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DEBATES
and
PROCEEDINGS

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MANITOBA LEGISLATIVE ASSEMBLY
Thirty-Eighth Legislature

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LEGISLATIVE ASSEMBLY OF MANITOBA

Thursday, November 24, 2005

The House met at 10 a.m.

PRAYER

ORDERS OF THE DAY

PRIVATE MEMBERS' BUSINESS

DEBATE ON SECOND READINGS–PUBLIC BILLS

Bill 200–The Manitoba Public Insurance Corporation Amendment Act

Mr. Speaker: Resume debate on second reading of public bills, Bill 200, The Manitoba Public Insurance Corporation Amendment Act, standing in the name of the honourable Member for St. Norbert (Ms. Brick).

What is the will of the House? Is it the will of the House for the bill to remain standing in the name of the honourable Member for St. Norbert? *[Agreed]*

It will remain standing in the name of the honourable Member for St. Norbert.

Mr. Jack Reimer (Southdale): I just wanted to put a few remarks on the record in regard to the bill that was brought forth by the Member for River East (Mrs. Mitchelson). Mr. Speaker, this is sort of like a repeat of what we have gone through in the last while. I think this member has brought forth this piece of the legislation and the proposed changes to The Manitoba Public Insurance Corporation Amendment Act a few times.

The reasoning behind it really is it is not a huge, all-encompassing bill. It is not a burdensome bill that is going to make dramatic changes in the way MPI operates, it is going to make new laws, if you want to call it, in how we proceed with the Public Insurance Corporation. It has got no big ramifications in that sense. What it is, Mr. Speaker, is a very small amendment because of a certain situation and circumstances that come about sometimes with no reasoning behind it, just the circumstances that have happened. It is unfortunate that tragic events happen and this is what this bill is trying to address.

It revolves around a constituent of the Member for River East (Mrs. Mitchelson), and it was a constituent that had a sister that was in a car accident years ago. The woman was married to a disabled person who was receiving CPP assistance at that time, on disability. After the accident she was compensated through MPIC for her disability also. But what in fact happened was that after the fact the woman found that the money was taken away from her husband. It was not a large amount, Mr. Speaker. We are talking $160 at that time was clawed back from her under the no-fault insurance under the MPIC.

Two disabled individuals, one who is injured through no fault of her own, and a disabled husband. Two individuals living in very different circumstances and they are being penalized. I think that what we look at is a quality of life, the ability of people to enjoy the certain amenities that a lot of people can, and this small amount of money would help in some way to make it better for the individuals.

The amendment would address the issue and allow the woman to keep this $160 a month. It is a simple amendment like I say. It has no wide ramifications. It is an isolated incident. The chances of it happening again are very slim, but I think that if it did happen again, there is the ability for the government and Manitoba Public Insurance to look at it in a very compassionate way and look at how they can help the individual get compensated and not be caught in the web of legislation and interpretation and the fact that the person cannot get this small amount of money.

The quality of life that they enjoy, even though limited because of their disability, can be enhanced. It is something that I think that when we look at, you know, this time of year, the time of year when we come into a season of joy and celebration, a season of giving, a season of hope, a time of year when a lot of things happen that are for the betterment of people, that it would be a gesture on the government's part to look at this in a very compassionate way and say, "You know, maybe we better change this or we should try to get it done before the end of the year so that there is a finalization of it."

The member has brought it forth a few times. In fact, last session I had an opportunity to speak on this bill at that time, and along the same lines the fact that we need to look at this in a different venue and a

different light and to sort of wear the shoes that these persons are forced to cope with. So it is something that I think the government should look at. Like I say, we are not talking a large amount of money. It has been before the House twice before. We have encouraged the government to support the legislation. I think that Manitobans would look very favourably on the government and the whole Chamber in a sense of saying that this is something that we do agree with; we have looked at it, we have studied it. I know that they have had it before so that they have the ability to make decisions. It is not a new set of amendments that have been brought forth. It is something that I think the government can look at in a very diligent manner and we can try to get this thing moved on.

***** (10:10)

With those short words, I just wanted to put on the record that I feel that it is time to pass this motion of the Member for River East (Mrs. Mitchelson), and not only that, it is a good effort to try to address some of the inequities of what has happened because of circumstances that are totally out of the perusal and the ability for these people to act upon and that the government can look favourably on the amendment.

I would recommend, Mr. Speaker, that we try to pass this motion and this amendment to the act. Thank you.

Mrs. Myrna Driedger (Charleswood): I am honoured to have an opportunity to speak to this legislation today, put forward by the Member for River East. In fact, this is the second time I have had the opportunity to address this particular private member's bill.

I hesitated to stand up and speak because I thought that we were here to have a debate on private members' legislation, and I am somewhat surprised that the government did not stand up to put any comments on the record about a bill that is actually very, very serious. I would have thought that they would have wanted to address something that would help people who are disabled and people who are struggling without a lot of money to just, you know, have a living. I am really surprised that the government members are all sitting there with their backs turned reading different documents, not paying attention to this particularly important piece of legislation. I am really quite surprised to see that.

Mr. Speaker, this bill amends The Manitoba Public Insurance Corporation Act and allows an accident victim who receives an income replacement indemnity to keep any part of a disability benefit that is paid to the victim under the Canada Pension Plan as a result of a division of pensionable earnings. What this act would in effect do is end a pension clawback.

This bill was introduced last year and a number of us have been honoured to have the opportunity to speak on this several times, and we will continue to bring this legislation back until we get the government's attention to address something that really does need to be dealt with. It is a wrong that needs to be righted, and it is a small amendment and an opportunity for all of us to deal with an inequity in the system. We hope that the government will find it in their hearts to debate this bill and look at passage of it in this session as well.

Mr. Speaker, presently The Manitoba Public Insurance Corporation Act is required to reduce an income replacement indemnity paid to an accident victim by the amount of any disability benefit received under CPP, and this amendment will allow the accident victim to retain rather than have clawed back any money received from CPP as a result of a division of pensionable earnings from the victim's spouse, former spouse, common-law partner or former common-law partner.

Mr. Speaker, this private member's bill keeps dying on the Order Paper and we really do encourage the government and the minister responsible for MPI to have a serious look at this and fix this injustice that is within the act. It is the right way to go and we encourage them to do the right thing.

This is a bill that we hope that the government will look very seriously at and consider supporting. All we are asking the government to do is to open their hearts, open their minds to the fact that this is going to go a long way to help some people who do need a lot of help.

We are not talking about a huge amount of money. We are not talking about a bill that is going to hurt the government or hurt the Treasury or hurt anybody else. It is going to help disabled people and specifically in this particular case people who are struggling just to survive in today's age of high prices. Through no fault of their own they have been put into a horrible, horrible situation, and we are just asking the government to pay attention to this, seriously address it.

You know, it is disconcerting to me because I know that what tends to happen sometimes is the government does not want to see the opposition, or the Tories, score any points in here on any issue. They probably think that because this is a private member's bill, that this is a bill that the Tories brought forward, they do not want the Tories to be seen to be moving ahead and addressing poverty issues or disability issues. They want to pretend that they are the champions of the poor and the disabled. Yet, when they have an opportunity to do something about it, rather than acting on it, they turn their backs, read their papers, ignore the debate and do not even put comments on the record in terms of what can be done to address issues, a simple solution, in this one particular case, to address poverty and disability issues.

So, rather than do the right thing, what we see is a government playing punishment politics again and not allowing the Tories to bring something forward that is going to be good for people who are poor and people who are in poverty. Rather they are going to sit there and ignore it, sit there smugly, continue with their rhetoric that they are the party of the disadvantaged.

Mr. Speaker, I find that really offensive and I find that quite arrogant. We are seeing more and more of that with this government. I think this is a very sorry example of them not willing to go forward with something that they really should be opening their hearts and minds to. As I said, we are going to continue to keep bringing this legislation forward until the government finds it in their hearts to address it.

Mr. Speaker, this is an amendment that is a result of a case-specific issue, and I have mentioned it briefly. It was brought to the attention of the member of River East, and it is a unique situation. A constituent of hers who had a sister who was severely injured by a car accident many years ago had been dealt with through the personal insurance protection afforded under no-fault insurance. She was an individual who was married to a disabled person who was receiving CPP disability, and after her accident she was compensated through the Manitoba Public Insurance Corporation for her disability.

Subsequent to that accident, she and her husband split up. As a result of that marriage breakdown, she applied, as is afforded for her under the law, for the opportunity to apply for income splitting with her former spouse. She applied and was granted, and it was about $160 a month as a result of that income splitting. That is not a significant amount of money. We are only talking about $160 a month. Nonetheless, she was granted that, but after the fact found out that the money that was being taken from her husband, the $160, was clawed back from her under her no-fault insurance through MPI.

So, Mr. Speaker, we have two individuals here, very disadvantaged individuals, two disabled individuals, and these are not wealthy people. These are people living below the poverty line. We have a woman, through no fault of her own, who is involved in a car accident, being disadvantaged, and her disabled husband now also being disadvantaged.

We see the clawback from one individual was not even provided to the other. We have two individuals living in very difficult circumstances who are both being penalized by something that can fairly easily be fixed through this amendment. This amendment would address this issue, and it would allow this woman to be able to keep the $160 a month that has been clawed back through MPI.

Mr. Speaker, we know that poverty is more prevalent for women. You know, when we see what is happening in this particular situation, we have to wonder why the Minister responsible for the Status of Women (Ms. Allan) is not addressing this issue with her caucus. We are talking about a $160 claw-back. What is wrong with this NDP government? No wonder we have poverty increasing in Manitoba. Today the child poverty rates came out and have shown thousands and thousands of children in this province are living in poverty.

Mr. Speaker, when we look at their refusal to do anything with this particular legislation, no wonder we have disabled people that are struggling when we have a government that is not standing up for them. I think that is shameful. They talk out of one side of their mouth but they are not willing, when they have an opportunity, to add an amendment to their legislation.

***** (10:20)

Take our amendment, put it in your legislation. If you do not want to at least give us credit for it then we ask the government, at least do something with it and put their own legislation forward to deal with this so that we can actually go forward and right a wrong and that we can make a difference for these people that are struggling with poverty, and in

particular with this situation, a couple of individuals who are disadvantaged. We do ask the government to open their hearts and minds to this and do something about it, please. Thank you, Mr. Speaker.

Hon. Gord Mackintosh (Minister of Justice and Attorney General): Mr. Speaker, as the Minister responsible for The Manitoba Public Insurance Corporation Act, I thought it was important to put on the legislative record our view on this bill, which has been provided to the sponsor of this legislation on some occasions but most recently by way of correspondence in June. I will put aspects of that correspondence on the record, and our position.

First of all, it is important to note that the provision that is in question here with this bill is a provision that was introduced and promulgated by the former government, members opposite. Mr. Speaker, it was put forward for good reason. It was put forward because–*[interjection]* Well, there is a member that wants to continue to speak. I heard the former member saying that it would be nice if the government would put remarks on the record. I am doing that. The former government put this provision forward because it was based on sound insurance principles and we support the rationale for the provision that was brought into the MPIC act and I will speak to that now.

The purpose of the section that is in question was to prevent what is called double recovery, Mr. Speaker, and that is where an individual, disabled as a result of injuries suffered in an automobile accident, is entitled to claim both the income replacement indemnity, or what is called IRI, benefits under the MPI act and disability benefits under the Canada Pension Plan. The section provides for a dollar-for-dollar reduction in IRI benefits for any benefits received under the CPP disability program.

Now, Mr. Speaker, a claimant entitled to receive benefits under both CPP and IRI could end up receiving total benefits in an amount that would exceed the claimant's pre-accident earnings. Insurance is not intended to put a recipient in a position that was better. The principles of insurance are to provide an indemnity to make up for the loss, not to provide for compensation in excess of the loss suffered. In examining the situation in other no-fault jurisdictions, we had an outside independent legal analysis of this. Both Saskatchewan and Ontario offset CPP disability benefits from income replacement benefits payable as a result of injuries suffered in an automobile accident, so it is a principle accepted elsewhere. Québec, another no-fault jurisdiction, also fully integrated disability benefits, with the difference being that the disability benefits payable under the Québec Pension Plan are reduced by the amount paid to disabled persons under the Québec no-fault automobile insurance scheme. Further, as a general rule, private disability policies also offset from their benefits disability benefits paid under CPP.

This bill from the opposition would impact every IRI recipient who is receiving CPP benefits and who had ever been divorced in the past or become divorced while in receipt of IRI benefits. This proposed amendment would require MPI to conduct an investigation into the source and calculation of the CPP benefit that would be needlessly complex, expensive to administer, difficult to explain and, most importantly, impossible to justify.

Mr. Speaker, this would also risk a rate impact. With respect to the member who sponsored this bill and her constituent's specific case, consideration was given to reducing the amount of the CPP offset. However, it was determined that it would not be appropriate to make an exception in her case. Accordingly, we are not, as we have said earlier, in a position to support the proposed amendment to this section of the MPI Corporation act.

Manitoba has an affordable and relatively generous auto insurance plan, and it is important to continue to focus on those benefits which are based on need and sound principles, just as the former government recognized when it introduced this provision into the MPIC act. Mr. Speaker, the provision in question should remain as it is because it is based on a recognition that there should not be a double recovery for claimants following an automobile accident.

So, Mr. Speaker, once again, this side cannot support this legislation. We cannot support a departure from sound insurance principles.

House Business

Mr. Kelvin Goertzen (Steinbach): Mr Speaker, just on a short matter of housekeeping business, I would like to announce that the Public Safety resolution will be considered next Thursday.

Mr. Speaker: It has been announced that Public Safety will be the next resolution for next Thursday.

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

Bill 202–The Good Samaritan Act

Mr. Speaker: We will move on to public Bill 202, the Good Samaritan Act, standing in the name of the honourable Member for Rossmere (Mr. Schellenberg). What is the will of the House? Is it the will of the House for the bill to remain standing in the name of the honourable Member for Rossmere?

Some Honourable Members: Stand.

Mr. Speaker: Stand? *[Agreed]* It will remain standing in the name of the honourable Member for Rossmere.

Mr. Glen Cummings (Ste. Rose): I am pleased to put a few comments on the record, largely in support of the concept behind this proposed legislation. It will be interesting to see whether or not the government of the day is open-minded enough to recognize that good ideas need to be brought forward here and debated and, where possible, put into place on behalf of the good of the citizens of the province.

This bill, while it could be more explicit and expanded, I suppose, in my mind at least, embraces the concept that there are a lot of people out there who, when challenged to assist under emergency situations, might have cause not to do what they know needs to be done. Having said that, I know that that sounds like there are people out there who are potential good Samaritans who would not do what they might normally do for their friends, for their neighbours or for an unknown individual who may be in some difficulty.

That really expresses the dilemma that we need to think about and that is that in a society, less so here, I suppose, than south of the 49th, but in a society that can be litigious, we need to think about the greater good of people who find themselves in extreme emergent situations.

I do not know whether we need to be too specific to support the arguments. The principle, I believe, is as I just described, but let me put a hypothetical situation on the record. If there were indeed someone who needed resuscitation, and we will use–it could occur under any one of a number of situations. I will leave others to comment on situations where things such as defibrillators might be used, but let me simply talk about the fact that there are people in society who, in fact, may be trained to do particular lifesaving circumstances but have allowed their licences to expire or who, for whatever reason, believe that it might be inappropriate for them to intervene without putting themselves at some risk. The person who was in distress would, indeed, not have the benefit of the knowledge, the expertise and, in fact, in some cases, just the bare hands that would be there to help them whatever the circumstance is.

***** (10:30)

I know full well that there are people in society who have had some training, whether it goes back to lifesaving courses that they took when they were involved in swim club or any type of training that we try to give our young people in society when they are associated with water, as an example. Those people, 10 years later, if they are faced with a situation and they are the only one who is available may be the best hope that the person in distress could hope for at that particular moment.

If there is anything at all that impedes them from going forward and making their best efforts to assist, whether that is resuscitation or whether it is by other means, we should, as legislators, I think, make best efforts to determine that they should not be exposed unnecessarily to repercussions that were certainly unintended or possible consequences of them assisting a person who, because of their state as a result of an accident, might not be able to provide any advice or even request assistance, but obviously needs it.

I am talking in generalities, Mr. Speaker, for a reason, because I know personally of people who have qualifications but have allowed their licences to lapse. I know that in their minds, the first thing that crosses their mind is, well, if I take action here that would take me to the limits of the training that I had a few years ago. I might not be able to perform at an optimum level. I might, in fact, expose myself to some severe criticism, if not liability, in taking it upon myself to assist the person.

Most people would overcome that very quickly. But that very moment of hesitation might be as simple as not coming to a stop at the site of an accident when there are other vehicles available. We do not know whether or not those other people that are there are trained in any particular manner.

So I believe that, as legislators, we need to look at this type of thinking more often because we are far too quick to put rules and regulations in place that restrict people from doing things in society. All the way from the rules of driving to the rules of how we manage water on our landscape, there are a multitude of rules that are being developed every day that we sit here in this Legislature.

So I think it would be a very wise move on the part of this Chamber to sit and consider carefully whether or not we can put in place some legislation that allows people to have some protection when all they want to do is do the best they can to assist a person who may be in some difficulty. That is, you know, a fundamental and natural response of good citizens, and I would say almost everyone in society, that they do not want to see another person left unnecessarily without help.

But we should not put those who would help unnecessarily in a position where they need to be concerned about helping them. We should be able to act on that urge as long as we are acting in the best interest, so long as we are not acting in a negligent and/or reckless manner. Of course, that is always hard to define in a legal system. But anything that we can do relative to this act to enhance the willingness of the public at large to assist those who they find in distress, whether it is alone on a road somewhere or whether it is in a crowd in the shopping mall, we all know how very lonely that person who is in distress might feel if no one is willing to help them.

So I recommend that the government take a serious look at the concept that is embodied here, and if they have amendments, if they have suggestions, we would look forward to hearing them. Thank you, Mr. Speaker.

Mr. Conrad Santos (Wellington): Mr. Speaker, I am privileged to speak about a good principle, which is what is universally known as the Samaritan rule. Everybody knows this story. A certain man went down from Jerusalem to Jericho, and on his way, he fell down among the hands of the thieves. They stripped him of his clothes, wounded him and, thinking that he was already dead, they left. Then a priest came down the way and, looking at the wounded man, he passed the other side of the road.

A Levite, another priest in another foreign religion, who supposedly dedicated all his life to serving the Lord, he also passed the other way.

And then, a certain man, he is a Samaritan. You know, a Samaritan is like the untouchables in India, people avoid them. *[interjection]* I am just saying comparing them. Usually these are the–*[interjection]* And he went to him, he went straight to the man. He bound his wounds. This is actually speaking, not just talk. He poured oil on his wounds and gave him wine, then he brought him even to the inn, a nearby inn. The wounded man, he brought him in the inn, where there is safety, there is comfort, there is wine and he took care of him. Then he went to the innkeeper and said, "Here is two denarii," money. Everything we do, there is money involved, but in this particular case the money is used for a good purpose. He gave two denarii to the innkeeper and said, "You take care of him, and if you should spend anything more than this by the time I come back, I shall repay you."

So Jesus asks those listening, "Who do you think among these three, the priest, the Levite or the Samaritan, was neighbour to him who fell among the thieves?" That is the question.

Okay. Who is my neighbour? It is a very difficult question to answer. *[interjection]* I do not want to be dissuaded about enemies, because all religion talks about love thy neighbour. Love thy neighbour, whether you are a Buddhist or you are a Brahman, or you are a Christian, or you are a Muslim. This is the universal law: Love thy neighbour.

The trouble is what is love? You see, and what principle is involved in here? Sometimes we get too rough about speaking our mouths, but we are short of things that we have to do. What I do speaks louder than what I say, and there is a principle called karma. What you give is what you get. That is also a universal principle.

So what is the lesson here? Well, who is my neighbour? Like Cain asking, "Am I my brother's keeper?" That is the other way of putting it, right at the beginning of the generation of mankind. So that is a question that we have to ask ourselves.

***** (10:40)

Now the answer is there was a jurist named Atkin and there is an old case called Stevenson v. Donahue, and he precisely translated this theological question into a legal question. When he is talking about injury, when he is talking about damages that you do on the person of another, he said and I am paraphrasing because I cannot recall any more of the

quotation, he said, "Who is my neighbour? It is one who is in my contemplation so affected in my mind's eye when I did the act that I did." That is your conscience talking to you. If you are in a position of a difficult situation, your conscience tells you go left or your conscience tells you go right. Then you debate and then you have to make that choice, that crucial choice.

You have to ask yourself, "Am I my brother's keeper? Will the thing which I will do, will it affect somebody so that if it is done to me, I will resent it or if it is done to me, I will appreciate it?" That is the essence.

An Honourable Member: It is my soul.

Mr. Santos: There is a soul there. He acknowledged that there is a soul. There is a millionaire who said, "Anybody who can scientifically prove to me that there is a soul, on a scientific basis, I will give him millions of dollars."

An Honourable Member: What is his phone number?

Mr. Santos: I do not know the phone number, but he is talking about scientific basis. What scientific basis shall we produce? So you could see that it is difficult, but even before Christianity, Socrates speaking to Plato had a notion or idea about the soul. So how can you say that this not correct? Even at the beginning of civilization, the Greek civilization, they already acknowledged the soul. Therefore, he said the greatest good is virtue, just be virtuous in your life. That is the greatest good that you can do because it is good for your soul.

Now what is virtue? Is this defined by asking relatively what is good to me, is all this virtue, or is it what is good to others or is it what is good for everyone? These are difficult questions. I think it all boils down to one's own affinity with his own creator, whether he is living up to what he is supposed to be living for, whether he is doing the things that he is supposed to be doing in this world.

I think the principle is this: Do what is right according to your conscience. Love your neighbour because all are brothers before God the Creator. Obey the commandments of love. Be truthful. Love is important in the sense of self-denial and charity because when perfect love comes around, there is no room for fear. Thank you.

Mrs. Myrna Driedger (Charleswood): Mr. Speaker, I appreciate the opportunity to put a few comments on the record about The Good Samaritan Act, the private members' bill, 202, put forward by a physician, actually, and I am pleased as a former nurse to be able to speak to this. I will speak to it as a former nurse and some of the experiences I have had thinking about being a Good Samaritan or being in positions of being a Good Samaritan. I am very much in support of the Member for Ste. Rose's (Mr. Cummings) comments that he put on the record. As he has indicated, I, too, support the principle of this bill.

I have hesitated in certain situations as a former nurse in coming to the aid of somebody because of my fear, as a former health care professional, or even when I was a health care professional, that I might be judged at a higher level and at a harsher level because of my past experience. I think there are probably a lot of people that are health care professionals or former health care professionals that may be in situations where they are concerned as to what might be a harsher reality, that we might be judged at a higher level or at a higher bar. The bar might be set a lot higher for us, and I think that it puts extra fear in us to jump in and to address a situation where somebody could be in need of help.

You know, in every single occasion that I have had to be involved where somebody needed help and I did jump in as a Good Samaritan, I did think about this every time. I have been involved at the scene of a couple of very, very serious car accidents, and in fact watched them happen in front of me as I was driving on the road and then being there on the scene to assist. The fear is always in your mind as to what can happen to you for your efforts to try to be a Good Samaritan.

You know, as the Member for Ste. Rose says, sometimes that hesitation, those moments of hesitation are lost when you could be actually helping the victim, somebody that does need your help, and the intention of always helping somebody would be in the best interest of that person. So I think it is important for Manitoba to have a Good Samaritan act. I think that is for the best interest of all involved in those situations where it is the victim of an accident or the victim of a certain situation and also for those that are coming to that person's assistance. I know that other provinces have it, and I was very pleased to see that it was put forward in this province.

Again, because it has been put forward by somebody from opposition, we see the government

refusing to support this bill, refusing to pass this bill, and instead jumping in with their own legislation that would address it. You know, as with other good pieces of legislation that we have seen, Mr. Speaker, we see this NDP government doing just that. Rather than give credit to somebody else who has a good idea, rather to give credit to the Tories or the Liberals in this case, we see the government refusing to have anything to do with a good piece of legislation and rather just jumping into the fray with their own legislation and, I think, denying the opportunity then for oppositions to get any credit for their good intentions, their good legislation, their good efforts. In fact, that is typical politics for this NDP government. They do not want anybody else to get credit for anything. They do not want other parties to be seen to have good ideas or good intentions.

Mr. Speaker, here is an opportunity on a very basic good piece of legislation, The Good Samaritan Act, for the government to actually give credit to somebody that came forward with this, and it was not until the bill came forward from the Member for River Heights (Mr. Gerrard) that in fact this government even thought of it. So it was well after the fact before they even put it on the books. We see this over and over again. Just this morning, in speaking to Bill 200 where we were putting forward an amendment to The Manitoba Public Insurance Corporation Act, we see the same kind of behaviour from this government that, rather than give credit to somebody else for having a good idea, they want to grab at all the ideas themselves. They re-jig them a little bit, maybe not even substantially enough, and then they put it forward as their own. That is offensive politics and that is not right.

***** (10:50)

Mr. Speaker, as I have indicated, there have been a couple of situations, as a former nurse, that I did stop to assist at and because of my past experiences, whether it was in neurosciences, with head injuries or spinal cord injuries, or as an instructor for teaching cardiopulmonary resuscitation or the Heimlich manoeuvre, there is a set of skills that I certainly had to offer in a situation. As a former supervisor in intensive care and as a former nursing supervisor in the emergency department, there are skill sets that I had that would be beneficial in a situation. But as I said, you are always scared and you are always nervous that you maybe might not do the right thing. You go in with the best intentions, so that as a health care professional, you always have that extra fear that you will judged at a harsher level, at a higher level.

So I think this legislation is really important because we do not want to deny people the opportunity to help, because sometimes it is that help that is going to maybe save a life or certainly help from a disability that could remain with that victim if we were in there quick and able to do something.

Mr. Speaker, although this legislation did not come forward from our caucus, I am certainly quite in favour of supporting this private member's bill that has come forward from the Liberals because I think, in principle, it is good legislation. I think that everybody in this House should be standing in support of this and passing this bill. Thank you.

Some Honourable Members: Question.

Mr. Speaker: Any other speakers? Okay, when this matter is again before the House, it will remain standing in the name of the honourable member–

Okay, the honourable Member for Carman.

Mr. Denis Rocan (Carman): Mr. Speaker, I guess, first of all, from what I see now, because you are allowing me to speak on the bill, I am assuming, then, that this bill is already standing in somebody's name and therefore is not going to be brought on to a vote today, so I guess maybe I will take a few moments, Sir, and speak on this bill.

I am intrigued somewhat by my colleague who just finished speaking. She put on the record where it is unfortunate, as she says, that a particular piece of legislation comes forward from this side of the House and is deemed to be a worthwhile piece of legislation. Then, all of a sudden, we have the government show up with a piece of legislation, is what I have just heard. But, as I look through the Order Paper, I hesitate to tell my honourable friend here that I think she might be wrong. I think the reason why she is wrong is that I see the government is not moving on the other particular twin, if you will, on the particular piece of legislation that is presently before us. I would think that this government has probably saw fit to support the legislation that, indeed, has been brought forward by my honourable friend, the good doctor in this House, the Member for River Heights (Mr. Gerrard).

This legislation, albeit, I want to say, condescending, worthwhile, I guess, would be a better word. I happened to be in an extremely awkward position one day. The position was I was

going through a care home visiting with the residents, the folks, and happened to be in the dayroom when all of sudden somebody came bursting through the door, saw my presence and said, "Mr. Rocan, would you please come and help." What was the problem? Walter had just passed out at the hall across the street. I took off with this woman across the street and, lo and behold, Walter apparently was just going to enter the hall, and as he was opening the door he collapsed. I guess he must have been down for a few minutes already, and let us get very graphic, I was able to take his false teeth and we started to resuscitate Walter. I started the CPR.

Now, I am not a doctor, I am not a nurse, I am just a regular Joe, and when you read this piece of legislation it says it is going to protect me from, you know, different shortcomings of individuals who might want to sue me for trying to assist. All I am saying here is that I was trying to help Walter. I mean, an individual had a heart attack, but we had him breathing, and by massaging his heart, and I am working on Walter, and we knew we had him, and the ambulance came from Treherne. Now Treherne to Rathwell, they are neighbouring villages, so not all that far apart, but I guess it felt like a lifetime because I was wanting to make sure that Walter stayed with us, and I kept working on him and working on him and working on him, and this is no easy task. This is no easy task.

Now, you have to picture, Walter is on the ground, I am on my knees and I am working on Walter. Now, I am a big fellow and this is the reason, and I am working very hard on trying to make sure his heart kept working. I do not know to this day, and I think about it many times, because I can see Walter and I often wonder, I heard a few times some cracks, and I wondered "Did I crack a rib?" because I was working really hard on trying to keep Walter with us. At no time did I think, well, I am going to get sued or I am the cause of, unfortunately–and let me tell you the outcome of the story, Walter did succumb to his heart attack, and I would have never believed for a moment that I am the guy who was responsible or I was going to be held accountable, because I was trying to keep Walter.

The ambulance driver and the ambulance attendants, they all showed up with all their wonderful fine equipment, and they see me still working on Walter, and I can recall one of the attendants, like, I was getting tired, and the attendant said, "You know, Mr. Rocan," he said, "If you do not mind, would you just keep on" and, as they were transporting him from the ground to the stretcher, and I never let up, I never let up a beat or a stroke, and we loaded the stretcher into the ambulance, and all the time I am walking beside the stretcher and I am working on Walter and at no time did I even consider, am I doing something wrong. I did not believe it. I believe I was doing something right, similar to what the Member for Wellington (Mr. Santos) said, being the Good Samaritan. I do not even know if that came into the picture, but I just knew that somebody had to do something that day.

The ambulance now drove from Rathwell all the way to Treherne to the hospital. Now, that is no easy task when you have got your knees lodged against a gurney, and you are working on an individual, and you have an ambulance going 60 miles an hour, maybe faster. I have no idea. I did not care, and it was swaying down the road and I can recall the pain and the fire going through my back, because I am trying to stand near, leaning over Walter, working on Walter. We ended up at the hospital and unloaded the gurney with Walter on it, and I am still working on him, and just before they went into the OR, I guess would the right word, the doctor said, "Thank you very much, Denis," he says, and he took over at that point, and the door shut. They were gone through the other side, and I finally, oh, my goodness, and hoping that Walter was okay. Well, it was not five minutes later or ten minutes later the doctor came out. He said, "You know, Mr. Rocan, we want to thank you very much, but, unfortunately, the said news is Walter has succumbed to a heart attack." His wife showed up and I gave her my condolences, and I said, "I am so sorry, but, you know, we tried very hard to save your husband and we could not" because that is what we are supposed to do as human beings.

I mean, we are taught from a very early age that we are to love one another and help each other along. Maybe we are a little different coming from the country. I would hope not, because I would hope that individuals in the city of Winnipeg, albeit, I hear many times, that an individual runs out of gas in the city of Winnipeg and well, you better hope you have a CAA card or if your car does not start you better hope you have a CAA card, but if you come from the country, and I venture a guess there is not one of the members here who does not come from the country, and if you were to look in the trunk of their car they have a set of booster cables. *[interjection]* Exactly right. No charge. I mean, there is no charge. That is

just what we do. We are there to help one another and if we were not there to help one another, God forbid what we would be like.

***** (11:00)

So this piece of legislation, albeit as I–

Mr. Speaker: Order. When this matter is again before the House, the honourable member will have three minutes remaining, and it will also remain standing in the name of the honourable Member for Rossmere (Mr. Schellenberg).

The time being eleven o'clock, we will now move on to Resolutions.

RESOLUTIONS–COMMITTEE SELECTION

Res. 2–Chronic Obstructive Pulmonary Disease

Mrs. Heather Stefanson (Tuxedo): Mr. Speaker, I move, seconded by the Member for Lac du Bonnet (Mr. Hawranik),

WHEREAS chronic obstructive pulmonary disease or COPD is a chronic condition that blocks the lungs' airways and slowly suffocates patients; and

WHEREAS COPD is the fourth leading cause of death among men and the fifth leading cause of death in women; and

WHEREAS this disease is the only common cause of death that is on the increase in North America, killing more women than breast cancer in 2004; and

WHEREAS hospitalization costs to treat COPD are extremely expensive, with the average hospitalization requiring 14 days in intensive care; and

WHEREAS the Canadian Thoracic Society (CTS) guidelines recommend exercise rehabilitation programs and access to new drug therapies that will reduce lengthy hospital stays; and

WHEREAS the medication Spiriva greatly reduces the incidence of hospitalization for COPD patients and is strongly recommended by leading medical specialists; and

WHEREAS Spiriva is available in nearly every Canadian province; and

WHEREAS the application for coverage of Spiriva in Manitoba was made in January 2003; and

WHEREAS the provincial government has taken no action to adhere to the CTS guidelines by approving coverage for Spiriva.

THEREFORE BE IT RESOLVED that the provincial government consider adhering to the CTS guidelines for treating patients suffering from COPD; and

BE IT FURTHER RESOLVED that the provincial government consider approving coverage of Spiriva.

Motion presented.

Mrs. Stefanson: Mr. Speaker, I welcome the opportunity to put some words on the record with respect to this very, very important resolution that affects so many Manitobans. Chronic Obstructive Pulmonary Disease is a disease that blocks the lungs' airways, slowly suffocating patients, and as of right now there is no cure for this illness.

The main cause of COPD is cigarette smoking. It is the fourth leading cause of death among men and the fifth leading cause of death in women. In 2004, more women died from COPD than from breast cancer. I think that puts it into perspective, Mr. Speaker, about how important this issue is.

COPD is the only common cause of death that continues to rise in North America. It is estimated that by 2010, COPD will be the third most common cause of death in the world and that women will suffer from it twice as often as men.

In Manitoba the top four killers are cancer, cardiovascular disease, chronic lung disease and diabetes. In 1997, the mortality rate from COPD was 28.6 per 100 000. The national rate was 29 per 100 000.

The Canadian Thoracic Society guidelines recommend exercise rehabilitation programs and access to new drug therapies. Both have been found to reduce hospital stays for COPD patients which average 14 days, many of those days in intensive care. Mr. Speaker, 40 percent to 50 percent of COPD patients discharged from hospitals are readmitted within a year.

Just to look at the COPD hospitalizations per 1000 persons in the Minister of Health's (Mr. Sale) own riding of Fort Rouge, if we look at men between the ages of 50 and 69, men aged over 70, women

ages 50 to 69 and women over 70, in that specific riding actually there are more hospitalizations per 1000 persons than the provincial rate. I think I would be happy to send this to the Minister of Health to make him realize that this is something that is affecting his own constituents, Mr. Speaker.

It is costing an estimated 3.2 billion a year on Canada's health care system to treat patients with COPD. COPD advocacy groups in western Canada have been calling on the Health Minister to adhere to these guidelines and approve coverage for an innovative drug called Spiriva. This drug is available in almost every Canadian province.

The application for coverage of Spiriva in Manitoba was made in January 2003. Katie Soles of SmartCare has had a meeting with the Assistant Deputy Minister of Health and was told that, and I quote, "They had recommended the approval, but it was stuck in Treasury." Mr. Speaker, I think it is very important with a drug such as this that affects so many lives of Manitobans who are waiting in pain and who are spending much of their time in the hospitals, that we need to get this off the desks of bureaucrats and make sure that this drug is approved as quickly as possible.

Spiriva has been found to greatly reduce hospitalization costs and reduce the severity of symptoms that lead to hospitalizations. Manitoba Pharmacare's lack of coverage for this drug makes it financially impossible for many people with COPD to access this drug.

For the most part, the patient population is comprised of seniors. Rehabilitation programs and support groups have been found useful to patients suffering from COPD. Across the West, a lack of COPD rehabilitation programs serving rural populations exist. Patients are not mobile. Travel to urban location is not viable. Program funding is lacking and volunteer numbers are decreasing.

SmartCare also states that no centralized information source exists in western Canada. Advocacy at the political level is confined to those in the health care profession and there is little or no grassroots involvement. Katie Soles has had a meeting with the assistant deputy minister of Health and was told, again, that the recommendation for approval of this drug is stuck at Treasury.

Again, I would strongly encourage, Mr. Speaker, that this government move forward. This is in the best interest of so many thousands of Manitobans who are affected by this illness. So I encourage them to support this resolution, to do the right thing. Get the drug Spiriva approved in this province so that Manitobans do not continue to have to spend weeks upon weeks upon weeks in our intensive cares and hospitals, and they can spend more time with their families and loved ones at home. Thank you very much.

Hon. Dave Chomiak (Minister of Energy, Science and Technology): Mr. Speaker, I rise to discuss and deal with this significant issue, chronic obstructive pulmonary disease. The member has laid out the toll and the significant impact that it has on all Manitobans and all Canadians. I welcome the opportunity to discuss this issue and related issues.

Mr. Conrad Santos, Deputy Speaker, in the Chair

Unfortunately, I must indicate that I do not think the member advocates appropriately for the cause by suggesting that the Minister of Health (Mr. Sale) and suggesting the Minister of Health's riding and the number of individuals–we are well aware, and I think these are issues that are not political in nature. These are not political decisions. I regret that the member turns it into a political issue, Mr. Speaker, by virtue of those comments. I do not think that that kind of discussion is appropriate in a discussion about dealing with a disease that affects thousands of people and is of a serious nature, and implying by her comments, I think does not further the debate.

It is clear, Mr. Speaker, that this is a significant issue. One of the other issues, I think, that was not included in the discussion by the member that I want to spend some time on is some of the other factors concerning COPD, and that is that programs of prevention, obviously, are significant and other therapies in dealing with this disease. I think it is significant that we allocate some discussion concerning that, Mr. Speaker, and deal with the fact, as the member indicated, that smoking is a significant factor and one should never fall into the trap of blaming people for diseases of any kind, that that is a serious fallacy and it is a serious issue.

***** (11:10)

The trap that we should fall into is to do everything in our power to ensure that the precursors of this disease are eliminated as much as possible in our society, and that is why I am very proud of this Chamber and all members of this Chamber with respect to initiatives that we have all undertaken to deal with smoking: smoking bans; advertising

programs; teen cessation programs; youth advisory committee; enforcement of sales to minors act that was passed a long time ago in this Chamber; smokers' help line that has been set up; smoking prevention programs; the Healthy Kids, Healthy Futures Task Force that all members participated in; and the treatment in dealing with individuals, dealing with society and reducing the rate of smoking. To that end, Mr. Speaker, we have made a difference.

This Chamber and the laws that have been enacted and the measures that have been taken by members on all sides of this House have made a difference so that 10, 15, 20 and 30 years from now, the effects of what we have done in this Chamber will have an impact on the health of Manitobans, and I think perhaps we should all reflect on that. Many of the things that we do in this Chamber have significant impacts. I do not want to overstress our significance or overplay our significance, but the fact is we make the laws that affect individuals and society. We have the ability to put in place programs that can prevent some illnesses and some diseases, and when we take steps to do that, I think we should acknowledge that and we should reflect on the fact that, collectively, we assist. Collectively, we help the common good, and I think we should not overlook that fact. I think all members of this Chamber are cognizant of the measures that we have taken to deal with prevention. Notwithstanding that, there is no doubt that Spiriva has had an impact and can have a therapeutic impact with respect to COPD.

I just want to point out, Mr. Speaker, that, in a national report card released by the Canadian Lung Association, the Thoracic Society of Manitoba scored second across Canada for action that has been taken. I do not want to, again, make this into a political or partisan issue. I want to indicate that measures taken by all of us have resulted in us getting the second best rating across Canada for actions taken in regard to lung and thoracic conditions and a recognition, not by peers but rather by experts in this field, that we in Manitoba have made a significant contribution, but significant contribution is but one factor and is not something that directly is helpful to an individual or family that is suffering with the ravages of this type of disease, and "ravage" is probably an appropriate word to utilize when talking about the effects that it has on individuals and their families.

The issue, of course, is one of providing coverage under the provincial formulary and our program, Mr. Speaker, and I am very pleased that, if memory serves me correctly, it is hundreds of drugs have been listed in the past few years. Many, many very expensive, very intensive, but very important drugs have been added to the formulary to assist individuals in dealing with specific diseases.

We are now in a different phase of treatment, Mr. Deputy Speaker. What we are seeing is that in a lot of cases pharmacological and drug treatment has become more significant or is becoming more significant than a lot of the traditional forms of treatment. That, of course, is reflected in the escalating rates and percentages of costs as they relate to the health care system. It was only two or three years ago that the cost of pharmaceuticals exceeded that of the cost paid for other forms of treatment in the country. So it does reflect a sea change and it does reflect a daily occurrence, and that is that on a daily basis certainly without exaggeration new drugs and new therapies are being created that have significant impacts.

It then becomes a decision which collectively all the provinces in Canada have made to look at drugs through a national formulary process. That was initiated in order to try to provide some kind of guidelines to all provinces and the federal government in all jurisdictions in dealing with drugs and what drugs are appropriate to be put on the formulary, what drugs are appropriate, et cetera.

There is a national effort to do that. That was done for two reasons, firstly to reduce the individual projects and individual processes to try to accommodate the duplication and the triplication and replication of formulary discussions that went on in all jurisdictions and also to give guidelines to other jurisdictions as to how to deal with new forms of treatment and to enter a new era of how one deals with drugs.

In terms of treatment, as the member indicated, Manitoba has taken action and the province has met with SmartCare, and we understand that the status of Spiriva is being looked at because it is the only drug to treat COPD exclusively.

I am informed the drug was listed on Manitoba's Pharmacare formulary, Mr. Deputy Speaker, and Manitoba, as has been the case for the past, oh, I would say eight years, is working with the appropriate officials and individuals and professionals to determine when and how the drug should be applied in the event that other medications do not work and to ensure proper utilization techniques.

I only look, Mr. Deputy Speaker, to some issues such as multiple sclerosis where we have applied the formulary and applied the treatment in the appropriate places to the appropriate individuals. Thank you.

Mr. Gerald Hawranik (Lac du Bonnet): Mr. Deputy Speaker, I welcome this opportunity to put a few words on the record on behalf of residents of Lac du Bonnet constituency, and I offer my very sincere congratulations to the member from Tuxedo for presenting this resolution in front of us here in the Legislature.

I would urge support for this resolution from members opposite. I can tell you that our caucus certainly supports this resolution. It is an important resolution, important for those who have the disease that this resolution be passed, that government actually takes some action and does something to support the treatment of chronic obstructive pulmonary disease, known as COPD.

It is a disease that blocks the lungs, airways, and it slowly suffocates patients. It is well known, Mr. Deputy Speaker, that there is no cure. The main cause of COPD is cigarette smoking. It is interesting to note that, of course, an all-party committee banned smoking in enclosed public places last year, and I commend our members and members opposite for supporting that initiative. However it is interesting to note that obviously members opposite are not concerned about those in Aboriginal communities.

Certainly they are affected by the effects of second-hand smoke and cigarette smoking as much as anyone, and they chose, of course, not to enforce the smoking ban on Aboriginal casinos. I mean, it does not make any sense whatsoever, Mr. Deputy Speaker. I know that they will argue time and time again that they do not have jurisdiction within Aboriginal casinos and they are wrong. They know they are wrong.

As a Province, we grant the licence necessary to operate a casino on an Aboriginal reserve and it is as simple as that. We can impose conditions on those licences, and one of those conditions could have been the abolition, or the banning of smoking within that casino.

***** (11:20)

We had the jurisdiction all along. Members opposite will never admit that. But we did have the jurisdiction, and we chose not to do it. Therefore, we, in my view, were treating Aboriginal people differently than the rest of the population and treating them badly because, of course, they will be affected by smoking within their casino, and they will be affected more by COPD than the rest of the population. That is my concern and the concern of all of my caucus members as well.

It is estimated that by 2010, COPD will be the third most common cause of death in the world, Mr. Deputy Speaker. It is estimated that it will cost $3.2 billion a year to our health care system to treat patients with COPD. COPD advocacy groups in western Canada have been calling and asking for a meeting with the assistant deputy minister of Health and were told that, and I quote, "they had recommended the approval, but it was stuck in Treasury." I heard the member from Kildonan say just previous to me that it is unfortunate that we on this side of the House are trying to make it political. Well, it is a political issue because it is a political solution. It is stuck in Treasury. It is political. There is absolutely no doubt.

So, what we are trying to do, Mr. Deputy Speaker, is to move this process forward to get that approval in Treasury and get the drug that has been found to greatly reduce hospitalization costs and the drug that reduces the severity of symptoms that lead to hospitalization, we want that drug approved, on the list of approved drugs by Manitoba's Pharmacare program.

My question for the Minister of Health (Mr. Sale), of course, is where is he on this issue. Certainly, he has some influence, and certainly Treasury should be able to approve this drug for use in Manitoba, but where is he on this issue? Where has he been hiding? It almost reminds me of the Crocus scandal, Mr. Deputy Speaker. Where is the Minister of Finance (Mr. Selinger) on Crocus? Where is the Minister of Industry (Mr. Rondeau) on Crocus? Now, where is the Minister of Health on this issue? He certainly has some influence in Treasury and the Treasury Board, and certainly he has some influence in terms of trying to promote healthy living within Manitoba, and he has some influence in terms of whether the Province, in fact, spends the money to ensure that this drug that has been found so effective is, in fact, approved for use in Manitoba under the Manitoba Pharmacare program. Yet, we see time and time again, this minister has turned his back on Manitobans.

Manitoba Pharmacare's lack of coverage makes it financially impossible for many people who have

COPD to access this drug, and it is important that we act and we act now. If it is simply in Treasury Board, Mr. Deputy Speaker, he has an obligation, if not a duty, to go to Treasury and get that approval.

There is also, I note, a lack of COPD rehabilitation programs in rural Manitoba. I note that some of the statistics in the Lac du Bonnet constituency indicate that COPD, of course, is a problem within the Lac du Bonnet constituency as well. Women, particularly over 70 years of age, have a higher incidence of hospitalization for COPD per 1000 persons than the rest of Manitoba. The other category is women 50 to 69 years of age. It is relatively close in terms of the provincial rate and the Lac du Bonnet rate. Men 70 years of age and over are roughly about the same, and so are men 50 to 69 years as well.

So it does affect my constituents in Lac du Bonnet, and there are constituents who, of course, because of the lack of funding for this drug through the Manitoba Pharmacare program, are being hospitalized unnecessary, kept away from their families, Mr. Deputy Speaker, unnecessarily because it is stuck in Treasury.

Again, I ask the Minister of Health (Mr. Sale), where is he on this issue? Why is he not pushing this forward so that those people in the Lac du Bonnet constituency, indeed throughout all of Manitoba, can access this drug at an affordable level?

But this is indicative. The lack of attention by the Minister of Health to this issue is certainly indicative of other matters that the Minister of Health has failed with in rural Manitoba, and I will speak about a couple of them, Mr. Deputy Speaker. It sort of gives you an idea of the pattern of conduct of the Minister of Health with respect to issues affecting Manitobans and, indeed, in particular, Manitobans who live in rural Manitoba.

Over the last couple of years, I have had numerous complaints about costs of ambulance services. We live in a rural area, and generally the distance travelled from our home to the hospital is much greater than it is in Winnipeg. Mr. Deputy Speaker, because of that distance being much greater, the cost also becomes greater. I often receive complaints from constituents who are required to take an ambulance from the local hospital into Winnipeg to receive service. It is these interfacility transfers and services that are really contentious in my constituency. Why should we pay for ambulance services from our own local hospital to another hospital if our local hospital does not have the service and it is medically necessary to take that ambulance?

These services should be covered by the general Health Department budget. Either cover these costs or provide service in our local hospitals. In rural Manitoba, we are treated very differently than those in northern Manitoba. If you travel to Winnipeg by air ambulance from northern Manitoba, whether it is an airplane or helicopter to receive medical treatment, you do not pay for the costs of an air ambulance. It is absolutely free. I am not suggesting, Mr. Deputy Speaker, that the air ambulance be paid for by the user, but why should we, in rural Manitoba, pay for ambulance costs to be transported into Winnipeg when our hospital in rural Manitoba does not provide the service. Those who live outside of Winnipeg certainly should not be treated like second- class citizens. Thank you.

Ms. Bonnie Korzeniowski (St. James): I am really pleased to be able to address this resolution. I thank the member opposite for raising it because I think a disease that is, as the member from Kildonan put it, such a ravaging one and impacts on the lives of so many, I do not think you can raise awareness often enough so I do thank the member for that.

Chronic obstructive pulmonary disease or COPD refers to a group of diseases that cause airflow blockage and breathing-related problems. The major forms of the disease include emphysema, chronic bronchitis and, in some cases, asthma. COPD causes the airways of the lungs to be inflamed and become obstructed or blocked. The primary cause of COPD is smoking. According to research, 80 to 90 percent of all emphysema and chronic bronchitis cases are caused by smoking, but asthma, exposure to air pollutants in the home and workplace, genetic factors and respiratory infections also play a role.

COPD is the fifth most common cause of death in North America today and is the only leading cause of death that is rising in prevalence. COPD is the fourth leading cause of death in Canada and is largely underdiagnosed. This means it not only impacts on many lives of individuals and their families but also has an astounding impact on health care and costs.

Mr. Deputy Speaker, I am going to speak to, I have both personal and professional experience with this disease that I would like to talk about briefly and both cases are people who I have watched die. One was more than 30 years ago and the other was more

than 20. Personally, my grandfather died of COPD in his seventies and it was very dragged out. He was in Florida at the time and it was a very costly experience, devastating to his wife and his family. In fact, I was eight months pregnant when I had to go down to Florida to be there so I can certainly speak to the devastation in terms of the family, never mind the extreme stress and what must have been indescribable fear is what I see in the people who I have seen with this disease and particularly in the death. It is the most helpless kind of a feeling for both.

***** (11:30)

Mr. Speaker in the Chair

I am not sure if I have said that my grandfather was a smoker, and it has certainly been a good reason why I quit smoking many, many years ago. I have never forgotten that.

The second experience was over 20 years ago as a professional. I worked as a social worker in palliative care at the time and I was working with a couple, a young couple, I guess, relatively speaking, the man was in his late forties, not yet 50, and dying of emphysema. I sat with that couple, there were no children but his wife was with him the whole time and I will never, ever forget the day he died. I stood, sat, it took an incredibly long time, and it was one of those cases that you almost feel guilty for wishing, because you know it has to happen and he is suffering both physically and emotionally and she is just beside herself.

In what did happen, in effect, was we thought he died three times. He stopped breathing and if anyone who has watched the disease, as I am sure our member from River Heights is well aware, they just stop breathing, cannot get their breaths and it goes on for such a long period of time and you are waiting for the next breath and it just does not come and then you are certain he is dead and the wife threw herself on his body grieving and he gasped. We went through that three times before he actually, finally, never drew another breath. I cannot think of a more horrific death and, again, with cancer or with any painful disease, this disease, the pain, I think, is probably the fear. It must be much like drowning, I guess. You know you are going to die and there is nothing anybody can do.

I guess COPD for me is a disease that I strongly, strongly urge anything that can be done to be done. I think, again, this man was a smoker, so, for me, the prevention is the smoking cessation initiatives that we have been putting forward are the most important thing at this point. I think the smoking rate for Manitobans, based on the anti-smoking initiatives to date, for Manitobans aged 15 to 19 has decreased from 29 percent in 1999 to 21 percent in 2004. These initiatives include connecting directly with youth through the Youth Advisory Committee. The YAC is comprised of 14 Manitobans aged 13 to 18 who provide advice to government on youth-focussed programs and mass media campaigns to ensure they are relevant, engaging and effective.

Expanding teen smoking-cessation programs, actually, I had the good fortune of being at one of them when they were being introduced and it was a really exciting thing for me. To my chagrin, my children smoke. It drives me crazy. In partnership with the Manitoba Lung Association, the Province is currently running and expanding the Not on Tobacco program, NOT. This program is a province-wide teen smoking-cessation program. It provides teens with information, motivation and support to assist them with quitting.

The Rate and Review Program, this was implemented in 400 schools across Manitoba and engaged youth in picking the most effective anti-smoking television and I am sure by now everybody has seen it. I still find it disturbing whenever I see one of them and I am hoping, well, they picked it so I know that it has the same impact on teenagers. This advertisement will continue again in the fall of 2005 following its successful launch in 2004.

A provincial smoking ban in public places was in response to recommendations of the All-Party Task Force on Environmental Tobacco Smoke and the overwhelming support of Manitobans, a province-wide smoking ban was implemented October 1, 2004. Again, we have to thank our member opposite for being a part of that.

I see my time is running out so I would just like to say that the Province continues to work with the Manitoba Lung Association, SmartCare and other groups in ensuring proper educational, preventative and treatment initiatives are developed and made accessible to the Manitobans affected by COPD so they can receive the best care possible. Thank you.

Hon. Jon Gerrard (River Heights): Mr. Speaker, I rise to talk briefly about this resolution. Chronic obstructive pulmonary disease is clearly a major disease that we have to deal with in Manitoba and it affects people primarily who have a history of

smoking. It comes on, shortens people's lives and creates a lot of problems with breathing. People basically have a lot of trouble being able to get enough air because of what has happened to the lungs.

The Spiriva or Tiotropium is a long-acting bronchia dilator, that is to say, it widens the airways. It acts for 24 hours and because of the long-acting nature and its effect to widen airways, it has been tried in clinical trials of chronic obstructive pulmonary disease. It has shown to improve breathing, the quality of life, to reduce hospitalizations, to reduce clinic visits and to reduce sudden worsening of chronic obstructive pulmonary disease, so-called exacerbations.

In the Liberal Party, we support this measure. It makes sense although there may be a cost to this that we would expect on a net-basis savings to come from decreased hospitalizations, decreased clinic visits, decreased exacerbations as well as providing significant improvement in the quality of life for those with chronic obstructive pulmonary disease. It makes sense to approve drugs like this quickly and to have them available for use here in Manitoba and clearly under the NDP, there has been quite a significant delay with this particular medication.

It is our Liberal belief that when there is a clearly effective drug that second-best drugs are not good enough, the quality is not as good. We lose because we do not improve people's lives and we do not save the costs resulting from preventing worsening of health problems. There are, indeed, sometimes medications. We saw this with the Cox-2 inhibitors where there are side effects or complications which are discovered after drugs have been introduced and there does need to be a monitoring process here. To my knowledge, there does not appear to be any particular problem here with Spiriva. It may raise some concerns with glaucoma, a certain type of glaucoma, but you know by and large, this medicine seems to have been well accepted and well used elsewhere in chronic obstructive pulmonary disease.

Mr. Speaker, I think that it is time. It is really past time that this medication be approved and be used appropriately here in Manitoba for those with chronic obstructive pulmonary disease.

Mr. Rob Altemeyer (Wolseley): Mr. Speaker, I am pleased to rise today and speak to the resolution which has been brought forward on chronic obstructive pulmonary disease or COPD.

***** (11:40)

I think before I get to some observations about the resolution itself, some background information might be worth noting, starting first and foremost with the observation that the vast majority of cases of this disease which, of course, involves a blocking of the passage of air through the lungs, is related to smoking. I certainly want to applaud and echo the sentiments from our former Minister of Health, the honourable minister now serving in the capacity of Energy, Science and Technology who observed that we should not in government take the route of blaming people for diseases that they suffer from and that all of our efforts should, of course, be focussed on reducing the prevalence of the illness in the first place and offering whatever comforts we may be able to do.

This is a disease which has reached a serious level, in large part, as I mentioned, given the enormous damage that tobacco usage and smoking has brought to our culture. It is one of the symptoms of our lifestyle that so many of our ultimate causes of death are not from lack of basic necessities but rather from an excess of luxuries and from an excess of consumption and a lifestyle that does not lead to very happy endings in far too many cases. I am certainly very encouraged with recent developments which show our province is turning the corner and moving in a better direction, but overall I really think we need to pay special attention to the fact that so many of these diseases can be ultimately prevented.

Mr. Speaker, 750 000 people it is estimated in Canada right now suffer from COPD. It does affect women more often than men, and something on the order of 15 to 20 percent of all smokers will end up developing some form of this disease. I do also feel the need to note that in Manitoba we actually have the lowest mortality rate in the country from COPD. It is something in the order of a rate of 25 mortalities per 100 000, and we also have amongst the highest levels of public awareness both within the general public at large and within our community of physicians.

Over 90 percent of Manitoba's physicians have indicated that they are familiar with the disease which, of course, is a very important first step in identifying treatment and providing a proper diagnosis and potential cures, and this was, in fact, the highest rate of comfort levels amongst physicians in all of Canada. Those are just a couple of the

encouraging signs that I think all of us who are concerned about this issue can take some heart in.

The resolution itself, however, and this is one of the odd things about it, does not even contain the word "smoking." It does not even mention the role that smoking plays in causing this disease and I find that very curious especially considering that the member who has introduced this proposal into the Chamber was a member of this Chamber, as was I, when the task force on smoking, the all-party task force on smoking, I might emphasize, brought its report forward, and, indeed, that itself was initially inspired by a resolution which was brought forward to this Chamber by a member of her own party, the honourable Member for Carman (Mr. Rocan).

So I do think that it is a very serious flaw in the resolution and a very curious one. It would not have been very difficult to include mention of this in the resolution, unless there was a political or a strategic reason that the member opposite chose not to mention that smoking is, in fact, a root cause of this disease.

We might also observe that the member opposite is quite fond of calling for privatization of health care in Manitoba, as is her party. We could observe that it is quite curious that, on the one hand, members of her party are advocating a health care system where only rich people would get service, where the type of treatment a person would receive depends not on how sick they are, but how much money they have in their wallet to pay for their treatments. Yet she has no problem bringing forward a resolution calling for additional financial undertakings by the public system, which the vast majority of Canadians support. Certainly, the vast majority of Canadians are diametrically opposed to her privatization ideology.

This must be a spending day on the other side of the House. As others have observed, it does go back and forth. Sometimes they want government to spend lots of money, and other times they do not want government to do anything at all. This, I think, could be properly placed as one of those inconsistencies.

We do not really get bogged down in those discussions on this side of the House, Mr. Speaker. Our focus is on reducing illness in the first place, properly recognizing what the root cause of the problems are and moving forward with progressive programming which actually makes a difference in the lives of Manitobans.

Just a few of these things to recite for you, Mr. Speaker, and anyone else who may take the trouble to read these comments on the record in the years ahead. The provincial smoking ban in public spaces comes to mind. This was, as I mentioned earlier, in response to recommendations from the All-party Task Force on Environmental Tobacco Smoke and was implemented October 1 of just last year. As a result of that and other initiatives, we can observe that the smoking rate in Manitoba has gone down.

When Manitobans were surveyed and this question was asked and analyzed back in 1999, just when our government came to power, it was found that youth in Manitoba aged 15 to 19 were consuming tobacco, and in 2004 we have found that that rate has decreased from 29 percent, a rate of 29 percent of all smokers for youth in that age group in 1999, down to 21 percent in 2004. That is quite a remarkable change in a relatively short period of time, almost on the order of 2 percentage points per year on average, and a very important trend that we must continue.

We have also brought in several other programs targeted specifically at young people. The teen smoking cessation programs, in partnership with organizations such as the Manitoba Lung Association, are producing very good results. The rate and review program, where we do not, you know, hire somebody to just sit in a room and throw darts at the wall and think, "Yeah, we think young people will like this advertisement." We actually bring young people into the process to review several different proposed ads and public communication initiatives, and their input shapes our ultimate decision on which advertisements are then communicated to the general public. It is a very worthwhile approach and gets right to the source of the people that we want to help.

I should also mention, Mr. Speaker, that it is not as if there are no drugs available now though our public Medicare system in Manitoba to help treat this awful disease. The proposal from the member opposite is, in fact, advocating increased use of a pharmaceutical which is a secondary treatment level. There are other medicines which physicians are encouraged to use first with their patients to see if those medications might, in fact, be more appropriate. Then this would only be a secondary treatment.

I do not say that to in any way discount the positive benefits of this pharmaceutical, but just

reading the resolution you could very easily be left with the impression that there are no pharmaceuticals available at all–

***** (11:50)

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

Mr. Cliff Cullen (Turtle Mountain): Thank you very much for the opportunity to speak on this very important resolution put forward by the member from Tuxedo. It also allows me to speak a little further to my private member's statement that I made a week ago in regard to World COPD Day.

Mr. Speaker, as we know, chronic obstructive pulmonary disease, or COPD, is a silent and generally unknown condition that causes the airways of the lungs to become obstructed or blocked, making it very difficult to breathe. It is often compared to being the same as breathing through a straw.

Mr. Speaker, on a personal note, I know what it is like to suffer from lung conditions. A number of years ago, I suffered from asthma. I did not know at the time exactly what it was, but I had chronic coughing fits during the night, and it did take some time before the doctors were able to determine exactly what it was. So, fortunately for me, through proper treatment and some medication, I was able to overcome that particular disease and now everything seems to be going quite well. I do know we had the same situation for one of my sons when he was quite a bit younger. He had some lung trouble when he was quite young, and we had to take him to the doctor a number of times for treatment. Luckily again, Mr. Speaker, through medication, he overcame that and now seems to be quite trouble-free in his lung condition.

So I think the point of the matter is that a lot of these lung conditions can be treated with the proper medication, and I think we will further speak to some of the drugs that are now available for COPD. When researching COPD, and I guess another issue we had last year, some of the people in Manitoba wanted to make sure the issue was brought forward to the legislators. In fact, we had an information day last spring here at the Legislature where we had a lunch, a very good lunch, and they brought in some experts to discuss COPD. It was a very informative day for us, and I, of course, at that time was not really aware of the significance of this particular disease.

From that and over the last month or so, we have been able to do a little more research to come up with some significant facts in regard to COPD. Mr. Speaker, a lot of these facts are very, very disturbing. In fact, one Canadian will die every hour from COPD. So quite clearly it is a very significant disease, and it has certain ramifications, particularly for Manitoba. In North America, COPD is the only leading cause of death that is increasing in prevalence, and in my mind, that is a very disturbing statistic. More than 750 000 Canadians suffer from COPD and hundreds of thousands of Canadians already have the disease and do not even know it yet.

Mr. Speaker, within five years, COPD will replace breast cancer as the leading cause of death among women. Also, within seven years, COPD will be responsible for one out of five deaths among men. However, new drug therapies are available and have been found to reduce the lengthy hospital stays. As we know, the hospital stays certainly have a very important impact on Manitoba.

So, it goes without saying that these drug treatments are very important for Manitobans and very important for the hospital bills that we face as Manitobans. So I think, in reality, there is a saw-off where we can put money into the treatment of this disease with these new drugs that are available versus the cost we are facing in treating the disease. COPD, of course, is treatable, although it is not curable at this time. Many advocacy groups have been calling on the provincial Minister of Health (Mr. Sale) to adhere to the Canadian Thoracic Society guidelines by approving the preliminary coverage for an innovative medicine called Spiriva.

Now this medication is available in formularies in almost every Canadian province. The application for this coverage in Manitoba was made back in January of the year 2003. We know the opportunities to introduce standardization for COPD information should exist. However, we do not have a mechanism for any co-ordinated approach for this treatment, and the rehabilitation, that sort of thing, does not exist in Manitoba. These plans are in place in provinces such as British Columbia and Alberta, and I think, Mr. Speaker, it is important that we in Manitoba have a strategy to make people aware of the significance of this particular disease and, as well, make Manitobans aware of the preventative measures that can be taken to prevent the disease.

Quite clearly, the Legislature here has taken the initiative where we have the no-smoking ban across

Manitoba or I should say in most parts of Manitoba. We still do have some issues with some smoking in some of the Aboriginal communities that we think should be addressed by this government. We think they should step up to the plate and really stamp out this two-tier smoking that we do have in Manitoba. So we ask them to have a serious look at that and take that issue one step further.

In terms of the residents of Turtle Mountain, I was quite troubled to find the graph where it compared the rate of hospitalizations per 1000 people. It was very troubling. The men age 70 and over, in that particular category, in the Turtle Mountain constituency, the rate of hospitalizations per 1000 people was more than double the provincial average rate. Of the women age 70 and over, the rate was approximately 20 percent higher than the provincial average. So, clearly, it has a major impact on the people of Turtle Mountain. I guess on the upside, for the people 70 and younger in Turtle Mountain the rates were very comparable to the provincial rate. So, hopefully, we can pass on some of the information we know about COPD to the people of Manitoba and really make them aware of the issues that cause problems in Manitoba.

We do know that the main cause of COPD is cigarette smoking and it is very significant for us in Manitoba. It is at this point in time the fourth leading cause of death among men and the fifth leading cause among women. So it certainly is a very, very important disease that I do not think a lot of people are aware of.

So, Mr. Speaker, with those few words, I think I would just like to end my comments. There is certainly a lot more information that we have on COPD that I think we should be getting out to the people of Manitoba. With that, I certainly ask all members of the Assembly to join me and our caucus in supporting this application for this particular drug, and we hope that this resolution would move forward. Thank you very much.

Mr. Doug Martindale (Burrows): I commend the Member for Tuxedo (Mrs. Stefanson) for putting this resolution on the Order Paper and giving us the opportunity to talk about prevention and other important things that the member left out of her speech, regrettably.

I note with interest that there is actually a connection between the Good Samaritan bill that we were debating earlier this morning and this bill, and that has to do with the remarks by the Member for Kildonan (Mr. Chomiak) who said that we should never blame people who are sick because they may have caused their sickness, and he was referring to people who smoke.

The connection with the story of the Good Samaritan is that Jesus' listeners would have known that these people were walking on the road from Jerusalem to Jericho, which went down about 4000 feet, and it was known as the Bloody Way because this was where the brigands and the robbers hid out. So his listeners, when they heard that the man was travelling alone, they would have said, "Well, it is his own fault. He got himself into trouble, so why should we feel sorry for him?" Jesus, of course, turns that on its head, and says, "We should help those who are in need regardless of how they got into their predicament."

I think that is a similar point that the Member for Kildonan was making, that we should not blame those who get sick even if it was caused by smoking. *[interjection]* As the Member for Pembina (Mr. Dyck) says, "We should help them." That is the basis of our Canadian health care system, is that we provide access to all. There are people who have suggested that people who cause their own ill health should pay for it, like smokers, et cetera. That is not the way we do things in Canada and that is a good thing.

Now, unfortunately, my time is quickly running out, but I look forward to having eight minutes or so next time to talk about the contents of the resolution in front of us and of the many good things that we are doing in terms of prevention. I would point out that contrary to what one of your members was saying today about not adopting bills from the opposition, it was one of her own colleagues who introduced a non-smoking bill that the government acted on and brought in province-wide–

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

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

LEGISLATIVE ASSEMBLY OF MANITOBA

Thursday, November 24, 2005

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