural forms of whether they are vitamins, or treatments or whatever they are.

Mr. Speaker, there are other treatments that are questionable as well, and we are not advocating that these questionable therapies or questionable processes should now become part of an accepted form of treatment, because I still believe that doctors live under an oath, and doctors have a responsibility to do everything they possibly can to ensure that that patient can be treated as best as possible so that patient can either enjoy a better quality of life for his or her remaining days or, in fact, that that particular ailment that is troubling that patient can be addressed in the most appropriate fashion.

Mr. Speaker, I have talked to many doctors who have said that yes, there is room for us to look at alternative forms of treatment in patients. There is room for us to look at different ways of treating patients other than what we have traditionally been doing. So I think it is important that we really broaden our scope when we start looking at how we can deliver appropriate treatments for patients who are ailing from whatever it might be.

Mr. Speaker, this does not say that there is a natural treatment or a natural or an alternative way to treat a patient in each and every case. In some instances it may not be appropriate, and so we have to leave this to the experts in the field, the people who are trained in the medical field, to be able to

judge whether or not a particular treatment is, in fact, appropriate for the patient. We do that today. A doctor examines a patient, a doctor looks at the symptoms, a doctor looks at the condition of the patient and then makes the prescription. But what the doctor is precluded from doing today is allowing some alternative forms of treatment, alternative forms of medication to be used, because they are not on a prescribed list and because they are not considered under, sort of, the code of the practices, if you like, that doctors are allowed to prescribe.

Mr. Speaker, when I look at what is happening in other jurisdictions in terms of alternative treatment, there has not been, to my knowledge, a case where a doctor has prescribed an alternative form of treatment and that alternative form of treatment has resulted in a patient suing that doctor because that was the wrong form of treatment to prescribe. I do not have any knowledge of that, and if it has existed, it certainly is something that I do not know about. But I look at other jurisdictions that have implemented this policy, or have approved this legislation, I do not see where there has been an outcry from society that it is not the right way to go. As a matter of fact, where we do not have it, I hear from many, many people, and I can tell you I have had dozens and dozens of phone calls, dozens and dozens of letters and memos, suggesting that we are on the right track when we are asking that we amend the medical act to allow for alternative forms of treatment. I think we have to do that. I think we have to move ahead. Not that this is going to change the entire way that we prescribe treatments in this province, all it does is it broadens, if you like, the scope of available treatments that patients will have in Manitoba. It puts us on the same level, if you like, of treatment available in other jurisdictions.

Mr. Speaker, there is a fear, I know, by the College of Physicians that what might happen is that we will have doctors prescribing things that have not been proven, medications and treatments that have not had their trial periods, whatever those may be, adequately researched and adequately documented. Therefore, sometimes I think the college will fear that a doctor may prescribe a treatment because there is a sentiment by people that it works, where in fact the science does not show that it works.

I think we have to give some credit to doctors that they have, in fact, a fairly deep knowledge of medicine and what they are going to be doing is in

the best interests of the patient. That is their duty, that is their responsibility. So, I think we have to put some faith into the medical professionals that, in fact, they will do what is absolutely best. Yes, if a doctor who is negligent in his or her responsibility prescribes something that is harmful to the patient, then there is due process, there is an ability for either the college, or for the patient, to take the doctor to task in front of a judge.

I am hopeful that members on the government side of the House will see the benefits to this legislation, that they will see some benefits to bringing this in under the amendment to The Medical Act and that we will be able to move forward on the same level, if you like, that some of the other provinces are who have moved ahead in this fashion.

In all of my discussions with, whether they are professionals or whether they are patients or whether they are just ordinary citizens on this topic, no one, no one has given me any substantive reason why we should not move ahead with this. Yes, there is the fear, if you like, that doctors may move into fields that are not proven, but no one has been able to come to me and show me where a doctor has prescribed something that is not even close to being legitimate, where a doctor has sort of abdicated his or her responsibilities and has prescribed something that has been harmful to a patient. No one has come forward and indicated that to me. As a matter of fact, quite the opposite has happened.

I have had examples of people who have been treated by alternative forms who have come to me and said, "You know, if I had not had this alternative form of treatment, I do not know where I would be today. Today, I do not have pain. Today, I can live a quality of life that gives me comfort, that gives me some respect in my own family."

Now, Mr. Speaker, it is unfortunate that we have such a short time to speak on these issues, but I am hopeful that we will be able to move ahead and move this into committee. With those few remarks, I hope that the members of this Chamber will look at this very seriously and will be able to move ahead in a positive way. Thank you.

\* (11:20)

**Mr. Kevin Lamoureux (Inkster):** Mr. Speaker, my comments will be brief on this bill. We feel that this



bill is a good initiative that has been brought forward to the Legislature in an apolitical fashion. We would welcome quick passage, actually, through second reading so that this bill could, in fact, go to committee.

I think that it is critically important that we allow and promote debate to occur in the committee stage. We know that there are other Manitobans that would like to be able to voice their opinions, both the pros and the cons, to the legislation that is being proposed. We in the Liberal Party want to promote that debate to be heard and to be taken into consideration. Given the fact that this bill has been on the Order Paper for so long; in fact, it has been one of those carried-over bills from the last session, there is merit to see this bill go to committee as soon as possible.

It is our desire within the Liberal Party that this bill be dealt with in its entirety in terms of going to the committee stage and so forth, pending what comes out of the committee stage before the end of this session. I would just recognize that other jurisdictions, as the member from Russell has pointed out, have moved in this direction. I think it behoves us just to move it to the next stage and get public input on this bill. Thank you.

**Mr. Doug Martindale (Burrows):** I rise to put a few remarks on the record regarding Bill 207, The Medical Amendment Act, as introduced by the Member for Russell (Mr. Derkach).

This is an amendment that I have some familiarity with because I have been lobbied, as other MLAs have been lobbied in the past, about this. Interestingly, one of the people who lobbied me was a former member of this Legislature, Mr. Bill Chornopyski. Mr. Chornopyski received chelation therapy in North Dakota. We used to meet for coffee and I kept in touch with him after the 1990 election in which we contested Burrows. He continued to be on very friendly terms with me and me with him. He thought that chelation therapy was very effective.

Well, there is actually an interesting footnote to us keeping in touch and that is, when he died, I was asked to officiate at his memorial service and I felt honoured to be asked. We had a very non-partisan relationship after the 1990 election, and I appreciate the family making that request of me.

One of the things I learned about some of these remedies, alternative medical practices or remedies, is that some of them are already approved in other provinces. I think that poses a problem for the government. For example, just going by memory but I think I am right here, chelation therapy is approved in Alberta as a medical expense. Then, of course, people lobbied Saskatchewan and Saskatchewan approved it. Now people are lobbying Manitoba and they want us to approve it.

There are a number of concerns with that. One is Alberta has tons of money. Alberta can approve things that maybe other provinces cannot afford. I think the criteria should be whether something is medically necessary and whether it is scientifically shown to be effective, or medically shown to be effective. I am not sure we want to approve all kinds of different therapies that are not scientifically proven or medically proven as being effective. There are arguments on both sides of this. There are arguments for and arguments against. I am presenting, I guess to start off with, two arguments against, one being whether or not a provincial government should pay for something that is not medically or scientifically proven to be effective.

When Mr. Chornopyski was lobbying me about chelation therapy, I did a little research. I phoned some medical doctors that I knew and talked to them about it. I asked research staff to look at the literature. I was informed by both the MDs I consulted and the literature that chelation therapy, just to use one example, is not shown to be scientifically or medically effective. I think that is important to know.

Maybe some of the other alternative therapies can be shown to be medically effective or scientifically effective and then maybe there is a case to be made for them. Certainly, if someone is arguing that traditional forms of Chinese medicine or Aboriginal medicine or something are effective, maybe we should look at that. Maybe that would be a reason for amending The Medical Act, but I think the criteria should be scientifically rigorous, medically rigorous, if we are going to do this.

If you allow this amendment to pass and a number of therapies are suddenly made legal, the next step is that we will be lobbied to pay for them. We do need to be accountable to our taxpayer, and there is an argument about whether or not we can

afford to pay for all of these things. In fact, if I could quote the words of the Member for Russell (Mr. Derkach) back to him, he said, "We need to do what is in the best interests of patients." I think that should be our primary concern. If we can justify it in terms of the best interests of the patients, then maybe we should be doing this, but if we cannot, then we probably should not. Maybe we need to look selectively at whether or not something is effective, rather than making an amendment which is applicable to any kind of alternative therapy that a doctor might say is okay.

We have not caucused this bill. We want to discuss it and decide whether we have a position for or against it. Certainly, it would be very unusual for a private member's bill to pass. For the edification of new members, like the Member for Lakeside (Mr. Eichler) who was not here during the dark days of the 1990s, and some of us were for either nine long years or eleven long years. Oh, some day we will be back there maybe, you know, six years, ten years, fourteen years, and so a little bit of history for the Member for Lakeside, opposition members' bills almost never pass, almost never make it to the committee stage.

It is rather interesting that the Member for Inkster (Mr. Lamoureux) put all his speech effort into getting it to committee. He said nothing about the content of the bill, but I can assure you that they do not get passed very often. In fact, I think the Speaker, when he was in opposition, he got the government to agree to one of his bills. Because he is such a non-partisan nice guy, I think the government thought that they could do it and they did. He is a very humble gentleman. He did not take a lot of credit for it, but he was instrumental. So just a little reminder there about what the history and tradition of private members' bills are, for the Member for Lakeside who was not here during the dark days of the 1990s. Thank you, Mr. Speaker.

**Mr. Glen Cummings (Ste. Rose):** Mr. Speaker, I would like to make a few comments regarding this bill and the, what in some circles, I am sure, is heresy, to talk about whether or not there is a solid reason, appropriate reasons, to be looking at alternative medicine and whether or not that would be something that society would consider, No.1. Secondly, whether or not society can afford, and of course that is a consideration, but I think it is also fair to say that medicine, as we practise it in Western

society, or in Canadian society I should say, today is expensive, as it is certainly currently expensive. With highly trained individuals and highly sensitive equipment, medical miracles continue to happen at the hands of skilled practitioners and certainly no less than, none more important than, the man who was honoured the other night, Doctor Barwinsky for his achievements in heart surgery.

So how do we go from there to talking about alternative forms of medicine? Well, No. 1, there are demonstrations of where this does occur in other societies, not just in Canada, but I believe in Great Britain a person can choose at least from some array of alternative medicine as to the type of coverage that he or she may access.

My colleague, in his introductory remarks around the bill, talked about how, through lifestyle and other choices, some of us, by our own hand, negatively impact on our health and well-being, excuse me, that is not a smoker's cough by the way, Mr. Speaker, but I am probably the one example that I can point to where, by my own hand, my health is not as good as it should be. That may or may not be a good argument in support of alternative medicine, but the fact is that people make choices and more and more today we invite individuals to participate in decisions around their health care.

Under the current system, common advice very often is, "Make sure you interact with your practitioner. Discuss your situation. Do not be hiding things and certainly assess how you are progressing, whether or not your treatment is working and talk to your practitioner." Nothing in this bill, of course, would impede that, but what this bill talks about is allowing people some additional alternative choices.

\*(11:30)

It is not that long ago when chiropractic fell into that category. I am standing here today reasonably erect, having been a beneficiary of going to that, which is now much more of a mainstream treatment. But, frankly, it is not that long ago that—I see some people checking whether or not I am standing straight, but slightly leaning to the right, not the left. I am leaning slightly to the right.

I think that demonstrates that historically we should not out of hand dismiss suggestions and requests and proposals such as this, and it would be

very easy for government to say, this has a cost associated with it and it is not something that we can deal with.

I hope the government will not approach it in that manner, because I believe, and a number of people on that side of the House, who have experience, who have constituents and who have knowledge that contributes to the argument that alternative medicine can be appropriate, that it can be cost effective. It can be effective in improving and maintaining health of their constituents and citizens of the province.

There probably are a number of demonstrable ways in which government could show that this would relieve some pressure on the current health care system. I say that very cautiously, Mr. Speaker. I say it, however, with some knowledge where I have been approached by constituents, not lobbying for support, but simply remarking on how their health has been improved by support and by treatment and by advice that they have received from alternative care practitioners, ones that they enthusiastically support, ones that they enthusiastically speak on behalf of saying, this practice had a positive impact on my life, a positive impact on my health.

Certainly, there are those who go so far as to say that they have had complete reversal or complete elimination of problems that they were dealing with through alternative medicine.

On a case-by-case basis, Mr. Speaker, I think it can be certainly argued that this can have a demonstrable difference within our health care system. But, there are vested interests on both sides of the question. What I would do, I would invite the government to take a look at what is possible. Not to dismiss this out of hand, but to thoughtfully examine what other sources of support there might be for the health of our citizens. I would give the evolution of a number of ways of dealing with health problems as demonstration that people's minds change and services change completely.

I would hope that the government does not get hung up on the problem of whether or not something is accepted practice only if it is run through the public system. We do have a mix of public-private system, and alternative medicine would be an extension of that. It would be very easy to add some support to these types of treatments, these types of

practices that would benefit the health of individuals and probably relieve the pressure on the health care system.

I am speaking in generalities. There are naturopathic practitioners out there who would point out quite clearly that there are other jurisdictions where their practices are supported, where people have an opportunity to make a choice—to make an informed choice. I think that is really what this debate should be about.

Do people have a right to make an informed choice? Yes, they do. Secondly, in this province, can they make an informed choice? Only if they can afford it. I am not talking about afford it in the sense of their health care, but only if they can afford it in the sense of how deep their pockets are. There are people out there who can ill afford some of the treatments they are willing to pay for, but they are so convinced that it is improving their health status, that it is in fact improving their quality of life, they will go well into their disposable income, reduce their spending on other things that some of us might consider more essential and demonstrate by their commitment that they are satisfied, that they are comfortable.

I would also acknowledge that there is not anyone on this side who is so naïve as not to know that there are undoubtedly charlatans that can cause all sorts of problems if you look at other forms of health care management and treatment, but that is where government has a role. That is why it is appropriate this debate be held here and the government have an opportunity to respond. We have had one member from government benches express his thoughts.

I would be interested to have the Minister of Health (Mr. Sale) express his feelings about this bill, about this approach. If the Minister of Health would go on the record as saying he is interested, that he is prepared to provide some consideration, then it would not be inappropriate for him to consider this bill in a positive light. If he turns his back and says he is not interested, this would be in his mind abridging the responsibility of the public health system, then we know where the government stands.

So far, all we get is a sort of a spongy feeling that they might be listening, but they are not going to respond in a meaningful way to what is a concern, an

issue that needs some definite evaluation, needs a proper appraisal in the eyes of the public and the minds of the public. First of all, we know that in the public, the same as in this Chamber, there will be people at both ends of the spectrum, but if we do not honestly consider, evaluate and appraise what possible alternative systems there are, then probably some of the historic practices in medicine that have occurred in other societies are being dismissed out of hand. We may well be missing an opportunity to improve the health status of our citizens.

I am quite prepared to ask for more research. I am quite prepared to ask for more consideration from the government, but we need the government to speak up. We need the government to respond to this initiative. We need the government and the government ministers who have the decision-making authority to poke their head up and express their views on this bill. There is a significant number of people out there who would be very interested in what they would say, and there would be a number of people who would be very pleased if the government would take an honest evaluation of alternative medicine and alternative medicine practices.

\* (11:40)

It is too easy to contain the public health system in the two most common ways. One is to increase the waiting list to where people are driven to private practice. The second is to limit what is covered so by sheer force of financial responsibility or financial burden on the part of the patient, decisions are made. I would bet down to the last member on both sides of the House, people would defend the fact that Canadians, and in this case, Manitobans, should not have to forgo helpful health treatment because we are unprepared to consider whether or not there are ways that may be equally as effective, perhaps less intrusive but certainly more outside the mainstream that would be very beneficial to the health of our citizens.

**Hon. Jon Gerrard (River Heights):** Mr. Speaker, I will speak briefly, just to put a few words on the record. I have been at the forefront of the call to ensure that public health dollars are used for treatments which are clearly effective and which are shown to be effective, and clearly at the moment and under this government there have been quite a number of examples where public health dollars have

been used for treatments which are not effective or inappropriate. Clearly, we need some province-wide standards, and those standards need to be effective.

I will give one example in the surgical procedure carotid endarterectomy. There were some 50 of these procedures done. In a report from the Canadian Medical Association Journal last September, there were some 50 of these procedures done in Manitoba on people and under conditions where all the evidence would show that they were more likely to cause harm than benefit. We should not be using public dollars where there is more harm than good from a treatment, and I think that people would agree with that. The question is how to implement it.

At the same time, when we are dealing with alternative medicines, we need to recognize that in a lot of examples what was alternative at one point in some cases turned out to be mainstream later on. But there are also examples where what was alternative, I remember, it would have been in the late seventies or early eighties, apricot pits, I think, were a favourite treatment for certain forms of cancer, and repeated studies were done and shown to be totally ineffective.

Yet there may be some other examples. One which comes to mind is the use of shark cartilage soup, which comes from China, and although there are still questions about whether this has any effect, the investigation of shark cartilage has shown that it contains ingredients which will shut down the growth of blood vessels and one of the ways of preventing the growth of cancer, as we understand it now, is shuts down the growth of blood vessels inside the cancer so that the cancer cannot get the nutrients from the blood and cannot grow.

So while there are still issues and a lot of investigation going on in this area and it is an example of something where there may yet turn out to be a kernel of truth, and certainly many of the drugs that we use today, from aspirin, which came from willow bark, to cardiac medications which come from plants to all sorts of things, were at one point what we would consider alternative, have turned out to be quite helpful and useful when used appropriately. So there is a need to have a good mechanism to be able to look at the possible effectiveness of alternative approaches and to move them, where that effectiveness is found, into the mainstream.

We, of course, have a mechanism when it comes to drugs, pharmaceuticals, and that involves fairly extensive testing and research. One of the problems we have and which is clearly an issue here in Manitoba is that approach could be plied more vigorously in areas where we are dealing with what are called alternative therapies, so that we know whether or not these are effective and whether or not they should become part of mainstream practice, and that the people who are alternative practitioners who have spent quite a bit of time training and learning, that much of what they have learned—and we have seen this, for example, in certain areas of chiropractic care, that these are useful and helpful treatments. We need to have a process which will take these and make them available in a way that will allow us to evaluate them, work with the practitioners of whatever stripe to look at whether these are things which should at some point be incorporated within the system.

One of the options, which is clearly a possible option, is health research. If it were sensitive to the potential in alternative therapies as it would need to be, it also needs to be adequately supported. One of the problems we have in this province under this government is that the Manitoba Health Research Council, which provides the core of support to operating support for health research for particular projects and evaluation and assessment, is that the funding of the Manitoba Health Research Council has been pretty dismal under this government. The amount of funding through the Manitoba Health Research Council as a proportion of the total health

care funding is actually less than half of what it was in 1992.

When you are not investing in being able to test and being able to evaluate, it becomes more difficult to have a valid process to be able to move ideas and alternative approaches, or non-alternative approaches for that matter, from concept through the process all the way to evaluate and to decide whether these are good things to be in the mainstream of health care.

I think what is important here is that there is a gap at the moment. It is a gap which has occurred because of significant deficiencies in the way the NDP government is operating the health care system. That gap should be addressed. This bill is an opportunity to seek public input and get ideas in terms of filling that gap. I certainly think it would be a smart idea to move this to committee and let us have the discussion and the debate and get the input and then we can see what the next step is. Thank you.

**Ms. Bonnie Korzeniowski (St. James):** I move, seconded by the Member for Transcona (Mr. Reid), that this debate be now adjourned.

*Motion agreed to.*

**Mr. Speaker:** Is it the will of the House to call it twelve o'clock? Agreed? [*Agreed*]

The hour being twelve o'clock, we will recess and reconvene at 1:30 pm.

**LEGISLATIVE ASSEMBLY OF MANITOBA**

**Thursday, April 14, 2005**

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