

**Third Session – Forty-First Legislature**  
**of the**  
**Legislative Assembly of Manitoba**  
**Standing Committee**  
**on**  
**Private Bills**

*Chairperson*  
*Mr. Greg Nesbitt*  
*Constituency of Riding Mountain*

**Vol. LXXI No. 2 - 6 p.m., Wednesday, October 31, 2018**

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**MANITOBA LEGISLATIVE ASSEMBLY**  
**Forty-First Legislature**

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**LEGISLATIVE ASSEMBLY OF MANITOBA**  
**THE STANDING COMMITTEE ON PRIVATE BILLS**  
**Wednesday, October 31, 2018**

**TIME – 6 p.m.**

**LOCATION – Winnipeg, Manitoba**

**CHAIRPERSON – Mr. Greg Nesbitt**  
*(Riding Mountain)*

**VICE-CHAIRPERSON – Mr. Len Isleifson**  
*(Brandon East)*

**ATTENDANCE – 11 QUORUM – 6**

*Members of the Committee present:*

*Hon. Messrs. Gerrard, Pedersen, Wharton*

*Mr. Allum, Mrs. Guillemard, Messrs. Helwer, Isleifson, Lindsey, Michaleski, Nesbitt, Swan*

**PUBLIC PRESENTERS:**

*Bill 230–The Fetal Alcohol Spectrum Disorder Awareness Day Act*

*Ms. Debbie Cielen, FASD Life's Journey*  
*Mr. Ab Chudley, private citizen*

*Bill 216–The Human Rights Code Amendment Act*

*Ms. Kristen Hardy, private citizen*  
*Ms. Angie Herrera, private citizen*  
*Ms. Debbie Mintz, private citizen*  
*Ms. Isha Khan, Manitoba Human Rights Commission*  
*Mr. Alexander Edye-Mazowita, private citizen (by leave)*  
*Ms. Samantha Rayburn Trubyk, private citizen*  
*Ms. Lindsey Mazur, Manitobans Against Weight Stigma*

**WRITTEN SUBMISSIONS:**

*Bill 216–The Human Rights Code Amendment Act*

*Alexander Edye-Mazowita, private citizen*  
*Ian Patton, Obesity Canada*  
*Kaileigh Tod, private citizen*  
*Laura Elliott, private citizen*  
*Melissa Flick, private citizen*  
*Shirin Moossavi, Obesity Canada–Student and New Professional, Manitoba Chapter*  
*Kristy Wittmeier, private citizen*  
*Jocelyn Greenwood, private citizen*

*Bill 230–The Fetal Alcohol Spectrum Disorder Awareness Day Act*

*Carie McIntosh, Manitoba FASD Coalition*  
*Joanne Wyman, The Pas and Area FASD Committee*  
*Lisa Balcaen, FASD Family Network Advisory Council*  
*Maraleigh Short, Touchstone FASD Program*

**MATTERS UNDER CONSIDERATION:**

*Bill 216, The Human Rights Code Amendment Act*

*Bill 230, The Fetal Alcohol Spectrum Disorder Awareness Day Act*

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**Mr. Chairperson:** Good evening. Will the committee on–Standing Committee on Private Bills please come to order.

Our first item of business is the election of a Vice-Chairperson.

Are there any nominations?

**Mr. Brad Michaleski (Dauphin):** I nominate Mr. Isleifson.

**Mr. Chairperson:** Mr. Isleifson has been nominated.

Are there any other nominations?

Hearing no other nominations, Mr. Isleifson is elected Vice-Chairperson.

This meeting has been called to consider the following bills: Bill 216, The Human Rights Code Amendment Act; Bill 213, The Fetal Alcohol–Bill 230, The Fetal Alcohol Spectrum Disorder Awareness Day Act.

We have a number of presenters registered to speak tonight, as noted on the lists of presenters before you. I would like to inform all in attendance of the provisions in our rules regarding the hour of adjournment. A standing committee meeting to consider a bill must not sit past midnight to hear public presentations or to consider clause by clause

of a bill, except by unanimous consent of the committee.

Written submissions from the following persons have been received and distributed to committee members: Alexander Edye-Mazowita, private citizen on Bill 16; Ian Patton, Obesity Canada, on Bill 216; Kaileigh Tod, private citizen, on Bill 216; Laura Elliott, private citizen, on Bill 216; Melissa Flick, private citizen, on Bill 216; Shirin Moossavi, Obesity Canada—Student and New Professional, Manitoba Chapter, on Bill 216; Kristy Wittmeier, private citizen, on Bill 216; Jocelyn Greenwood, private citizen, on Bill 216; Carie McIntosh, Manitoba FASD Coalition, on Bill 230; Joanne Wyman, The Pas and Area FASD Committee, on Bill 230; Lisa Balcaen, FASD Family Network advisory council, on Bill 230; Maraleigh Short, Touchstone FASD Program, on Bill 230.

Does the committee agree to have these documents appear in the Hansard transcript of this meeting? *[Agreed]*

Before we proceed with presentations, we do have a number of other items and points of information to consider.

First of all, if there is anyone else in the audience who would like to make a presentation this evening, please register with staff at the entrance of the room.

Also for the information of all presenters, while written versions of presentations are not required, if you are going to accompany your presentation with written materials, we ask that you provide 20 copies. If you need help with photocopying, please speak with our staff.

As well, in accordance with our rules, a time limit of 10 minutes has been allotted for presentations, with another five minutes allowed for questions from committee members. If a presenter is not in attendance when their name is called, they will be dropped to the bottom of the list. If the presenter is not in attendance when their name is called a second time, they will be removed from the presenters' list.

Prior to proceeding with public presentations, I would like to advise members of the public regarding the process for speaking in committees. The proceedings of our meetings are recorded in order to provide a verbatim transcript. Each time someone wishes to speak, whether it be an MLA or a presenter, I first have to say the person's name. This

is the signal for the Hansard recorder to turn the mics on and off.

Thank you for your patience. We will now proceed with public presentations.

**Mr. Andrew Swan (Minto):** Can you canvass the committee to see if there's leave for Lindsey Mazur, who's right now the No. 1 presenter on Bill 216, to move to be the last presenter on Bill 216.

Usually, people want to go first and get out of here, but Ms. Mazur's asked if she can be dropped to the bottom.

**Mr. Chairperson:** So the committee has heard the request of Mr. Swan for the No. 1 presenter, Lindsey Mazur, to go last.

We also have a request from presenter No. 2, Samantha Rayburn Trubyk, to go second last. Is that agreeable? *[Agreed]*

I will now call on Kristen Hardy.

**Mr. Reg Helwer (Brandon West):** Yes. I recommend that we review Bill 230 first, followed by Bill 216.

**Mr. Chairperson:** What is the wish of the committee? *[Agreed]*

#### **Bill 230—The Fetal Alcohol Spectrum Disorder Awareness Day Act**

**Mr. Chairperson:** Proceeding with Bill 230, I will now call on Debbie Cielen, FASD life journey.

Good evening. Do you have any written materials for distribution to the committee?

**Ms. Debbie Cielen (FASD Life's Journey):** Yes, I do. I have handouts. I have 20 copies.

**Mr. Chairperson:** Ms. Cielen?

**Ms. Cielen:** Yes.

**Mr. Chairperson:** Just remember I have to recognize you before you speak. So, do you have any written materials for distribution to the committee?

**Ms. Cielen:** Yes.

**Mr. Chairperson:** Please proceed with your written presentation.

**Ms. Cielen:** Thank you very much.

Boozhoo, committee members. My name is Debbie Cielen and first and foremost I'd like to acknowledge my spirit name, Mino Gaa Gia Kido Mikinaak, which is Good Talking Turtle. I am an

elder, director of Indigenous Spiritual Care at life journeys FASD incorp. and I'm here today to provide an indigenous perspective and support to the Bill 230, The Fetal Alcohol Spectrum Disorder Awareness Day Act and I wish to speak on intergenerational trauma and about our next generations of parents, as well as community addressing this stigma surrounding FASD.

I want to begin with intergenerational trauma is the great historical pain of grief and loss caused from the impacts of Indian residential schools, the unconscious internalization our youth and young adults carry with them caused from the impacts of Indian residential schools, the unconscious internalization of intergenerational trauma of identifying loss and pain the young people struggle with and most often are not even aware they're struggling with the intergenerational trauma.

In my former work of 11 years, I supported former Indian residential school survivors through the process of the Indian residential schools agreement, including their family members. I attended over 450 independent assessment hearings and six TRC events across Canada.

I just would like to share some of the words of regret most often that are shared by those survivors that I supported, and they are: I didn't know how to parent my children; I was a very angry parent; I disciplined my children unfairly and with physical violence; I couldn't hug my children or say I loved them, and I was told our cultural teachings and ceremonies were bad and that it was devil worshipping.

I also want to share with you today a perspective of the intergenerational family members and the things they have shared with me.

\* (18:10)

My mother couldn't hug me or tell me she loved me. My mother drank a lot of alcohol and used drugs, and I didn't know why. I was in and out of Child and Family Services care. I found out later that my—from my auntie, my mother attended Indian residential schools and was abused badly at that school. I don't know anything about my cultural teachings. I'm afraid to practise my culture. I was told by my family it was evil and bad.

I share with you this intergenerational impacts. I also share with you the examples of the loss, hurt, guilt and shame caused from Indian residential

schools and its impact of intergenerational trauma on our young people today.

Bill 230, The Fetal Alcohol Spectrum Disorder Awareness Day Act, will be a powerful tool that will reduce stigma through awareness, understanding, knowledge and wisdom. Each indigenous community has its own traditional knowledge, teachings and customs about women, pregnancy and childbirth. The knowledge keepers and grandmothers and grandfathers and elders have teachings on indigenous identity, ceremonial practices to guide the next generation of parents, and these are: traditional teachings about the alcohol spirit and pregnancy; traditional relationship teachings versus relationships with the alcohol spirit; cultural identity and spiritual confusion teachings to restore and re-establish indigenous identity and indigenous spirituality; practice of the rights of passage for the youth; roles and responsibility teachings; gift of life sacred ceremony teachings, such as the spiritual meaning of conception and pregnancy, such as the full moons teachings and the sacred water teachings. The sacred journey teachings of carrying a child for nine months in itself is a ceremony, and these teachings need to be brought forth fully and taught.

Indigenous women who misuse alcohol in their pregnancy do so to cope with intergenerational trauma. Indigenous women need the support of all community members, institutions in society as a whole. The stigma of blaming and shaming retraumatizes indigenous women deeply, triggering intergenerational trauma symptoms in unhealthy cycles of sadness, hopelessness, worry and despair, forcing them to—into isolation and yet, again, coping with alcohol to numb their pain.

In closing of our—my presentation today, I want you to please refer to the Looking After Each Other dignity promotion web that I provided with you today. I, as a individual in the FASD community, am working with Healthy Child Manitoba in this project, we collaborated and provided the guidelines and the purpose of our project. And I just want to explain the purpose. The purpose: to promote dignity by shifting social attitudes in relation to FASD. And what are they? Cultural safety, 'inclusivity,' promising practice, social detriments of health, a trauma-informed practice, do no harm or do less harm, anti-oppressive, the harm reduction.

The guidelines here symbolize the need for—to ensure that the work is always respectful and that

we—we're seeking—that we are seeking to support, and that we check ourselves on being strength based and that we truly engage in our participants and our communities while doing the work.

And we have three subcommittees. The subcommittees are the research committee, common language, popular education subcommittees. And I'll speak from the three years that I've been on board and doing land-based teachings with a collaboration of everybody coming together across Manitoba to teach about indigenous culture with the various elders in the community. And I believe that having their act today will be such a powerful tool to reduce the stigma harm for all people living with FASD and the next generation of parents and the grandchildren and great-grandchildren of the Indian residential schools trauma.

This guideline here is the beginning and it will be—it is being used across Manitoba. So I want to give—I want to thank you today. And, if there's any questions about this, please, I'd be willing to answer.

**Mr. Chairperson:** Thank you for your presentation, Ms. Cielen.

Do members of the committee have questions for the presenter?

**Mrs. Sarah Guillemard (Fort Richmond):** Ms. Cielen, I just wanted to thank you for coming tonight and sharing your wisdom from years of experience listening to other people's pain and the lives that they've had to endure. And thank you for talking the time to understand them by listening.

It was my hope, and it's still my hope, that this bill will create an atmosphere for everyone to open up a dialogue, that we all can learn to listen and learn from each other and support each other towards healing.

So thank you very much for your presentation. And, if there was one key message that you wanted to emphasize tonight in terms of moving forward and what we should be looking at when we're dealing with this bill or on September 9th, what would that one key message you'd want people to be left with?

**Ms. Cielen:** I think the one thing that I would like is a clear, a very clear, safe communication to the public of the issues that many people, including indigenous women, face when it comes to the intergenerational facts and their vulnerabilities to cope, and how they're coping. My wish is that it's communicated clearly their vulnerabilities.

**Mr. Andrew Swan (Minto):** Ms. Cielen, I want to thank you for coming down and presenting to us, and for sharing your perspective with us. It's very helpful.

I'm going to ask, I think, a variation on a theme of what Ms. Guillemard asked. This is private member's—or private bills. So there's no government money attached to the bill going ahead; it would be an awareness day. Are there things that you think the government of Manitoba could do in addition to simply having an awareness day? Are there investments or other things you believe government can and should do to try to further the goals of this act?

**Ms. Cielen:** When we're talking about the stigma of women and how they're treated, I think the communication is to also include the intergenerational impacts in addition to the already harsh stigmas the women face in the community.

**Hon. Jon Gerrard (River Heights):** Thank you for coming and talking about this bill, and its importance. I think that one of the things that you are trying to communicate is that this is an important step on the journey of reconciliation.

**Ms. Cielen:** Yes, it is. It is a very important step towards reconciliation, because when we look at the calls to action No. 33, we call upon the federal, provincial and territorial governments to recognize it's a high priority and need to address and prevent fetal alcohol syndrome disorder, and to develop, in collaboration with Aboriginal people, FASD preventive programs that can deliver in a culturally appropriate manner.

\* (18:20)

**Mr. Chairperson:** Thank you, Ms. Cielen.

I will now call on Dr. Ab Chudley, private citizen.

Do you have any written materials for distribution to the committee?

**Mr. Ab Chudley (Private Citizen):** Yes, I do.

**Mr. Chairperson:** Please proceed with your presentation, Dr. Chudley.

**Mr. Chudley:** Yes. Well, thank you very much for the opportunity to present to the committee, and I'd like to discuss a little bit about reasons for my support of this particular bill that is to enact FASD awareness day act.

FASD is the most common preventable cause of developmental disabilities, birth defects, behavioural difficulties in children and adults. A recent population school-age study in Ontario—in fact, the greater Toronto area—showed that the prevalence that we initially thought was around 1 per cent, in fact approaches 3 to 5 per cent, and US studies in mid-western, eastern seaboard and western seaboard cities in the US show a similar prevalence.

So we are faced with a large segment of our population who live with FASD, and surprisingly, in which the majority have never been evaluated, diagnosed or properly received support.

Manitoba's been a leader in FASD research and support and we have a reputation that spans the globe. It's timely that we recognize this reputation and urge on others in improving the lives of FASD individuals. Having the Manitoba Legislature enact a day dedicated to FASD awareness has important practical and symbolic significance.

Every year on September the 9th at 9:09 a.m., we will be reminded of the need to continue supporting families, children and adults affected with FASD to develop systems of care that'll improve the lives of thousands of our citizens. This awareness day will remind Manitobans of the need to support research for better ways to prevent, treat and manage the hundreds of known physical and mental health conditions present in FASD individuals.

I participated in research recently published in the British journal *The Lancet* last year with colleagues at the University of Toronto and the addictions centre Dr. Popova, and we identified over 200 different conditions in the international code for diseases, or classification of diseases, that are occurring at a higher prevalence rate in individuals diagnosed with FASD when compared to the general population.

So we're dealing with a profound effect on the individual and how they actually function within our society, and this has a huge impact on everybody.

So one way to help reduce the effects of prenatal alcohol exposure is partnering with the alcohol industry. The role of the alcohol industry in FASD prevention, and the conflict of interest that this poses, are important to acknowledge. An imbalance exists between the extensive advertising of alcohol products relative to the comparatively few messages focusing on the potential harms associated with alcohol use.

We all share in the obligation to act for the benefit of society at large. The industry has recognized the need for the benefit of demonstrating corporate social responsibility because the industry supports alcohol-related research programs.

Of concern are advertisements that promote alcohol products targeted particularly at youth and particularly young women. The alcohol industry, physician organizations, and public health agencies and government authorities need to partner in directing more public and private collaborations for prevention research and effective public education to highlight potential harms of alcohol use in the pregnancy, and this includes the risk for FASD.

I'm grateful to my colleagues and friends, Brian Philcox and Bonnie Buxton from Ontario, who first proposed FASD awareness day back in the summer of 2009. September the 9th, the month and day were selected to highlight the nine months of pregnancy when women and their—ideally, their partners, should abstain from drinking alcohol.

Brian and Bonnie have a daughter living with FASD. Bonnie wrote about her experiences with health-care professionals, educators, social workers, psychologists and others as they tried—as she and Brian tried to navigate the systems of care to help diagnose and properly treat their daughter. I'd like to recommend to the committee and those other interested members of the public to read Bonnie's book, entitled *Damaged Angels*, to get a better understanding of the scope of FASD.

I'm grateful to the honourable member from Fort Richmond, Sarah Guillemard, for her compassion and vision to improve awareness of all disabilities and various illnesses affecting Manitoba children and families, and by her effort, her tenacity and her foresight in bringing forward this private member's bill, 230.

I attended the first and second reading of the bill in the visitor's gallery and I was impressed by the passion that is aroused among the members of the House as this bill was debated. It's my belief that passing Bill 230 will add further legitimacy to this awareness day that is celebrated across Canada and internationally. I also hope that having the Manitoba legislator—Legislature support FASD awareness will result in an annual reminder of the need of ongoing efforts of continuing further advances to support FASD individuals in our care. Thank you.

**Mr. Chairperson:** Thank you for your presentation, Dr. Chudley.

Do members of the committee have questions for the presenter?

**Mrs. Guillemard:** Yes, Dr. Chudley, I do want to start by declaring that I may have a little bit of a bias against this particular presenter—or, for, sorry—for—*[interjection]*—I know a lot about—*[interjection]*

Of course, this whole topic and the reason behind the bill is because I was raised in a home that spoke openly about the research being done surrounding FASD and those affected, because Dr. Chudley is my father, and he was very wise to bestow some of the lessons he's learned. And some of that did stick.

Although I'm not an expert in this field, I recognise there are many experts in the field who have done an amazing amount of work to promote awareness, to give the information to the people who need it and to create programs to support those who are living with FASD and their caregivers.

And I do want to thank you for all of your efforts to help navigate and bring together people for this issue.

I do have a question about—at one point I had received information about how alcohol consumption might even alter the father and—in terms of his offspring, and I was wondering if you could maybe touch on that a little bit and share with the committee.

**Mr. Chudley:** Thank you.

Yes, the reason that I mentioned partner is, (1) the attachment, and sometimes women drink because the partner's drinking and the woman often is in an abusive, bullied situation.

But there is biological evidence, looking at the elements that—within the cell that control the replication of DNA that then is important in actually translating into a protein, that these control elements can be altered by alcohol, and the effects of the genes are not just on the egg or the fetus, but also can affect the sperm. And there is evidence, clinically, that children born to alcoholic fathers, controlled for mother's drinking—where she's not drinking—show in excess problems with externalized behaviour, impulsivity and a higher incidence of behavioural issues.

So that this is not just a woman's issue; this is a couple issue, this is a societal issue. And we're fighting against the tradition and the culture of alcohol in our society. And it's a tough issue to really solve, but we need to persist and pursue other avenues to mitigate the issues.

\* (18:30)

**Mr. Swan:** Dr. Chudley, thank you for coming down. As we understand, you already have a pretty regular audience with at least one MLA, but you've got 11 MLAs listening to you from three different parties.

I just want to pursue the last thing you said in your presentation, which is you hope this day will be a reminder of the need of ongoing efforts of continuing further advances to support FASD individuals in our care.

You spoke a little bit about partnering with the alcohol industry to try to improve social responsibility. In front of the 11 of us, are there other things you want to put on the record that you believe would improve and advance the way that we deal with people living with an FASD in our society?

**Mr. Chudley:** I've been thinking about that after you gave me a heads-up. I think it's—this bill is not going to lead to any additional cost, but there are other improvements in what we're doing and how we use the research money and the money in our systems of care. And, of course, FASD impacts more than just the medical system. It impacts social services, justice. It impacts education. It impacts housing and employment for older adolescents and adults. So there are profound costs involved in this. But the cost of not doing anything is much, much greater to the average citizen than us putting more towards supporting all these different areas and departments the government is involved with.

My suggestion is—I'm aware that Manitoba Liquor & Lotteries does have a social responsibility of 2 per cent of their net income going to provide supports for FASD initiatives within the province, and I think that's highly commendable. I think there needs to be a partnering up and a owing up to a greater amount, more than the 2 per cent, and some—

**Mr. Chairperson:** I'm sorry, Dr. Chudley. I'd have to cut you off here. That's the end of our question period.

Thank you very much for attending.



**An Honourable Member:** Can I ask for leave to allow Mr. Chudley to answer—finish answering the question and to allow Jon Gerrard the opportunity as well to pose a question.

**Mr. Chairperson:** Is there leave—Mr. Swan.

**Mr. Swan:** Yes, just asking if there's leave to allow Dr. Chudley to finish the answer he was giving us, but also allow the member for River Heights to pose a question and have an answer.

**Mr. Chairperson:** Is there leave of the committee? *[Agreed]*

Continue, Dr. Chudley.

**Mr. Chudley:** I was saying the partnership, maybe with government and the industry, can work together to bring about programs that are aimed at more than just responsible drinking but abstinence in a pregnancy.

**Mr. Gerrard:** Thank you, first of all, for all your contributions to helping us better understand FASD and the nature of the condition and to help in your efforts in preventing it.

I certainly detect a note of pride with regard to the MLA for Fort Richmond in your presentation, and I think that's justifiable.

My question has to do with the issue of learning disabilities, which, I think, are really critical in a broad sense, and to just comment on the extent to which children and adults with FASD have learning disabilities, the importance of help in this area and the difference that that can make and whether things like nutrition can have an impact. *[interjection]*

**Mr. Chairperson:** Dr. Chudley.

**Mr. Chudley:** Yes, I've always, when I talk to students or colleagues about that issue—and I forgot the question. I had a great answer, though.

**Mr. Gerrard:** Just a comment on learning disabilities to the extent they're associated with FASD.

**Mr. Chudley:** It's a complex disorder, and nutritional factors actually are contributing. And it may be that some individuals are more at risk than others in terms of the effects of those nutritional deficiencies plus the presence of alcohol. So it's a complex disorder. But you don't get FASD without the alcohol exposure. And I think there was another part of your question. *[interjection]*

**Mr. Chairperson:** Dr. Gerrard.

**Mr. Gerrard:** Yes, learning disabilities and how frequent they are and what can be done.

**Mr. Chudley:** It's hard to get used to being acknowledged.

So the learning disabilities are part and parcel of the presentation of FASD, frequently. It doesn't explain all the learning disabilities, although when we do a diagnostic assessment, the assessments are quite intensive and involved and use a lot of other professionals in the assessment of the child's brain and its function and behaviour and social responses.

So it's—it becomes—and we're very stringent in the diagnostic process, to arrive at a diagnosis of FASD. So I think we may miss mildly or less severely affected children. So I think alcohol probably is responsible for a lot more than what we gain through prevalent studies and the diagnostic clinic assessments.

**Mr. Chairperson:** Thank you, Dr. Chudley.

**Bill 216—The Human Rights Code  
Amendment Act**  
*(Continued)*

**Mr. Chairperson:** We're now going to move on to Bill 216, The Human Rights Code Amendment Act.

I will now call on Kristen Hardy, private citizen.

Good evening, Ms. Hardy. Do you have any written materials for distribution to the committee?

**Ms. Kristen Hardy (Private Citizen):** I do.

**Mr. Chairperson:** Please proceed with your presentation.

**Ms. Hardy:** I'd like to begin by acknowledging that tonight I'm speaking on the traditional territory of the Anishinabe, Cree, Oji-Cree, Dakota and Dene peoples and the homeland of the Metis Nation.

My name is Kristen Hardy. I'm a faculty member at the University of Winnipeg and at Brandon University. I work primarily as a medical sociologist. One of my areas of research is weight bias; in particular, the ways that Western society has historically represented and continues to represent fat bodies and fat people as abnormal, as pathological and as less than fully human. So I thought I would take this opportunity to speak briefly to the committee about why this proposed amendment to our Human Rights Code is so important from the perspective of someone who does some work in this area.

In terms of quantitative and qualitative data on discrimination, we have somewhat limited Canadian sources on weight bias as a social determinant of health, of mortality and what sociologists call life chances—that is, the opportunities that one has to improve their quality of life. But we do have many studies from the US and the UK that are suggestive of just how severe the effects of weight bias actually are in contemporary Western societies.

First of all, there's no doubt from the literature as a whole and from the testimonies of the lived experience of fat people that weight bias harms and kills. It harms and kills people through denial of needed medical care for both physical and mental health issues. It harms and kills people through active forms of medical malfeasance, including dangerous but highly profitable weight loss interventions like bariatric surgeries, which include surgical procedures that literally amputate portions of a healthy digestive tract to induce permanent anorexia. And it's legal in Canada. It harms and kills people through depression, substance abuse, eating disorders and suicide as a result of bullying, harassment and social exclusion in schools, in the workplace and in society at large. It harms and kills people through systemic employment discrimination and, consequently, what we now understand to be the profound effects of poverty on health and mortality rates. In fact, some estimates suggest that the number of deaths attributable to the direct and indirect effects of weight bias in the US alone may number into the tens or even hundreds of thousands every year.

Secondly, sizeism has effects that may not always be fatal in outcome but may severely limit people's well-being and opportunities. For example, in one study carried out in the UK in 2015, 45 per cent of employers surveyed said that they would hesitate to hire a fat person regardless of their qualifications. This tallies with the findings of American research, suggesting that weight-based discrimination may be as prevalent as racial discrimination and, even more disturbingly, actually appears to be on the increase.

\*(18:40)

Much of this discrimination stems from persistent false beliefs about fatness, for example, that being fat is a choice when, in fact, we know from research that weight is primarily genetically determined.

Or the myth that fatness and fat bodies are inherently unhealthy, a belief which is in no way

consistent with research findings. In fact, recent studies point to weight-based stigma as one of the most significant threats to fat people's health and well-being and demonstrate that in societies without pervasive weight bias, that is, in societies in which fat people have equal access to jobs, to health care, to education, to housing and so forth, the health outcomes and mortality rates of fatter and thinner persons are similar.

The nature of these myths of the fat body as a result of choices and the fat body as pathological, as well as the failure to recognize weight diversity as a normal inherent characteristic of all populations, will likely sound familiar. Other groups, most recently LGBTQ populations, have had to struggle against similar biases and false narratives to achieve greater societal acceptance and to bring about the implementation of protective legislation akin to that which is being considered here today.

Not only do the mechanisms of weight bias parallel those of other forms of systemic bias, but the experiences and impacts of this form of prejudice also intersect with other forms of discrimination.

Sizeism, is, for example, strongly gendered. Research in the US suggests that weight discrimination costs very fat women an average of \$19,000 in earnings per year. I did not misspeak—\$19,000 in earnings per year on average simply as a result of diversity in size.

Studies have also found that fat women are disproportionately confined to low-wage, physical-labour-intensive jobs and are virtually excluded from high executive positions.

Not only is sizeism a gendered issue, but it is also deeply intertwined with racial bias. We have a long and shameful history of using fat-phobic beliefs about size and health as one of the justifications for colonization, an ongoing anti-indigenous bias within health care, education and other sectors.

As our institutions today work towards achieving reconciliation with indigenous communities, the need to dismantle the prejudices that have upheld that history of oppression is extremely pressing and weight bias is a very real component of these oppressive structures.

Now, no one is naive enough to believe that amending The Human Rights Code alone is sufficient to eliminate any form of systemic discrimination. Sizeism, like other forms of bias and bigotry, is deeply rooted within our cultural norms,

beliefs, and representations, our social structures and our institutions.

Nevertheless, this amendment is an essential tool, especially at the provincial level, given the Province's significant jurisdiction over sectors like health care, employment, and education, many of the very institutions in and from which fat people are most likely to face bias and discrimination.

But perhaps even more important is the symbolism of Bill 216. The explicit inclusion of size and weight-diverse people within our Human Rights Code testifies to our desire to counter the long history of systemic dehumanization of people based merely on the configuration of their bodily tissues.

With this amendment, Manitoba has a valuable opportunity to be recognized and remembered as a pioneer in Canadian human rights legislation, a fitting accompaniment, I think, to the much-treasured presence of Canada's national human rights museum here in our province.

So I'm asking this committee to please do their utmost to see that this amendment is passed in order to offer increased protection and legal recourse to the thousands of Manitobans impacted by sizeism and weight bias, but also to make a decisive statement that our province will not stand for some human beings being treated as less valuable as persons, as less than full members of our society and as less than fully human simply because of the appearance of their bodies.

Thank you.

**Mr. Chairperson:** Thank you for your presentation, Ms. Hardy.

Do members of the committee have questions for the presenter?

**Hon. Jon Gerrard (River Heights):** Thank you for your presentation, which was very powerful.

Can you talk for a moment about the impact of sizeism and weight bias in schools and in the education system?

**Ms. Hardy:** I'll say that I'm not an expert. The research that I have seen, and I believe this is coming out of the US context, is that weight is actually the leading criteria for bullying in the US. In fact, I believe it comes ahead of sexual orientation, which is, of course, a profound—a profoundly prevalent form of bullying in schools.

Certainly, if you look at the testimonies of people who are fat and their own lived experience, many have extremely negative experiences with schooling. Many talk about having dropped out of schooling before completing due to the bullying and the prejudice they faced.

Many have spoken about receiving bullying even from teachers, have spoken about the way that anti-fat bias is, in some cases, actually integrated into the curriculum, into health and physical education curriculums, using outdated material and failing to turn to critical literature.

**Mr. Andrew Swan (Minto):** Thank you for presenting.

I haven't heard a lot of arguments against this bill. One that I have heard is to say, well, there's already sections of The Human Rights Code that protect people against discrimination based on a disability.

Do you think that someone who is discriminated against because of their weight or their size should have to go and say that they're disabled in order to have protection?

**Floor Comment:** I certainly don't. Certainly not all fat people—

**Mr. Chairperson:** Ms. Hardy.

**Ms. Hardy:** Sorry. I don't. Not all fat people are disabled. Not all fat people identify as disabled. For most fat people, their weight does not impede physical tasks in any significant way.

What does impede them is stigma and bias and discrimination. I think that it is, of course, valuable to have those—essential to have those provisions against discrimination on the basis of disability, and that some fat people might find it appropriate to use those, but by no means does that cover, I would say, the vast majority of cases in which people are facing weight-based discrimination.

**Mr. Reg Helwer (Brandon West):** Thank you for your presentation, Ms. Hardy. I noticed, through your bibliography here, much of your research refers to American publications. And you did refer to US and Canada—there's one here, I think, from Canada.

But do you see any differentiation between the US and Canada when it comes to this? *[interjection]*

**Mr. Chairperson:** Ms. Hardy.

**Ms. Hardy:** Sorry. In terms of quantitative data, I would say that I'm not familiar enough with some of that literature to make specific assertions. The contemporary research that I've done has dealt primarily with the American context.

I would surmise that there may be patterns of difference, but yet, when I look at qualitative sources, in which people have spoken, have been interviewed or have written about their experiences of weight bias—Canadians and Americans—the stories are very similar. The experiences are very similar.

I have heard harrowing accounts around medical discrimination, educational discrimination, housing discrimination, transportation discrimination, from fat people in both the US and Canada, as well as in other national contexts.

**Mr. James Allum (Fort Garry-Riverview):** Ms. Hardy, thank you so much for coming tonight. Such a thoughtful and informed presentation. We don't often get a bibliography circulated to us, so thank you for that—very much.

You referred in your presentation of positive outcomes in jurisdictions where there isn't this kind of discrimination, and I'm curious to know where in the world that might be? [*interjection*]

**Mr. Chairperson:** Ms. Hardy.

**Ms. Hardy:** Sorry. This is not necessarily on the top of my tongue, but that literature primarily deals with smaller scale societies, non-Western societies, indigenous societies in particular. Looking at indigenous societies, there's very little—and I'm not just referring to the Canadian context, but internationally, there's actually very little evidence for weight bias to any significant extent in most indigenous societies.

So that is where I would point people to look, in terms of material on more egalitarian or more weight-egalitarian, specifically, societies.

**Mr. Chairperson:** Thank you, Ms. Hardy.

I will now call on Angie Herrera, private citizen.

\* (18:50)

Good evening. Do you have any written materials for distribution to the committee?

**Ms. Angie Herrera (Private Citizen):** I do not.

**Mr. Chairperson:** Please proceed with your presentation.

**Ms. Herrera:** Good evening. Thank you very much for having me here today.

My name's Angie Herrera. I am—sorry, I'm just putting a small timer for myself. I am currently a full-time student at University of Manitoba. I am working on getting my bachelor of social work degree. I wanted to come and talk a little bit about why Bill 216 is important to me personally.

The issue of weight and size has been really important to me for the last several years. I'm in recovery for an eating disorder, and I happen to be incredibly lucky to have been able to access the provincial Eating Disorder Prevention and Recovery Program through the Women's Health Clinic. I waited a year to get into that program, just to give you context. It's very much in need. So that's a plug for more mental health funding.

Not everyone who is fat or very thin has an eating disorder, and vice versa—not everyone who has an eating disorder is very fat or very thin. To quote a Marilyn Wann: The only thing you can diagnose with any certainty by looking at a fat person is your own level of stereotype and prejudice toward fat people.

I wanted to share that I had a very damaging experience at my summer job in 2015. And this resulted in a severe decline in mental health and inability to work for the last few years. I won't go into too many details, but the main reason was ongoing and sustained gender-based and size-based bullying. And I can't say for certain that having these protections would have prevented that, but I really feel like it would make a difference for people going forward in just knowing that that's really plainly laid out. Physical size and weight is not allowed to be a thing that people discriminate on.

And I also just wanted to read a statement. I was doing some research to figure out what I wanted to say. And I really believe in storytelling as a means of communicating and helping people understand. So this was a Facebook post that I made in March 2016—so two and a half years ago. This was shortly after I started the eating disorder prevention recovery program. It reads: I have a body. It's mine. It's allowed to exist no matter what it looks like. I don't need or want to hide it to make anyone more comfortable. If a person doesn't like the look of a human body with bulges and hairs and sweat or

whatever else makes a body, that is their discomfort to sit with, and not mine.

If I'm worrying about whether my fat rolls are visible, however minor the thought may be, it takes energy and focus away from whatever I'm actually trying to do. This is true for everyone with any sort of preoccupation. It just strikes me as a tragic waste of human potential that countless hours are spent this way when, for most people, physical appearance has so little actual impact on our ability to live our lives. My hair, my clothes, the shape of my body—none of these things impact my ability to do many of the activities that comprise my life.

I realize this is a hugely complex issue. The visual world is so important in how we relate to and interact with people and surroundings. I'm aware that physical appearance has an impact on many activities and occupations, and it's not realistic to expect people to easily shift their thoughts and behaviours as regards physical appearance.

These thoughts came up as I sat in class and, feeling fairly warm, I wanted to take off my sweater. I hesitated because, without my sweater, my fat belly rolls would be visible along with my thick, jiggly upper arms. People would be able to see me. This reluctance didn't last long since being too warm is a major annoyance for me, but I still hate the fact that this took up some of my mental space because I was actually there to learn chemistry.

It may not seem like much, since this whole train of thought took less than a minute, but when it happens every day several times a day, it adds up to a lot of time and effort that isn't spent learning chemistry or reading a good book or playing with my cat or talking to a friend or any number of things that are so much more valuable to my well-being.

My own personal experience with body size has been fraught and intense at times. I remember being a teenager at school and being so worried about how I looked, spending time carefully choosing clothes that would be flattering so none of my imperfections would stand out and feeling so self-conscious when I thought about if there was even the smallest belly roll showing. This started around age 14 and continued unchecked until approximately age 28, and after even becoming aware of how much mental space this took up, it's hard to undo a lifetime of learned behaviour and damaging ideas about food and bodies. And now, at age 34, this is still something I struggle with.

I can't go back and change any of this, but I try my best to help others realize their worth, to examine their thoughts and try to discard thoughts that are harmful and cultivate thoughts that help and heal. Putting these protections in place tells people that they are allowed to have an imperfect body, because there's no such thing as a perfect body and hating yourself for not having one is a tragic waste of time and energy.

Making this kind of change could help people of all walks of life stop and think about what kinds of attitudes they have toward bodies, their own and others. People don't take care of things that they don't value, and that includes themselves. As a society, we should be helping people realize they're worthy of love and care, no matter what.

If you go ahead and make this change in Bill 216 and expand protections to include physical size and weight and show people of all shapes and sizes that we actually care about them, they're not disposable or worthless than their thinner neighbours and it's okay for them to take up space and they won't be punished for it—this is about accessibility, making sure everyone has the same opportunities to thrive as everyone else.

And I just have a couple of other notes. Something that people do—related to my personal experience, something people do when something's brought up that doesn't really happen to them, that they don't experience, is that they don't see it and they might deny it or downplay it and say, you're seeing things; I don't really think that person meant it that way, and, you know, like, wow, that person's really looking for things to complain about. But, as a person who's lived in the world in both a thinner and a larger body, though I do acknowledge that I'm somewhat straight size, as they say in the body-positive world, I can tell you there is a difference.

I've definitely noticed a difference between being in a thinner body and a larger body, the way people treat me, the way they're—act toward me just in terms of, like, customer service, anything like that. And it's really heartbreaking and really angering, and having a protection in place—that means a lot. Something as small as—and this is something that probably somebody in a thinner body wouldn't notice or wouldn't see it for what it is, there are chairs for people of size at Health Sciences hospital in some of the waiting rooms. They're—you know, you'll see a chair like this or a larger chair. And just seeing that,

I mean, if you don't—yes, if it's not part of your experience, like, you just don't understand how really important that is to feel seen and to feel looked after, that somebody gave a crap about the fact that you might need to be there for a long time and might actually need to be comfortable where you are and that the fact that your body is not a size that fits in a normal chair isn't just your problem or your fault or maybe you should eat less chocolate bars or whatever other harmful stereotypes are out there.

And, yes, just on that note, it would make a great difference to everyone who experiences discrimination. I feel very lucky. My family doctor is incredibly understanding. It helps that the Women's Health Clinic professionals and also my personal counsellor have had contact with my family doctor, and so she doesn't get on me so much about losing some pounds, but I know that that's not everyone's experience. And there is, as was mentioned previously, so many stories of people who have experienced discrimination within the conventional health-care system, and, like, there are blogs of just anecdotal evidence of people, and it's—it really is heartbreaking. And, like I said, making this change isn't going to stop all of that in, you know, a heartbeat, but it makes a difference. It will make a difference.

Thank you. That is all.

\* (19:00)

**Mr. Chairperson:** Thank you for your presentation, Ms. Herrera.

Do members of the committee have questions for the presenter?

**Mr. Gerrard:** Thank you for coming and presenting and giving—sharing—your personal story.

You talked about the concern over people with eating disorders, like yourself. Do you think that the fact that there has been this extent of weight bias and discrimination has contributed to the level of eating disorders that we have?

**Ms. Herrera:** Yes, absolutely. It's something I've noticed, both in my lived experience, but also I have four nieces that I spend a lot of time with and just being able to see, like, what, you know, little children and their comments about, like—one time my shirt was riding up and she goes, Tia—my—I'm her aunty; tia in Spanish is aunty. She's like, they're going to see your belly. And I'm going, that's ok. But even from, like, a six-year-old, she knows that, like, people

aren't supposed to see your fat, and that kind of thing makes an impact.

I apologize that I don't have it in writing, but going through some research and literature before I came here today, one source said there was a 119 per cent increase in treatment for eating disorders in children under 12. And this was in the States, and I don't remember exactly where it was from, but it exists and that's not limited to just one area in the States, it's a culture-wide phenomenon, unfortunately.

**Mr. Helwer:** Thank you, Mr. Chair.

Thank you for your presentation, and I wish you—I'm sure we all wish you well on your recovery. It's—can be quite a journey. My experience visiting with a young woman that was in recovery for addictions, but also had eating disorders—as a parent, we want to help our children, and my question for her was how we can sort of see this in our children. And she said, well, talk to your dentist. If your son or daughter has an eating disorder, the enamel will be gone from the inside of the teeth. So learned experience.

But my question for you is—you don't have to answer it if you don't want, you can answer it from other people's experiences—is what allowed you to ask for help, or—from your perspective or from others that you've run into in your recovery?

**Ms. Herrera:** What allowed me to ask for help? I mean, privilege is one big part of it; feeling lucky enough that, the environment I grew up in, I knew how to, you know, I know how to do Internet research and look at things and think, okay, if I'm having trouble with this, where can I look to help for that. But the other thing is just having a good network of people around me and hearing people talk openly about size discrimination.

Like, I very memorably have a friend who made a Facebook post, and now I know that this friend was actually working at Women's Health Clinic at the time. It was just something about weight discrimination and size and bodies and that kind of thing, and it just made something kind of click. There was a curiosity, and I was like, wait a minute, you mean I don't need to hate myself. And it just kind of went from there. And knowing that that program was available was huge, but also finding out that that was the only one really for people who aren't, you know, thin to the point of emaciation.

That's another thing, is that people will be denied health care for things like anorexia and bulimia if they aren't very, very thin, and that—that's part of something that would get covered in this bill, I would imagine, is that believing people's lived experience, that, yes, I severely restrict my eating, and it doesn't matter if their body doesn't show it or not, so.

Yes, just feeling like I have really good support network around me and access to resources.

**Mr. Swan:** Ms. Herrera, thank you for coming out and telling us about your experience.

Manitoba's one of the few places where we have this sort of open mic, where anybody who wants to can come down and tell us their story, and I think you've set out, very clearly, why you think that this bill is necessary and important.

On behalf of my colleagues, I just want to wish you all the best getting your B.S.W., and I hope that you'll have a rewarding career as a social worker in Manitoba.

**Ms. Herrera:** Yes, thank you very much. I really appreciate being able to come and share stories and experience with all of you.

**Mr. Chairperson:** Thank you, Ms. Herrera.

I will now call on Debbie Mintz, private citizen.

Good evening, Ms. Mintz. Do you have any written materials for distribution to the committee?

**Ms. Debbie Mintz (Private Citizen):** I'm sorry. Could you say that again?

**Mr. Chairperson:** Do you have any written materials for distribution to the committee?

**Ms. Mintz:** Yes. I think they're being passed out now.

Just while we're waiting, I just want to bring to your attention a barrier tonight. I'm not sure if anyone will notice. I have a hearing deficit, and I have hearing aids on. And, when you're sitting back in this huge, high room, it is nearly impossible for me to hear. I've missed all of the reports. I know that people are here to talk to you, but I was really interested in some of this material.

I asked the question, could I sit over here so that I would be in front of the person speaking and I could hear a bit more? I'm hoping there's one of you with a hearing aid. Anyway, I was told that that is not possible because the chairs are allocated and

reserved for the staff. So I obeyed that so that the staff would not have problems finding any seats tonight.

**Mr. Chairperson:** Thank you, Ms. Mintz, for your comments. We'll certainly take those under advisement. Thank you.

Please proceed with your presentation.

**Ms. Mintz:** I really am grateful for the opportunity to address this committee in relation to the bill regarding size and weight discrimination. I'm very proud of being a Manitoban in relation to this bill. I love the idea that we may lead the way.

I have an unusual viewpoint on this topic. I was obese, as are 96 per cent of my cousins I know on both sides of my family. These relatives are spread out from here in Manitoba—that's me—to the very edge of Newfoundland in a town called Trepassey.

My mother was not obese. In fact, she was obsessed with weight. She and my father were the only children in their families that were not overweight. All 96 per cent of the family members I am referring to are female. In our family, males start gaining weight in their mid-40s—every one of them. I believe now that there is a strong genetic factor at play here for our family combined with a heritage of Irish and German eating habits.

Besides being an obese person, I was also a nurse for 37 years, working mostly in a tertiary emergency department. Subsequent to that, for 15 years, I worked in an advocacy role for nurses. During all those years, I tried every diet, every program, diet pills, sweat pills, exercise—well, exercise was never consistent or regular, but the rest was ongoing.

I believe strongly that health-care workers gravitate to the health-care occupation with a desire to do something useful and meaningful, in addition to providing for their family. I became more convinced of this over the years.

But many misperceptions, biases and frustrations towards bariatric patients still continue. Education, immersion and the kind of awareness that this bill will generate will provide a new platform and, hopefully, legitimize the concerns of patients who do not fit in the category of average size.

\* (19:10)

I believe strongly that a hospital's physical space, equipment, beds and assistive devices will

always be decided in relation to a hospital's budget. But right now it is difficult. Still, in this time period, for everyone when there is not adequate equipment, supplies and staff the patient and health-care provider must wait and wait for assistance to arrive. But the percentage of not-average weight patients is far above the percentage of the budget that is spent on bariatric or minimized equipment and physical planning, as needed by all the citizens.

I have two examples for you. In 2010 and 2011, I consulted the team doing—the surgical team doing gastric bypass surgery. There was a huge application to fill out that was very detailed. There was a physical and blood test. I completed all the formalities; then I was told I was 25 pounds too heavy for gastric bypass surgery, okay, and three months too old. Therefore, I would not be accepted to the program.

I proceeded with the orthopaedic surgeries I needed, and after recovering, it was about two and a half years, I contacted and informed—I returned to the bariatric program surgeon and asked again to have the surgery. A few weeks later, I was contacted and informed by the program nurse that I did not qualify because I was now 40 pounds too heavy and two months too old.

I was stunned. I contacted the program, and I pressed for an explanation. The excesses made no sense. In February of 2014, which was four months later, I had a gastric bypass. I weigh 160 pounds less now than I did when I first went back to the program the second time. My weight fluctuates within a 10-pound spread. It doesn't go any farther; then I lose it again. But the one huge surprise to me was the abdominal pain I felt four months after my surgery. By that time I had recovered and I knew that the discomfort wasn't from surgery. Because of the caution regarding complications, I saw my surgeon immediately. I was lucky. The discomfort I was feeling was that I was feeling full for the first time in my whole life. I had no idea. When he told me that, I almost fell off the chair.

Because of the caution—oh sorry. So now I am four years older today, 165 pounds this week lighter, my bloodwork is better than it was at age 38, and I am consistent with my food intake only because I know when I am full.

Some of my former co-workers and I have discussed this outcome. That's really actually a very polite sentence for the fact that we fight and yell at each other when we debate whether it is genetics or

habits, okay. It's a bit confusing to many who watch me dieting, then cheating, then dieting.

My second example for you is my older sister, Linda, who lived in Ontario, became ill nearly four years ago with renal failure, congestive heart failure and diabetes. Initially, she was treated with medications and lifestyle changes. Eventually, she was hospitalized and, after a long stay in an acute and then rehab facilities, she went home—not to the home she left but, rather, to a new apartment that had no stairs, where she could be on the main level.

She enjoyed being home. Her health issues had been stabilized and were being monitored. She used a walker at all times and had visits from public nurses. For the first two years, she enjoyed being home, and went out periodically with friends who would pick her up. She was determined to care for herself and did so.

A year ago this month, she was hospitalized due to a diabetic foot ulcer. I had surgery planned at that—for that time, and I sincerely believe that my sister sat at home with a diabetic ulcer on her foot and waited until I had the surgery. And the day after, when I had a cast and was immobile, she put—she went to the hospital, finally, to get her diabetic foot.

The message there is my sister had learned not to be dependent on anyone and to take responsibility for the fact that her weight was so high. It was self-blaming. We fought about that on the phone for the first couple of weeks of her hospitalization. For the next four months, my sister was placed in an isolated room due to an infection of *C. difficile*, in a regular bed, with a regular wheelchair.

**Mr. Chairperson:** I'm sorry, Ms. Mintz, the time for your presentation has ended.

Any one—

**Mr. Swan:** Could we—could I ask for leave that we include the rest of Ms. Mintz's presentation on the written paper—into the Hansard?

**Mr. Chairperson:** Yes, she's provided that as a submission, so it will already be into Hansard. *[interjection]* Ms. Mintz, your written presentation will go into Hansard. Your time for your verbal presentation has ended.

We'll now go to questions.

Do members of the committee have questions for the presenter?



**Mr. Gerrard:** Yes, I—your last story was a little bit interrupted, so I'm going to ask you—*[interjection]*—I wondered if you could just quickly complete the story that you were telling us. *[interjection]*

**Mr. Chairperson:** Ms. Mintz.

**Ms. Mintz:** It went very quickly—thank you. My sister died. She wasn't able to lie in a bed that she could fit in or a wheelchair she could sit in in the whole period of the four months she was in the hospital. I remember an afternoon when they got her up—the afternoon when I found out that they were stuffing her into a wheelchair that had no leg, wrist supports, but each of her legs probably weighed, by the time I saw her, 75 or 80 pounds each. The strain on her back and the rest of her body was awful.

My sister was sitting in a wheelchair, crying, because there was not the right equipment.

**Mr. Helwer:** Thank you, Ms. Mintz, for your presentation—

**Floor Comment:** Thank you for speaking up.

**Mr. Helwer:** Well, we're trying. We are working in a very old building and accessibility is a challenge. And running wires and other things is a challenge, too, so we're working with that.

\* (19:20)

I appreciate your presentation, and thank you for coming here tonight and sharing your story with us. You—I would like you to know that the reason that the Chair recognizes you is because we are all on record here in something called Hansard, and you or any other member of Manitoba or the world at large can go online and look at your words that you—presented tonight and read what everybody else said.

That should be available—tomorrow? Within a day or two, it should be—*[interjection]*—all right. So they are very good at getting the work done, sometimes working overnight, and we appreciate that.

So your words and the others are available—will be available online on the legislative website in Hansard for you to read, but thank you for coming tonight.

**Mr. Swan:** Ms. Mintz, thank you for coming down to present. Thank you for your service for 37 years as a nurse in Manitoba.

You said that you love the idea that we will lead the way, so just—if I can summarize

your presentation, is it fair to say it's your belief that passing this law could result in better health outcomes for Manitobans who may feel discrimination because of their size or their weight?

**Ms. Mintz:** Yes. I think firstly will be the awareness for people of what's available, in terms of health-care processes and surgery and what's available. And you know what, surgery won't be for everyone. It won't be the thing that they choose.

But, when you pass this bill, you make a talking point for people in the community, and one thing it would reinforce would be that for people who are overweight, someone is trying to help. And it is extremely important that that happen. The numbers are rising. They're not going down, and it's just a fact of life now.

**Mr. Chairperson:** Thank you, Ms. Mintz.

It's been brought to my attention that we need leave of the committee to include the remainder of Mrs. Mintz's presentation into Hansard? Is there leave? *[Agreed]*

*For the next 4 months my sister was placed in an isolated room due to an infection of CDiff, in a regular bed with a regular wheelchair, while her body was accumulating fluid and her legs were getting bigger and bigger. Linda knew she needed to get up each day. The pain she experienced while stuffed into a regular wheelchair without leg lifts was excruciating. My wonderful smart hardworking sister did not want me to speak with the staff because she was embarrassed, and all her life she had been told her obesity was something she should have been able to get control of and she felt she had caused this to happen. I felt strongly, that there was a fearfulness for her. If she complained then who would come in when she needed something? Slowly, her systems all started to slow down. She wasn't speaking. Intensive Care was consulted when her body temperature plummeted. The ICU doc felt strongly that she had a pituitary tumour for months. My sister died 19 hours later on a palliative care unit in a bariatric bed with a five person turning crew rotating her position and sponging her body every 3 hours. Patients die . . . but they should not die because they don't want to bother anyone or fear reprisal . . . but there will always be patients that die feeling this way as long as we treat them as differently than average size people.*

*Thank you for listening.*

**Mr. Gerrard:** I wonder if there would be leave of the committee that Mrs. Mintz could sit on the side where you could hear better.

**Mr. Chairperson:** Is there leave? *[Agreed]*

I will now call on Isha Khan, Manitoba Human Rights Commission.

Good evening. Do you have any written materials for distribution to the committee?

**Ms. Isha Khan (Manitoba Human Rights Commission):** I do not.

**Mr. Chairperson:** Thank you. Please proceed with your presentation.

**Ms. Khan:** I'd like to start by acknowledging that we gather tonight on Treaty 1 territory, the ancestral lands of the Anishinabe, the Dakota and the Cree people and homeland of the Metis nation.

My name is Isha Khan. I am the executive director and senior counsel of the Manitoba Human Rights Commission, and it is a privilege to speak to you this evening about the fundamental importance of human rights law in this province.

We are pleased to provide you with input on Bill 216, which, if passed, will ensure that the prohibition against discrimination in this province extends to Manitobans who have been treated adversely on the basis of their physical size and weight where there is no reasonable justification for doing so.

It has long been recognized that The Human Rights Code, along with human rights legislation in all other provinces and territories, has quasi-constitutional status among all laws. This kind of law, law that establishes the right of all citizens to be treated on the basis of their personal merits and to be afforded opportunities without influence of prejudice or negative stereotype, has its roots in the global movement that followed the atrocities of World War II.

At that time, our global community recognized that we needed law that would entrench protection from discrimination, and so nation-states started, and eventually the provinces and Manitoba created the first Human Rights Act in the early 1970s and, in 1987, replaced that with our current Human Rights Code.

The Manitoba Human Rights Commission is the independent agency of the government of Manitoba that is responsible to the Minister of Justice (Mr. Cullen) for the enforcement of those rights and responsibilities in The Human Rights Code.

So it's well established that discrimination is, and defined by law as, treating a person adversely without reasonable cause on the basis of characteristics that go to the root of who they are as human beings, so their age, their sex, their ancestry, their sexual orientation, their gender identity. And that list, in section 9(2) of The Human Rights Code, is mirrored in legislation in every other province and territory across Canada. That list serves to recognize groups of people that have historically been disadvantaged or had less access to employment, to services that are available to the public or in—or to housing. That list assists us in ensuring that we provide equal opportunities to all—in our case, Manitobans—to individuals, regardless of any of those characteristics that they may have about themselves. And, of course, we all have those characteristics: a sex, an age, an ancestry, an ethnic origin, a gender identity.

So today we consider Bill 216, which would amend this list to prohibit unreasonable discrimination on the basis of physical size and weight. And given the tremendous importance of the rights and responsibilities in our 1987 code—and many of you will know there has only once been amendments to section 9(2) of The Human Rights Code, and that was in 2012, to add the characteristics of gender identity and social disadvantage. And Manitoba led the evolution of law in this area, and since, other provinces and territories have followed suit in adding those characteristics or are in the process of doing so.

The Manitoba Human Rights Commission has always used our authority in the code to interpret those characteristics and the code generally in accordance with human rights principles and law and recognizing the fundamental importance and objectives of human rights law to consider any allegation that comes before us from Manitobans, such as the kinds of stories that you've heard tonight.

So, to date, we have typically considered these types of issues, concerns, complaints under the ground of disability, which is interpreted broadly, for discrimination purposes, to include any real or

perceived condition that impacts a person's ability to take part in life's daily activities on an equal level with others. We've also considered these types of issues and complaints under the general provision in the code, specifically section 9(1)(a), which allows us to assess in each case whether or not the person alleging discrimination is from an insular or identifiable group that has been subjected to historical disadvantage to warrant protection from discrimination. The section 9(1)(a) is similar to the analogous grounds section in the Canadian Charter—in the equality provision of the Canadian Charter of Rights and Freedoms.

So, to date, our policy and, therefore, our approach to looking at the complaints that come before us, the inquiries that come before us and the concerns of Manitobans is in keeping with the evolution of human rights law in Canada. While we have long used these sections to ensure that individuals who are experienced—experiencing negative treatment on the basis of their size and weight are afforded protection under the code, if Bill 216 is enacted, the commission will certainly see an increase in the number of complaints or, perhaps inquiries, on this basis, and we will move to develop policy to interpret this characteristic because we know that each of the 13, or perhaps it may be 14 characteristics in the code, is weighted equally, and our approach to looking at discrimination under any ground of discrimination in The Human Rights Code is the same; it's the same principled approach to looking at negative treatment without reasonable cause that—and seeks to really call out prejudice.

We know that Manitobans look to us for that guidance in—and really on delivering our statutory mandate to educate about The Human Rights Code and human rights principles.

If Bill 216 is passed, we respectfully do encourage you to consider ranking this new characteristic, like all others, without further qualification or definition in law that might impede the aims that this amendment seeks to achieve.

We also encourage you to consider what implications this—the implementation of this bill will have for the Manitoba Human Rights Commission. We are an organization of 17, an agency comprised of 17 staff. We deal with over 4,000 inquiries each year from people who want to make complaints, but also from people who are seeking guidance on their responsibilities under the code. We resolve almost 45 per cent of our—of the human rights issues that

come before us, and we investigate a few hundred complaints each year and some portion of those to the Human Rights Adjudication Panel for a remedial order and—after a hearing.

\* (19:30)

We also develop policy and information, perhaps more importantly, in a proactive way that guides the public to ensure that the fundamental objectives of the code are understood by Manitobans. So we regularly educate employers, service providers, landlords and citizens about their rights but also about their responsibilities, in an aim to enforce the protections that we have in human rights law in this province.

We certainly recognize that the need to eradicate all forms of discrimination, including discrimination on the basis of size—of size and weight, but we'd like to ensure that we are also properly resourced to carry out this important mandate.

We absolutely recognize—and we've heard the stories today that are not surprising to us, that Manitobans are discriminated on the basis of their size and weight, and, of course, they're compelling stories. They highlight the indignity with which many of our fellow Manitobans are treated, and the barriers to equality that we, collectively, have not succeeded yet in eliminating.

So I thank you very much for the opportunity to speak on this bill and to give you some input on what you may consider if the bill is passed, and I do welcome any questions.

**Mr. Chairperson:** Thank you, Ms. Khan.

Do members of the committee have questions for the presenter?

**Mr. Gerrard:** Yes, thank you very much for giving us this carefully thought-out presentation.

I have one question for you. The bill has a clause that it would come into force when it receives royal assent. From a practical point of view, much as I would like it to do that if we're able to agree that it could pass—from a practical point of view, would it be smarter to delay it for a little bit until you are sort of organized and have thought through the policies you would apply?

**Ms. Khan:** Thank you, and that's a good question. I don't know if I have a clear answer other than to say if this characteristic is added, we have the basis on

which to determine these complaints, to investigate them, because we're already doing that. These concerns come to us; we certainly don't turn people away, and we do look at them.

We do need policy, perhaps most importantly so the public understands, because I think we will get, like with any amendment to The Human Rights Code—it's fundamental legislation—we will get inquiries, and we're going to need to be able to give the public what they want to hear so that they can start thinking about—proactively, about ensuring that, you know, complaints don't come to us.

So, you know, we believe strongly that we have the tools to deal with the human rights law as the same regardless of what the characteristic is. If you choose to pass it, we have those tools. But, of course, the public will want to hear a little bit more about: What does that mean? And because we are—we don't have case law behind us framed in the way that this might be, going forward—much of it is grounded in disability law or disability—discrimination on the basis of disability—we might need some policy.

**Mr. Helwer:** Thank you for your presentation. Very informative, as they all have been tonight.

So this bill has already raised the awareness of this possible—this type of discrimination. What I'm hearing from you is there will be a financial impact on your agency. And—but, really, more what I'm looking for is—most of this is already—you're already dealing with this. And is there anything that you're allowed to discriminate against? I don't think there is. I mean, you cover everything and you interpret everything in your evaluation as discrimination. So that's the context of The Human Rights Code: is that you evaluate and then decide that if there has been discrimination—and this is, indeed, such a case that it would be.

So there's really nothing that's missing from the act; your interpretation already covers it.

**Mr. Khan:** So we use the sections of disability and section 9(1)(a) certainly to look at the cases that come to us. We recognize that all individuals don't come to us, either because they didn't know that they could, because they didn't know that they had rights, that they didn't know that there were corresponding responsibilities. And so we recognize that there's a whole lot of discrimination out there that we don't see, right. We get a few—you know, 4,000-or-some-plus inquiries a year. We register—last year, 330 complaints or thereabouts, so the—

adding it to the list certainly brings attention to the recognition that this is a group that has experienced discrimination, and that's been our experience when the code was amended in 2012.

**Mr. Swan:** I think you just took part of my question away with that last answer. I was very proud we did amend The Human Rights Code.

One of the things you've said is that although you attempt to be as broad as possible, if someone comes to you, you do expect that there would be an increase in complaints to the commission if this passes.

So would that, in your view, be because there are people who may be suffering discrimination who do not consider themselves to be disabled, who would not consider themselves otherwise to be able to get relief from the commission?

**Ms. Khan:** It may. The commission hasn't done public consultation on this particular characteristic. We haven't had the volume of concerns or inquiries made to our office to warrant a public consultation to gather that information from the community. We haven't done that. So I can't say for certain who it would be that would come to us, but our experience after adding gender identity, which was a similar case in which we were already taking complaints based on gender identity under—but under, at the time, under the ground of sex or under 9(1)(a), we certainly saw a few more complaints, definitely more inquiries, so we anticipate that there may be more, but we don't know.

**Mr. Chairperson:** The time for questions is ended.

Thank you, Ms. Khan.

Our next presenter had previously put in a written submission tonight but has managed to join us.

Is there leave of the committee to leave the written submission in Hansard and to hear the presentation of Alex Edye-Mazowita? *[Agreed]*

I would like to call on Alex Edye-Mazowita, private citizen.

Good evening. Do you have any written material for the committee?

**Mr. Alexander Edye-Mazowita (Private Citizen):** Other than what was submitted to the clerk, I do not.

**Mr. Chairperson:** Thank you. Please proceed with your presentation.

**Mr. Edye-Mazowita:** I apologize for my irregular appearance. My foster dog without a tongue slobbered on my better clothes before I left.

I bring the perspective of a person who was the province's first physical activity specialist in primary care. I am currently doing my master's thesis with the bariatric surgery patients at the Victoria Hospital's Centre for Metabolic and Bariatric Surgery clinic, and I have talked to several of those individuals who agree with what I'm about to be saying.

So, knowing that several non-modifiable risk factors influence a person's weight, including genetic factors, gender, age, gut microbiota, their neuroendocrine factors, medications, it is certainly irresponsible and inappropriate to blame excess weight solely on the lack of willpower.

As Dr. Gerrard, Obesity Canada, Dr. Arya Sharma from the Canadian obesity network have described at length discrimination against individuals for their body size exists and it is unacceptable. It can now be argued that this exists in the media, where obese individuals are often linked with negative attributes.

In the workplace, to build on what, I believe, Ms. Krista-Kristen Hardy was saying earlier, obese individuals face barriers in hiring, wages and promotion to the extent where a 64-pound increase in a female's weight may be associated with a 9 per cent reduction in wages, which is roughly the equivalent of three years' experience. That is from studies in Europe.

So, in health care, a majority of physicians, even those specializing in obesity treatment, may ascribe characteristics to obese individuals such as non-compliant, weak-willed, self-indulgent-indulgent, and unhealthy.

Even those who specialize in the area of bariatric operations hold that bias, predicting that the patients were a waste of time and less likely to provide benefit from treatment.

With that said, I believe there are two questions that need to be addressed with Bill 16: what is it trying to accomplish, and what specific real-life safeguards can we put in place?

The weight discrimination targeted by the bill is explicit, but real situations are implicit. We are not seeing cases of employees being denied those promotions with the written reason being he's fat, or cases of patients not receiving further diagnostic

testing regarding mechanical lower back pain because she's fat.

\* (19:40)

This is because people either don't realize what they are doing and would thus not be affected by the bill, or because they do and know that they're doing something that they should not be documented doing, which will not be affected by the bill. Neither pathway would be swayed.

What I believe there is room for, and what was referenced in the last presentation, is education to enact systemic change rather than assisting unproductive victories. We can look at, for instance, in the medical realm. Research from the Ford fitness testing or Aerobic Center Longitudinal Study cohorts or the Cooper Clinic have been available for decades, stating that fat and fit individuals have lower all-causing cardiovascular mortality risk than lean and unfit individuals. Perhaps the bias would reduce if we focused on that education, whereas currently doctors going through the University of Manitoba medical school receive currently one hour of optional training focusing on lifestyle factors and physical activity. Maybe it is talking to parents and teachers about basic life guidance about how to treat others, because I don't think we're doing to be intervening for school place bullying.

And, in addition to the question that Dr. Gerrard had posed, in Western societies the top causes of bullying are, indeed, appearance, followed closely by socio-economic factors. If we take the bill prohibiting fat discrimination or weight discrimination, it goes back to my grade 4 experience—I have hairy arms, or Dylan Jones has red hair. There will always be something to discriminate against, and how can we enact meaningful change?

And, as far as the practical element, why we do think we need specificity, I think of my partner, who is a paramedic, my best friend who is a nurse. I think of the person doing the rickshaw on Friday and Saturday nights in Osborne Village. Is he going to be worried about litigation stemming from human rights violations if he decides that his lower back muscles—his retro spinae quadratus Lumborum—those levers going over his spine—can't handle a heavier load if he chooses one group over another? The nurses and paramedics pressured—actively moving a patient—with cries of discrimination while waiting for the specific bariatric stretcher to arrive. They're going into houses; they're twisting going into bath tubs. There needs to be safeguards in place for these

professions which already have a hugely documented case of musculoskeletal injuries—oftentimes caused by manipulation of people in those states.

So, with that, absolutely we should work on education. We should do that in the medical field, in the education field, in day-to-day life. It's great that the bill has raised awareness, but I ask you: if we compare it as one previous speaker did to race in the United States, if you look down there—sorry, I'm too tall—if you look down to saying, okay, well, let's compare the United States, where race is protected. Look south of the border. Is that really doing anything?

Look at HSC, where there's wider chairs in the waiting area. Was the bill necessary to make that happen? No. People looked at what was needed and they adjusted for it with that discussion and collaboration with stakeholders.

And, since I just found out, I am on the record and this will be on the Internet, I want to add that country music is terrible.

**Mr. Chairperson:** Thank you for your presentation, Mr. Edye-Mazowita.

Do members of the committee have questions for the presenter?

**Mr. Gerrard:** Thank you for your presentation and for making it clear as a starting point that, you know, discrimination exists and it's not acceptable. And I think we're trying to figure out the best way to address this.

I listened recently to a presentation by Dr. Mary Forhan, who was working in Medicine Hat. And she was finding that, in fact, the—learning and education made a big difference. But people had to start with seeing that this was something which was critically important to address. And I think that's part of what this bill is trying to make clear, is that it is—there is a problem, it is critically important to address it.

**Mr. Edye-Mazowita:** I think the question I'm picking up is can we go about raising awareness if this is not put into bill form. Is there any suitable way to do that?

And I think you would have to look at the history of how do we nullify or reduce discrimination in other ways. Has there been a way to do it without bills? I think before that there was, you know, rules against discrimination against individuals who were gay, or of any gender, there was campaigns—not necessarily campaigns in all

incidences, but certainly conversations that happened in the public domain and useful discourse in the media about how this might be moved forward. And I think there's no central hub to this. It takes a lot of people to buy into it.

But I think, rather than saying, well, little Timmy, you calling someone fat on the playground is going to be a human rights violation—I don't know if we can enforce that. I think it needs to start earlier with the parents at home having those conversations and reaching out to them through education and saying, you know, we have all different bodies; we have all different sizes; we have those abilities. And I don't know if the legalities will do that as much as bringing out the facts into public domain will do—will do that.

**Mr. Helwer:** Thank you for your presentation and for your opinion on country music. I won't say whether I agree or not. Has its place, I'm sure.

So you talked about your workplace and people that may or may not be discriminated against, because of their size, for advancement. Have you seen grievances because of that?

**Mr. Edye-Mazowita:** This is a question in my workplace?

I would say—and I'm going to qualify this by saying I just started at Manitoba Blue Cross a month ago, so I'm going to treat my current workplace as where I was for several years as an employee and currently am as a graduate student, which is the University of Manitoba.

I would say that I have not found any problems with the discrimination there in that sense. The associate dean of research himself jokes almost daily how he is obese, and he is the associate dean of research for the faculty of kinesiology and recreation management.

We've come a long way in getting a lot of diverse views. That includes hiring several indigenous scholars during land-based education over the last few years. And I think we're at a point with 54 per cent of the faculty being female and, you know, I couldn't tell you what the percentages of people who are indigenous or overweight or skinny or average weight, but I think, individual comparison, we have a very mixed environment where everyone's contributions are valued.

**Mr. Swan:** Well, I want to thank you for a very interesting presentation tonight. And I think, you know, it's agreed that there is a role for education. The Manitoba Human Rights Commission, as they've indicated, when the law changed six years ago to allow for protections against gender identity, they moved to change the way that they would educate employers, the way that they would work with school divisions, with others.

As it turned out, the first family that brought a case to the commission was a family that I knew. I didn't know that they had a child who was going to present that fall with a different gender, and they actually wound up having to take a complaint against the River East Transcona School Division. And that school division eventually settled and changed the policy, which now protects any other child who decides that they are actually going to express a different gender identity.

So would you agree that the role that the Human Rights Commission can play, first of all, by educating the general public, but also employers and others who make decisions sometimes based on these characteristics, but also the ability to intervene if there is a complaint, can be useful in moving society ahead?

**Mr. Chairperson:** Mr. Edye-Mazowita, the time is expired for questions, but I'm going to allow you to answer this question if you just keep it brief. Thank you.

**Mr. Edye-Mazowita:** Not my specialty, but I'll try.

I think there's absolutely a role for the Manitoba Human Rights Commission in the future and previous when she had mentioned that, even before this was instituted as a bill, people have approached it with weight discrimination, and they have received advice.

I think, again, it goes down to trickling down. If I look at a workplace that I'm receiving some complaints about right now in my role as a disability case manager, yes, even though we know you're not supposed to be slapping employees or doing anything untowards like that, it happens. And illegalities be damned, it's a question of, does anyone care on that smaller scale where it trickles down and you see it in the schools and the workplace?

So the fact that River East Transcona School Division enacted that policy is a great thing. It's the way it needs to go, and I believe that was—I know it is independent of the bill. I think it needs positions of

power, harbouring people with that forward-thinking knowledge to make that happen.

**Mr. Chairperson:** Thank you very much, Mr. Edye-Mazowita.

I will now call on Samantha Rayburn Trubyk, private citizen.

Good evening, do you have any written materials for distribution to the committee?

**Ms. Samantha Rayburn Trubyk (Private Citizen):** I have presents.

\* (19:50)

**Mr. Chairperson:** Please proceed with your presentation.

**Ms. Rayburn Trubyk:** I would like to start by thanking all of you for taking the time tonight. I know it's Halloween and some of you are parents and grandparents and really putting the effort in to be here tonight tells me that you're committed to change in this province. So thank you very, very much.

I've met most of you before, and I again thank you for last year unanimously voting our bill into the bill that Dr. Jon Gerrard brought forward. So, unanimously voting it into effect. And this was our first annual Dwarfism Awareness Day, which happened last week. It was amazing.

I would like to bring the perspective of physical size, which has been missed, I think, missed tonight. And we focused on adding weight to the bill. But I think the perspective that I'll bring will talk about physical size and adding it to the bill.

The Little People of Manitoba, I'm representing them tonight not as a private citizen but as the Little People of Manitoba organization, which I am the president of that organization.

The Little People of Manitoba is a non-profit registered charity dedicated to creating awareness about prominent issues affecting people with dwarfism and providing social support for little people in Manitoba.

It's our mission to create awareness and educate the general public about dwarfism to promote a positive image about people of short stature; to provide social, emotional and educational support to people of short stature in this province and their families and our friends; to encourage lifelong acquaintanceships and to enhance life opportunities for all little persons in Manitoba.

We consist of a wide variety of people from different genders, ethnicity, socio-economic statuses, sexual orientations, and our stories range from those who grew up in an era where dwarfism was viewed as strictly for entertainment purposes to our newborns who were hoping to grow up in a more tolerant world.

We have the same hopes and dreams as everybody else. You know, sometimes where we differ, though, is that there's a certain level of discrimination that we have every single day, that we are treated with every single day just for being the size that we are. So, in discussing Bill 216 today, size discrimination is still often overlooked in the workplace or for those seeking employment. This bill will bring awareness and level the playing field to help achieve equality for everybody.

With a bill like this, the rights for everyone will be recognized by law, and it won't just bring awareness to the problem, but it also codifies zero tolerance for discrimination against one size. This bill is important to our members, as every one of us born with shorter stature has been affected by some form of discrimination specifically related to our size, whether it's not selected for a job, whether it's called out in a public space or ridiculed in front of our peer groups.

Throughout the course of history, we, as a society, have had a spotty track record with regards to human equality, tolerance and inclusiveness. There seems to have always been a desire by some to separate or isolate or compartmentalize people by their differences: ethnicity, gender, sexual orientation, socio-economic status, height and weight are also a few of the identifiers traditionally used to subjugate us.

Although we've travelled a rocky road, sometimes unmanageable course, all hope is not lost. There is much more work to be done on the road to equality but strides have been made. The proposed legislation, Bill 216, is a step on the proper stairway to enlightenment. I'm an ardent advocate for equality as I have been forced to deal with being compartmentalized my entire life.

I find this bill particularly compelling as it creates a visibility to a type of discrimination that's too often overlooked. And as we continue our journey towards 'equalment'—enlightenment, we must be willing to face culturally accepted subjugation, such as shaming one for their size. Bringing about cultural change, though, is not an

easy task. But nothing worth fighting for is ever easy. So now, more than ever, we need to remain strong in our resolve to acquire equal rights for everybody.

I, along with our members, have been fighting against and struggling with culturally accepted discrimination for my 30-some-odd years. I could stand up here and give you examples of systemic discrimination within the built environment that still exists today. I could stand up here and give you several examples where I've been denied jobs due to my size or my members' size or where we've been publicly ridiculed while enjoying time with our friends or family where inconsequential people have decided to share their disdain for the way I look publicly.

I'm going to leave you with several examples of where myself or my—members of my community have been discriminated against.

I worked for a major retailer not too long ago, and I was an assistant manager. Now, this retailer has since left Canada, but I was an assistant manager, second to the store manager. And, when closing the store one evening, my job was to ensure that the store was secure at the end of the night.

Now, the lock for the automatic doors was well above an average-sized person's height, so for me, it was unmanageable. No accommodation was made ahead of time, and I was expected to comply with my direction. I asked—I was to use an hourly associate or an hourly employee's assistance when locking the door.

I did my due diligence by watching him lock the latch, walking to the door, ensuring that it didn't open, and I furthered that by driving around the store to the front of the store and trying to walk through the door to ensure that it was locked, and it didn't open. What I didn't know is that (a) it wasn't locked, and (b) the automatic sensors—I was too short for. So the store was left not secured.

I was disciplined the next day. I was not provided with accommodation, and I—and the accommodation I provided after my discipline was to stand on a shopping cart.

Bill 216 will provide employers the education needed to ensure reasonable accommodation is always provided and always thought of for everybody.



A few summers ago, I took my car to a popular car wash service. I informed the employee taking my order that my car was—needed—my car was equipped for me. They saw no reason to make me go to a different line and let me proceed. I gave directions on how to use my car as I was getting out at the front of the line. Again, no objections from them.

I went inside to pay, and an employee came running out—a manager came running into the area where there was quite a few customers, and publicly shamed me. He frantically was talking about my size as the problem. I was the victim—I was the perpetrator.

I left that car wash crying and with a dirty car, embarrassed. What was worse was when I went back to discuss with the manager's manager of the situation, I wasn't provided with any support, and rather, again, it was my size that was the problem.

One of the members—one of our members recently enrolled in a post-secondary education esthetician course last year, after high school. She was unable to reach the table to wax somebody's eyebrows. She wasn't provided with any sort of accommodation, and she was given the reason that, again, it was her size that was the problem.

She was embarrassed, and she ultimately left that school and is now a nail technician. She had to change her career because no accommodation was provided.

These aren't examples that are 10 years old, and these aren't examples that are, you know, in the US. These are real Manitoban examples and these are from last year, and these are from two years ago. These are relevant issues that are still occurring today.

Passing this bill is going to have a multitude of benefits for everybody, and not only adding it to the act but also publicly, you know, surrounding the change like this to the human rights legislation will result in public education that has extensive benefits as it turns the attention to discrimination of all types.

It is unreasonable to expect reasonableness every time a worthy battle is fought, but it is even more unreasonable to expect progress without continuing to fight for worthy causes each and every day.

I thank you for your time, and I'm happy to answer any questions.

**Mr. Chairperson:** Thank you for your presentation, Ms. Rayburn Trubyk.

Do members of the committee have any questions?

**Mr. Gerrard:** Thank you so much for your presentation. I—one of the things that I think that you're saying in your presentation is that, you know, it is not enough to educate people, you actually have to have a tool like this that can be a recourse when there is a situation which you can't resolve through the normal process of education.

**Ms. Rayburn Trubyk:** That is correct.

\* (20:00)

Can I add one thing? You, sir—I can't recall your name—you had asked Ms. Khan a question about, or somebody had asked a question about, don't we already cover it in the act, isn't everything already covered? Not everybody identifies as having a disability. There are many members in my group that don't identify with having a disability, so having this in our act would protect everybody.

**Mr. Swan:** Ms. Rayburn Trubyk, thank you for coming and presenting, and with your last sentence, you just completely took away the question that I was going to ask you. So thank you and thank you for all the advocacy you do for Little People of Manitoba and thank you for being down in here tonight.

**Ms. Rayburn Trubyk:** Thank you.

**Mr. Helwer:** Thank you for your presentation and for your advocacy, of course. You, I think, brought a different lens to what we've been hearing this evening and I think that has—leads to me my question.

All the presentations except yours we've been hearing about—have been about obesity. And that was the interpretation that they were using on this act, but obviously it's not and it doesn't say that explicitly anywhere. But should we even be more descriptive so that it is not interpreted that way?

**Ms. Rayburn Trubyk:** I would say yes. I think most of the presentations tonight have been consistently about weight, and I think we have failed to really drive the message home that it's about physical size and weight.

**Mr. Chairperson:** Thank you, Ms. Rayburn Trubyk.

I will now call on Lindsey Mazur, Manitobans Against Weight Stigma.

Good evening, Ms. Mazur. Do you have any written materials for distribution to the committee?

**Ms. Lindsey Mazur (Manitobans Against Weight Stigma):** No, I do not.

**Mr. Chairperson:** Please proceed with your presentation when you're ready.

**Ms. Mazur:** It's my honour and privilege to speak here with you today on behalf of Manitobans Against Weight Stigma. My name is Lindsey Mazur, registered dietitian, master's of science candidate and proud Manitoban.

I'm here as a resource for evidence-based decision-making on the topic of weight discrimination. I'm here now and in the future to help you through any concerns you might have in moving Bill 216 forward.

And I started Manitobans Against Weight Stigma with two goals: (1) to increase that education and awareness about weight discrimination; and (2) to advocate for sizeism, including physical size and weight, as a legitimate human rights issue.

Let me start off by saying education is not enough. This bill is not enough. Both, in tandem with work every day that myself and colleagues are doing to fight weight discrimination are what is going to be needed to eradicate this form of discrimination.

And we wouldn't say things like let's not have race and sex and gender in our Human Rights Code because education is needed. We recognize that it is important, not only symbolically, but societally, to have these labels regarding characteristics that we cannot change written out loud in our Human Rights Code to protect folks.

There are powerful personal stories of weight discrimination that Manitobans have faced. They're not alone. Their stories are backed up by historical research on the topic, dating back 100 years that I've discovered through my master's research, which is—the focus is weight discrimination.

As a young dietitian training here in Manitoba, I was naive to the impacts of weight discrimination, and like many in the room here today, I—and across the world—I grew up with certain ideas about weight. However, I now know these ideas to be false. Individuals, researchers, health-care professionals, have discovered over time that the myth that body weight is a hundred per cent in our control is a myth, and that, unfortunately, fuelled by weight discrimination, it justifies that myth, that if people

just tried harder, they could permanently change their body size.

The media and even my training as a health-care provider did not teach me this, but as a future educator, I hope, of university students, and as a master's candidate, I hope to work to change that.

It was after hearing people's personal stories of my clients, learning from mentors, and now delving deep into the evidence-based research and recommendations as part of my work as a clinical dietitian, and my master's work that I now know these truths about weight.

We have led—been led to believe this, that we can change our weight, fuelled by a multi-billion-dollar dieting industry that works on repeat customers because these diets, of course, fail. And if you think this here today, you're not alone. Most of us, many of us, still believe this. Many well-meaning and well-intentioned health-care professionals still believe this, and policy-makers still believe this.

However, the truth is, our body resists weight loss, and the majority 95 per cent of those who go on to lose weight, gain it back within one to five years. And yes, we've all heard of that one person who's able to maintain lost weight and keep it off, but those are exceptions, not the rule.

It's this—these beliefs that contribute to dangerous dieting behaviours and eating disorders. Diversity in body size is a reality of the human race. Let me repeat: Diversity in body size is a reality of the human race. For example, if all Manitobans today started eating healthier and moving our bodies more, and we came back a year later, we would all be healthier, but there—still be Manitobans that are short, tall, fat and thin.

So this is not about health in the sense that we traditionally talk about weight. This is about human rights and regardless of health status or health habits, for that matter, Manitobans to be—deserve to be treated fairly based on size and weight.

So, despite these realities about size, again, research out of the States has been—that has been mentioned, the Yale Rudd Center reports that among those with larger bodies, over half have been discriminated against in the workplace, and over two thirds report having been discriminated in the doctor's office. This increased level of discrimination is a result of increased perpetuation of weight myths. Not about increased body weights.

And I have to comment about something that was said earlier, that there is a misunderstanding about the trend about body weights in society, and those are actually plateauing. And also, there is a change in definition of overweight category in the '80s that immediately put millions of people across the world in the overweight or obese categories, by changing those categories. And that was based on a consensus-based decision rather than research-based decision making.

So, as we've heard today, this weight discrimination impacts health. And studies show that it leads to increased depression, risk for heart disease, diabetes, high blood pressure. And the stress of weight discrimination leads to increased production of cortisol, a stress hormone that can lead to increased eating and weight gain.

Sizeism of course, as we've mentioned today, affects children in the form of bullying. And studies do show that it is the most common type of bullying among youth in Canada, the US, Iceland and Australia. Too often, bullying can lead to violence and suicide and under-diagnosis and avoidance of health-care services for those in larger bodies due to past experiences of discrimination can also lead to severe health problems, premature death; proving that sizeism is a matter of life and death for many, and costly to our health system.

Research also shows that there's public support for laws, specific laws in Human Rights Code and in employment, to prevent weight discrimination in Canada, US and Australia. Further, there's a Canada-wide petition that has amassed over 45,000 signatures as part of the SizeismSUCKS movement, created by advocate and scholar Dr. Jill Andrew of Ontario.

However, despite all these things, the tide appears to be shifting a little with the growing body of evidence, more media, political academic awareness in the health-care community. There are some changes happening in regards to weight discrimination, but this is not enough. Even with all the research and education, the discrimination continues to be systemic. And just because it continues and will continue even if the bill is passed does not mean that we should not have this bill. The symbolic nature of this bill is powerful, ensuring that people are protected and feel protected by their government.

\* (20:10)

And we have the opportunity to make this law a reality. Some have been concerned about the perceived cost of the law. But I ask, what about the cost of treating later-stage cervical cancer than providing compassionate care with appropriate-sized beds to women of larger bodies to do cancer screening?

What about unemployment benefit costs for folks of size—a smaller size or larger size that are denied opportunities in employment?

There has been a concern about increase in lawsuits. However, we learned from this experience of Michigan, where, over 30 years having the—this law—of—around physical size and weight in their employment code has resulted in few lawsuits. We also learned from the experience here in Manitoba of the gender identity being included in 2012, where—that Isha Khan mentioned, that—there was more inquiries but few claims came forward.

So the worry about more claims coming forward, I think, is unfounded, based on our past experiences of this.

So—and many have argued that this is covered on the basis of disability; we've already discussed that. But, of course, there are people in larger bodies and who are of short stature that have no disability, no health issue yet face discrimination under the—in our society.

We can right these wrongs. We can work towards of culture of respect for all body sizes and ensuring that people have the opportunity to thrive here in Manitoba, a province that is potentially on the verge of passing this law for equal rights and safety for those of short stature and those of larger bodies.

Every one of us who's here today, obviously, of course, is here because we want to do the right thing by Manitobans, especially of those who experience inequitable treatment.

I want to work with you to ensure that no one is denied opportunities, jobs, promotions, education, health care based on their size and weight.

People have stood before us and perhaps in this very room to extend human rights in the past, based on characteristics, as I mentioned, such as gender and weight. And we can look back and understand that while we continue to work for a fair society, we understand that that change that, in The Human Rights Code was monumental.

And, if we extend rights here today or in the near future, we'll, hopefully, look back on years from today and go, wow, that was a huge change that was made here in Manitoba, leading the way in human rights, the home of the national human rights museum.

**Mr. Chairperson:** Thank you for your presentation, Ms. Mazur.

Do members of the committee have questions for the presenter?

**Mr. Gerrard:** Yes, thank you, Lindsey, for coming and presenting and sharing your very considerable experience.

But we're looking at, you know, we could get by with education or do we need this bill? And I think back to in the United States when they passed the civil rights bill in the '60s, I don't think that that could've achieved just by education, that the bill itself made some significant differences in practices and in how things worked in the United States. And maybe I'd get you to comment.

**Ms. Mazur:** Yes, absolutely. There's actually a study done on larger bodied persons, where they were told that there were protections for them at their workplace, based on size and weight. And the symbolic nature of that knowing, just the simple knowing that The Human Rights Code recognized their body and size, that, again, is primarily genetically determined, was powerful in changing their health and experience.

So, yes, education is not enough. This bill is not enough. We need to continue to work every day, and that's what I've committed my career to, to fight this weight discrimination. So the work doesn't end here for me, today. This goes on.

But it would sure help folks that experience this discrimination, as we've heard from Samantha and others today, that this is recognized by our government as a legitimate form of discrimination that needs to be acted on in the form of Human Rights Code protections.

**Mr. Swan:** Well, I'm not going to make any comment on country music from earlier, but let me put on the record that body mass index sucks.

But let me say one thing. You know, when this has come up in the media, they tell politicians don't read the comments, but sometimes I've read the comments under stories about this and there's been a steady stream of both sizeist and sexist comments

that are—that reading them kind of give me reason to understand why this bill is so necessary.

Ms. Mazur, you've really been out there for the past two years, being the public face of this. Can you just talk a little bit about your journey and the people that you've been in contact with and what impact that's had on you?

**Ms. Mazur:** It has its ups and downs.

It's certainly been difficult dealing with online negativity and harassment—not to me specifically, but two larger-bodied folks on the social media presence that I have for Manitobans Against Weight Stigma and wanting to protect folks from that form of discrimination.

So those times have been really difficult. You know, certainly, as a health-care professional, I have seen the impact and shame of the stigma, you know, for so many people. And this is why I'm so passionate to be here today speaking to this is that it's real and it's important and it's not going to stop—yes, regardless of whether this bill is passed. But the important thing is that we work together to move it forward.

And so there's been a lot of work. A lot of talking. A lot of emails. A lot of people not wanting to talk to me. But soldiering on for the betterment of Manitobans. I was lucky enough to receive a future leaders award in 2014. And, at that time, I thought, you know, wow, to be recognized for something like that. And so I stand here today trying to be a leader as a woman, as a health-care professional, as a citizen. And I appreciate being heard.

Thank you.

**Mrs. Sarah Guillemard (Fort Richmond):** Ms. Mazur, I really enjoyed your presentation today. I think it was adding to the education that you had provided for me when we had met in my office. I think that there were a number of topics that we both kind of connected on and were able to share some pretty personal insights and stories. I think that there's a number of people who can relate to being discriminated against based on factors that they have no control over or that others maybe perceive they do have control over and they don't.

So I did appreciate that education you gave me and the time you took for that. And I appreciate your ongoing advocacy for this. I think it's very important that we have outspoken Manitobans, strong women

and men who want to see a better future for our children and families.

So I guess I just wanted—a little bit curious about what exactly do you feel would change with this addition to The Human Rights Code?

**Mr. Chairperson:** Ms. Mazur, our time for questions has ended, but I'm going to allow you to be brief and answer this question. Thank you.

**Ms. Mazur:** Now I've forgotten the question.

**Mrs. Guillemard:** What do you envision would change, adding this to The Human Rights Code?

**Ms. Mazur:** Thank you very much. The visibility is the biggest thing.

So for people to be able to look in our Human Rights Code and recognize that their body size is recognized by our government, by our laws, is one of the biggest changes. And symbolic nature of that is beyond words of what I can describe about the importance of that. That people will know that they have the recourse to go forward. And, yes, we've heard that perhaps there is sections that allow people to still go forward, but it doesn't make people be seen. And bodies that are so-called outside of the norm, as we've heard today, are—have been ashamed to be seen and are harassed when they are seen.

And so I just want everyone to—here to know that the meaning of this is beyond what we can even say in this room and in these hours that we've been here tonight. And it will just make a huge impact in the lives of Manitobans.

**Mr. Chairperson:** Thank you, Ms. Mazur.

That concludes the list of presenters I have before me.

\* (20:20)

Are there any other persons in attendance who wish to make a presentation?

Seeing none, that concludes public presentations.

\* \* \*

**Mr. Chairperson:** In what order does the committee wish to proceed with clause-by-clause consideration of these bills?

**Mr. Helwer:** I suggest since we started with Bill 230, we continue in that, and then follow with Bill 216.

**Mr. Chairperson:** Is that the wish of the committee?  
[Agreed]

**Bill 230—The Fetal Alcohol Spectrum Disorder  
Awareness Day Act**  
(Continued)

**Mr. Chairperson:** During the consideration of a bill, the preamble, the enacting clause, and the title are postponed until all other clauses have been considered in their proper order. Also, if there is agreement from the committee, the Chair will call clauses in blocks that conform to pages, with the understanding that we will stop at any particular clause or clauses where members may have comments, questions or amendments to propose.

Is that agreed? [Agreed]

We will now proceed with Bill 230.

Does the bill's sponsor, the honourable member for Fort Richmond, have an opening statement?

**Mrs. Sarah Guillemard (Fort Richmond):** I do.

I'll be very brief in my statement here. I think that I covered it when we were speaking with some of the presenters, that my hope for this bill, The Fetal Alcohol Spectrum Disorder Awareness Day Act, is the beginning of an important discussion, as well as the start of education for our public and hopefully leads to a reduction of harm for our next generation, and healing for a generation that has already been affected by some of these elements.

So it was heartwarming to hear stories tonight from those who have been involved in this sector, and in the support and programs out for these families. And I hope that in future we will continue with our education and see some movement along the lines of responsibility.

Thank you.

**Mr. Chairperson:** We thank the member.

Does any other member wish to make an opening statement on Bill 230?

**Mr. Andrew Swan (Minto):** On behalf of our NDP opposition caucus, we support Bill 230. There are a number of different ways that we think awareness can be helpful in terms of reducing the stigma for individuals that may live with an FASD, for the families of individuals who live with an FASD, whether it's a birth child or adopted child and hopefully also awareness to reduce the incidents of a

condition which is, in theory, entirely preventable and, as we know, entirely incurable.

So this day, we hope, will be of assistance. We know there's much more work to be done to make sure that there is better work done, in terms of prevention, in terms of working with Liquor & Lotteries Corporation, in terms of providing better supports for individuals that live an FASD, and we'll continue to press the government to expand those opportunities, not to reduce them.

**Hon. Jon Gerrard (River Heights):** Manitoba Liberals are a strong supporter of this bill. I think it's clear that we need more awareness, and that this awareness can help children and families. This is, as Dr. Chudley mentioned, much more common than is generally given treatments, 3 to 5 per cent, that's a very common condition.

I would agree with much of what the MLA for Minto has said. But I would disagree with one thing and that is this: that with what we know about neuroplasticity, I think, and what I have seen, right, in the ability of children with FASD to develop and grow in many different areas, that not everything that is there at the beginning is going to be always there, that in fact there can be growth and development, and individuals with FASD can do much better than we sometimes credit them.

**Mr. Chairperson:** Shall clauses 1 through 3 pass?

**Some Honourable Members:** Pass.

**An Honourable Member:** Can I ask a question, Mr. Chairperson?

**Mr. Chairperson:** Mr. Swan.

**Mr. Swan:** I was intrigued by something by something that Dr. Chudley said. He said that not just September 9, but at 9:09 a.m., we've been reminded of the needs. So what does the member have in mind for us to do at 9:09 a.m. every September 9th?

**Mrs. Guillemard:** I appreciate the question from the member.

I am very encouraged by the many groups that I have met with while developing this bill, and they have countless ideas they already participate in. And I look forward to being invited and learning more and providing my input and abilities here at the Legislature.

**Mr. Chairperson:** Clauses 1 through 3—pass; preamble—pass; enacting clause—pass; title—pass. Bill be reported.

**Bill 216—The Human Rights Code  
Amendment Act  
(Continued)**

**Mr. Chairperson:** We will now proceed with Bill 216.

Does the bill sponsor, the honourable member for River Heights, have an opening statement?

**Hon. Jon Gerrard (River Heights):** Yes. I want to first of all thank all the presenters who came and presented. I've brought this forward because, as we have seen, this is a major issue.

We heard that very clearly from Ms. Hardy, that the bill addresses a major problem. It's an essential tool. It's important symbolically, and it's important for protection and for recourse. We heard from Ms. Herrera that it can help with individuals with eating disorders.

And I think that ending or changing the approach to those who have large bodies can help, as Elaine Stevenson has often told me, in decreasing the number of kids who end up with eating disorders.

We heard from Ms. Mintz that this will make a difference. It's an important talking point as well as making a difference. Ms. Khan mentioned that there is a lot of discrimination. That's well recognized. Even Mr. Edye-Mazowita, who's opposed to this bill, admitted that there was a problem and that the problem needs to be addressed.

Ms. Rayburn Trubyk said what, you know, is being looked for is reasonable accommodation. It—this is not going to change the world—it is going to change for us—except that it will change the world for people who are of different size and weight.

It applies to those who are small, who are fat, who are tall or thin, and it can move us away from seeing the person who is fat or small or tall or thin as the victim, but as somebody who's on a fellow journey on this planet.

Ms. Mazur emphasized that we need both the bill and education and, you know, I will be forward. You know, I went through medical school and, you know, what I learned there was that, you know, obesity was something that was—individuals could control, that we needed, you know, at times, talked on a war on obesity.

And I was reminded earlier today by somebody who said, well, it's ironic you're building—bringing this forward when you were talking at one point about a war on obesity. And so I have some owning up to do, and I come to this realization from coming on quite a journey and trying to help people who have had problems with size and weight bias and discrimination.

\* (20:30)

I tried for six months to help a man who had a large body, who had had a stroke, and he was in a personal-care home, and he was of such a size that they didn't have enough people to lift him. And, for six months, he was not able, 24-7 to get out of bed, because there wasn't a lift and there wasn't a large enough wheelchair for him. And I went to the Minister of Health. I went to lots and lots of people to try and say—we went to the media to get this addressed.

And, after six months, he passed away. And I am sure that lying in a bed for six months was not a positive thing for his health. And he was bright; he was in his early 50s, he could have, I believe, with the right kind of accommodation, still being contributing, instead of wasting away in this bed for six months and then dying. And I believe that with this bill that I would be able to go to the Minister of Health and say, well, you know, this is where we are today. This has to be addressed. And the Minister of Health would have been able to go to people within the WHRA and say, you know, there is no question, this has to be addressed.

And it is, on the face of it, one might say, it's costly. But on the, in fact, analysis that Dr. Forhan has done, that if he was not in a personal-care home at a cost to the provincial government, primarily, because he was not well endowed with funds, or financial resources, if he had been able to get up and be in a wheelchair and out, the cost would've been far less.

So I think we can make a difference. I think we can afford this. And I ask for the support of all the other MLAs tonight. Thank you.

**Mr. Chairperson:** We thank the member.

Does any other member wish to make an opening statement on Bill 216?

**Mr. Andrew Swan (Minto):** Thank you Mr. Chairperson. Our NDP caucus supports further

changes to The Human Rights Code. There's a number of things that we heard the last two times it came before the House and didn't proceed to committee hearing.

I'm very pleased we've had this committee hearing tonight. I want to thank everybody who came down and shared their experiences with us. Again, this doesn't happen in many legislatures, and it's so helpful for all of us to hear real experiences from people. And it's made us, I believe, even more certain why the time has come for this bill.

One of things for us that is very strong is the idea that someone because of their size or weight should not have to show—or come before the Human Rights Commissioner and any other body and say that they're disabled. The very purpose of this bill is that someone who says that they are able to work or take a promotion or able to go to school, or able to live independently should be able to have that right, without having to say that they're in any way disabled. The very argument that many people will make is, we're not disabled. We are entitled to full citizenship without having to say that we have disability, and that's very important.

Unlike the member for River Heights (Mr. Gerrard), I didn't go to medical school, which is probably a good thing. I went to law school and we learned that laws can make a difference. And I think that this bill will make a difference, and I know that the member for River Heights was very honest to say, look, this won't change the world, but it will change the world for some people, without really impacting the world for everybody else. And, when you look at the costs and benefits of a bill like this, that seems to me there's a lot of benefit for people with there being very little cost or, as we've heard tonight, maybe even no cost at all.

So I think we should move ahead. I know the member for River Heights was a bit concerned about whether this should take effect on the day it receives royal assent. I can tell this committee that in 2012 when we were able to amend The Human Rights Code to protect against discrimination based on gender identity and social discrimination, we put that onus on the Manitoba Human Rights Commission right away and they met that challenge extremely well. The first thing I know that they will do is they will update their materials. They'll have educational materials ready to go for employers, for schools, for other institutions, and then they will be ready to take any requests, any questions, ultimately, any

complaints that may come forward. And I know that they will continue to take their job very seriously.

I know that the Human Rights Commission has been very inclusive, but they don't have complete control over that. If there was a case that cannot be resolved, it would not actually be an employee of the commission that would determine whether or not there's been discrimination; it would be an adjudicator. And it would make it much more certain for an adjudicator hearing a case under this to actually have a provision in the act that protects against discrimination based on physical size or weight.

So, for all those reasons, we thank everybody who's come down to present, and we strongly support moving ahead with this amendment to The Human Rights Code.

**Mr. Reg Helwer (Brandon West):** Thank you, the Honourable Dr. Gerrard, for bringing this bill forward. I think, from what we've heard tonight from the presenters—thank you to all the presenters that came and gave us a great deal of information that the bill has already made a difference in people's interpretations, and to the committee as well. Our understanding that physical size or weight does not need to be chosen to be under the—discriminated under the disability side, and I can understand much better now why that is an issue.

I do wonder, giving some of the presentations tonight that perhaps in certain areas the bill doesn't go far enough, as we heard their interpretations tonight. But we'll see what the Human Rights Commission would say about that, I think.

So thank you.

**Mr. Chairperson:** Thank you.

Clauses 1 through 3—pass; enacting clause—pass; title—pass.

Shall the bill be reported?

**An Honourable Member:** No.

**Mr. Chairperson:** I hear a no.

#### Voice Vote

**Mr. Chairperson:** All those in favour of reporting the bill, please say aye.

**Some Honourable Members:** Aye.

**Mr. Chairperson:** All those opposed, please say nay.

**Some Honourable Members:** Nay.

**Mr. Chairperson:** In my opinion, the Nays have it. The bill shall not be reported.

#### Recorded Vote

**An Honourable Member:** Recorded vote.

**Mr. Chairperson:** A recorded vote has been called for.

*A COUNT-OUT VOTE was taken, the result being as follows: Yeas 4, Nays 6.*

**Mr. Chairperson:** The bill shall not be reported.

\* \* \*

**An Honourable Member:** Chairperson?

#### Point of Order

**Mr. Swan:** On a point of order, in my 14 years in this Legislature, this is probably the most disgusting thing I've ever seen. We've had a bill that's been brought forward. We've just had presentations from people who've come down to the Legislature, who've given us their story. We had a member of the government caucus just speak in favour of the bill, and the Conservative members have just voted to refuse to have this bill even come back to the Legislature to be debated on third reading. And I wonder if any member of the government caucus could explain that to the people here tonight.

**Mr. Chairperson:** Is there anyone else who would like to speak on the point of order?

I rule this is a dispute over the facts; it's not a point of order.

\* \* \*

**Mr. Chairperson:** The hour being 8:39, what is the will of the committee?

**Some Honourable Members:** Committee rise.

**Mr. Chairperson:** Committee rise.

*COMMITTEE ROSE AT: 8:39 p.m.*

#### WRITTEN SUBMISSIONS

Re: Bill 216

I bring the perspective of a person who is not overweight, but has worked extensively with overweight and obese individuals in primary care environments. My current graduate research sees me working with bariatric medical patients.



Knowing that several non-modifiable factors which strongly influence a person's weight, including

- Genetic factors (Farooqi & O'Rahilly, 2007)
- Gender (Arciero, Goran & Poehlman, 1993)
- Age (Roberts & Dallal, 2005)
- Gut microbiota (Cox & Blaser, 2013)
- Neuroendocrine factors (Webber, 2003)
- Medications (Ness-Abramof & Apovian, 2005)

it is inappropriate and irresponsible to blame excess weight solely on lack of willpower.

As Dr. Gerrard, Obesity Canada, the Canadian Obesity Network and others have described at length, discrimination against individuals for their body size exists and is unacceptable. It cannot be argued that this discrimination exists:

- In media, where obese individuals are often linked with negative attributes (Greenberg, Eastin, Hofshire et al, 2003).
- In the workplace, where obese individuals face barriers in hiring, wages and promotions (Puhl & Brownell, 2001), to the extent where a 64 pound increase in a female's weight may be associated with a 9% reduction in wages—roughly the equivalent of three years' work experience (Cawley, 2004).
- In healthcare, where a majority of physicians, even those specializing in obesity treatment, may ascribe characteristics to obese individuals such as noncompliant, weak-willed, self-indulgent, and unhealthy (Foster, Wadden, Makris et al, 2003). Primary care physicians were also found to have reduced desire to treat a heavier patient, predicting that they were a waste of time and less likely to benefit from treatment (Hebl & Xu, 2001). Within the last ten years, weight discrimination in healthcare was on the rise and may be found at even higher rates in health professionals than the general population (Puhl & Heuer, 2009).

However, Bill 216 solves none of this. The weight discrimination targeted by Bill 216 is explicit, but real situations are implicit. We are not seeing cases of employees being denied promotions with the written reason being "he's fat", or cases of patients not receiving further diagnostic testing regarding mechanical lower back pain because "he's obese". This is because people either don't realize what they are doing, or because they do and know they're doing something that should not be documented. Neither pathway would be swayed by the passing of Bill 216.

Instead, the result will be a negative one for those caught in the position between an overweight person's objective mass and the fervor of emotion. What of the rickshaw driver who works in Osborne Village being in violation of human rights when he decides his lower back muscles may not handle a heavier load? What of the nurses pressured to act in moving a patient with cries of "discrimination" while waiting for a bariatric stretcher or team support? What of the touring carnival ride whose safety was designed up to a tested weight limit? It is these people who will be affected by legislation, not doctors who hold weight bias or children in the playground who laugh at the fat kid.

To enact systemic change rather than assisting unproductive victories, we need education and public awareness about the discrimination experienced by overweight individuals, and the difficult realities of weight loss.

Research from the Ford Fitness Testing or Aerobics Centre Longitudinal Study cohorts have been available for decades, stating that fat and fit individuals have lower all-cause and cardiovascular mortality risk than lean and unfit individuals. Perhaps better education, or seminars on how to connect their practice to complimentary healthcare practitioners such as kinesiologists, is in order for doctors. Perhaps basic life lessons on how to treat others is in order from parents and teachers. Bill 216 addresses none of this.

Alexander Edye-Mazowita

Re: Bill 216

Dear Committee members,

I am writing you on behalf of Obesity Canada, our more than 15 000 members and the more than 5 million Canadians living with Obesity, to encourage you all to support Bill 216 and the protection of individuals based on size or weight.

As a national health charity, focused on improving the lives of individuals living with obesity, weight bias and discrimination is a key target of our efforts. The proposed bill will make an important and necessary declaration that all Manitobans are viewed equally, and that discrimination of individuals based on their size or weight is not acceptable. We have an abundance of research that shows that weight bias is prevalent in Canada. Individuals

living in larger bodies are treated differently in healthcare, not receiving adequate care, getting dismissed and having legitimate non-related health concerns incorrectly blamed on the size of our bodies. Teachers and professors discriminate against larger bodies in education, having lower expectations and crude stereotypes about the work ethic, and intelligence of individuals in larger bodies. In the workplace larger bodies are paid less and often overlooked for employment opportunities or promotion based solely on their size. Finally, the stigma and discrimination is also very prevalent and indeed normalized in the public realm, exacerbated by media portrayals and false ideals.

This growing problem speaks to the misunderstanding of weight and size. Most individuals would be surprised to learn that Obesity is a chronic disease recognized by the World Health Organization and Canadian Medical Association. Much like Diabetes or Hypertension, and every non-communicable chronic disease, lifestyle behaviors contribute to positive outcomes and effective treatment, however obesity is the only disease that we moralize as the responsibility of the individual to manage on their own. The false narrative that weight is a simple equation of eating less and moving more oversimplifies a complex condition and ignores the evidence-based knowledge we have about weight and obesity. Weight is influenced by hundreds of factors and many of those are not within the individuals control such as genetics, biology or the fact that our bodies actively resist weight loss as a survival mechanism. In short, an individual's size and weight are not a character flaw or an indication of an individual's health.

The importance of Bill 216 cannot be overstated. Manitoba will be making a clear statement that all individuals deserve fair, equitable and respectful treatment. Sizeism is one of the only remaining acceptable forms of discrimination and Manitoba will be leading the way stating that has no place in our society. If we look at similar protections extended for race, gender or sexual orientation, they have not wiped out the discrimination, however, having the government stand up as an ally and state that we believe you deserve equality and protections has helped make significant strides in the quality of life of these groups. Individuals living in larger bodies simply deserve to be protected in the same manner.

With Bill 216, Manitoba will be helping to normalize body diversity and acceptance. To individuals living with obesity, weight discrimination and biases are the single biggest barrier to improved quality of life. Such legislation will help portray the message that we are human, we are worthy, and we deserve equality.

Obesity Canada strongly supports Bill 216. Should any of the committee members desire to be connected with our evidence-based resources or many experts in obesity management, treatment or prevention, please do not hesitate to reach out. We are happy to support making an informed decision in any way possible.

In closing, I encourage the committee to consider a simple question, what can you tell about an individual by the size of a body? You cannot predict the intelligence, health, quality or worth of an individual based on size or weight, so the answer to the question is clearly "nothing". This bill is nothing short of fair and just. I implore you all to support Bill 216 in protecting size and weight in the human rights code of Manitoba.

Kind regards,

Ian Patton  
 Manager of Public Engagement and Patient  
 Advocacy  
 Obesity Canada

Re: Bill 216

My name is Kaileigh Tod, 4th Kinesiology student at the University of Manitoba, and I strongly believe that weight and size discrimination should be added to the Manitoba Human Rights Code. Weight and size discrimination is one of the only types of discrimination that is still widely accepted by society and it should not be. The reason that it is so widely accepted is because most people and health practitioners believe that weight control is 100% personal responsibility. And the constant narrative that being fat is extremely unhealthy and essentially a death sentence fuels the major fatphobia present in our society and industries. Random (thin) people in the grocery store or restaurants believe that they have the right to tell a fat person what they should or should not be eating and backing up their unsolicited nutrition advice by saying that they care about this

random stranger's "health". If we really cared so much about the "health" of fat people, we would also care about their mental, emotional and social health. All which fatphobia and the stigma around fatness is detrimental to. People say that the "obesity epidemic" is a burden on the health care system when fat people are actually less likely to access the health care system because of the deeply engrained fatphobia and shame that are displayed by health care practitioners. A fat person deserves the same care and quality of treatment as their thin counterparts but all too often they are sent home with a prescription to "lose weight" and their real health issues are ignored. The book "Health at Every Size" by Linda Bacon debunks many widely believed myths about just how easy it is for a fat person to lose weight. It is a must read if you are a thin person trying to understand how a fat person could possibly ever be healthy.

Health is also not a prerequisite for human decency and respect. As a society we believe that since fat people "brought this upon themselves" they don't deserve human decency or respect. That just doesn't make any sense to me. Fat or not, healthy or not, everybody deserves to be treated fairly and with respect. We have made wonderful progress on other areas of discrimination such as race, sex, gender expression, sexual orientation, etc. I think it is time to add size and weight stigma to that list to help improve the treatment of fat people in Manitoba. Fat people do not have to lose weight to deserve respect. They do not have to be thin to be considered a human being worthy of human decency. They deserve respect, equality and fair treatment right now, in their current bodies.

I am currently pushing for The University of Manitoba to include weight and size discrimination to the Respectful Work and Learning Environment policies which are under review this year. What a moment in history it would be for Manitoba and one of its Universities to recognize size and weight discrimination as a real issue and create a policy against this form of discrimination. Manitoba would be the first province to recognise all of it's citizens as truly equal regardless of race, sex, gender expression, sexual orientation and now size. Many Manitobans feel very passionately about this issue and it would be amazing if our government could stand with us in this fight to end weight stigma in Manitoba.

Kaileigh Todd

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Re: Bill 216

To whom it may concern,

My name is Laura Elliott. I am a Winnipeg based dance artist, educator, advocate, and am the director of the Fat Babes Dance Collective. I am writing to passionately lend my support to the passing of Bill 216.

Weight based discrimination has plotted the outline of my entire life. From the time I was 11 and told that I needed to wear a girdle to pass a ballet exam, to the shame of being the only girl in my dance program who didn't fit the costumes, to having to threaten legal action in order to receive my dance degree because I couldn't lose enough weight to be considered a professional dance artist- my body has always been a battleground for both myself and the dance community at large. I cannot help but feel like if this policy had been in effect when I was growing up, my life would have turned out very differently. Looking back, these are all human rights violations that went unnoticed, to my personal detriment, simply because of my size.

The arts world (especially dance) is a tough place to exist, especially for a self-identified fat woman. I recognize that I am a white, middle-class, able-bodied female in a heterosexual relationship, which awards me many systemic privileges. This said, I have to work twice as hard to prove my worth to employers. When I walk into a studio, I am often met with the perception that I am unhealthy, or that I do not value my body appropriately, or that I have really 'let myself go'. I have been denied employment and contracts because of my weight. I have to work twice as hard to prove my merit as an artist and educator, although my credentials and experience should speak for itself. It is a vulnerable and complicated road to walk, when your body is literally how you put food on your table, and ultimately I am very good at what I do. So I persist. Hopefully I can change the perception that fat people cannot be useful in the dance and performing arts world. This is the exact reason why I created the Fat Babes Dance Collective, to create more visibility for physical diversity in the performing arts. This has been the most meaningful and impactful experience of my career to date.

I am now the mother of a 4 year old daughter. She is perfect. I dread the day she learns that she should hate her body, when she is turned into a dollar sign for a dangerous diet industry rather than a creative, smart, important voice of our future. We are kidding

ourselves if we believe our children won't be consumed in this type of harmful rhetoric as they grow. Your children are not immune to this either. If they are inclined to pursue performing arts, it is in your best interest to support this bill and encourage more arts educators in diverse bodies. I firmly believe visibility is key. Diversity needs to be normalized, and it starts with this bill. Please vote yes.

Thank you for your consideration.

Best,  
Laura Elliott  
Director  
Fat Babes Dance Collective

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Re: Bill 216

Hello,

I would like to comment on the bill against sizeism discrimination at committee stage.

I am living in Ontario and work at Canada's largest hospital for mental health and addictions, the Centre for Addictions and Mental Health (CAMH). As a Peer Support Worker at CAMH I see how many clients have gained weight due to the medications they're on and I see how the doctors who treat them see a hundred pounds as perfectly fine for them to have gained on psychiatric medications. My clients often want to lose weight but can't because of poverty, loss of hope and unsupportive medical professionals. I feel that they are discriminated against because of their diagnosis and their size. One client who is over 350 pounds was recently told that no long term care facility would accept him at his current weight, he would need to lose weight first before receiving the supports he needs at his age and with his health conditions. I think this is unfair. I myself have lived experience of being normal weight and heavier and can say that I have faced discrimination mainly in healthcare and it's easier for me to advocate for myself than it is for many of my clients. It has real health implications as well as implications in housing and employment. I would like Manitoba to lead the country by passing this bill and starting a necessary national conversation on size discrimination.

Sincerely,

Melissa Flick

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Re: Bill 216

Dear Honorable Members of the Standing Committee,

We are delighted to support Bill 216: The Human Rights Code Amendment Act, on behalf of the Manitoba chapter of Obesity Canada – Students and New Professionals.

As a branch of Obesity Canada, we aim to engage all stakeholders and policy makers in an evidence-based discussion on obesity prevention, treatment and policy with the ultimate goal of improving the lives of Canadians affected by obesity. The first crucial step towards achieving this goal is to address the social stigma associated with obesity and safeguard the basic human rights of obese individuals. Accumulative evidence indicates that anti-obesity discrimination is widespread in society from schools to healthcare facilities. By acknowledging the body weight and size as Human Rights, Bill 216 takes the first bold step towards ending sizeism and weight discrimination.

Body weight and size are influenced by a multitude of factors some of which are modifiable (diet and physical activity), whereas the majority of the factors are fixed (genetics and early life factors; for which individuals are not responsible). Although, body weight and size is not directly linked to health and disease, this misconception is at the heart of the healthcare system leading to negative attitude towards obese individuals. Mounting evidence has shown that sizeism and weight biases have negative health consequences either indirectly by avoiding the healthcare visits when necessary or directly by being denied health services solely on the basis of body weight and size. While healthcare system should provide preventative and therapeutic options to obese individuals with health problems in an evidence-based manner, it should do so by respecting the dignity and the right to the body size of the individual.

We strongly believe that Bill 216 will lead to abolishing sizeism and weight discrimination and ultimately improvement of the lives of Canadians living with obesity. The Honorable Members of the Manitoba Legislature Assembly are now in a unique position to vote in favor of the Bill 216 and lead the anti-obesity discrimination in Canada.

Kind regards,

Shirin Moossavi, MD, PhD Candidate

Mozeta Miliku, MD, PhD

Co-Chairs,

Obesity Canada-Student and New Professional  
Manitoba Chapter

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Re: Bill 216

To the Committee Members of the Standing  
Committee of Private Bills,

It's time to end this socially acceptable prejudice.  
(Obesity Canada)

I am writing to express my support of Bill 216, to  
amend The Human Rights Code to include physical  
size and weight.

I am a health care provider and a researcher, and  
although the views I express are my own and not that  
of any institution or association, my experiences in  
these roles provide additional motivation for me to  
support this amendment.

The primary impetus for me to support this  
bill is recognition of the widespread presence  
and impact of weight bias and discrimination.  
Obesity Canada defines weight bias as "negative  
attitudes and views about obesity and about people  
with obesity". (<https://obesitycanada.ca/weight-bias/>)  
When I completed my health care and research  
training, the concept of weight bias was not a part  
of the curriculum. I wish it were, as I feel this is  
critical knowledge, especially for those in the  
health care setting.

We know from research that:

- weight, or body mass index are not accurate  
singular measures of health;
- weight bias (which includes negative stereotypes  
such as beliefs that an individual lacks will power) is  
common, can be overt or unrecognized by the  
individuals holding the beliefs ("unconscious bias");
- weight bias, whether overt or unconscious, can  
contribute to blaming, shaming and discrimination of  
individuals based on their body size;
- blaming, shaming and discrimination can  
negatively affect all aspects of an individual's life,  
including their health, wellness and willingness to  
engage with the medical system. When weight bias

occurs within the health system, it can negatively  
impact the care a person receives.

There is strong evidence supporting the complexity  
of obesity, and equally strong evidence to support the  
harmful effects of weight bias, within and beyond the  
health care setting. Including physical size and  
weight within The Human Rights Code will provide  
an important lever to integrate what we know about  
weight bias and discrimination into practice and  
policy to ensure that everybody receives the same  
high quality, compassionate care that they deserve.  
While I focus on the impact of weight bias on health  
here, it clearly can reach into many systems and  
day-to-day interactions. I've heard it said that once  
you know about weight bias, you see it everywhere.  
That statement rings true for me. Consider the impact  
then that an amendment like this could have.

Sincerely,

Kristy Wittmeier

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Re: Bill 216

Thank you for the opportunity to share my  
experience working with sexually abused, and  
physically abused children and adults, primarily  
female—and the link to weight.

There are many reasons for additional weight, such  
as medical factors, medication side effects, poverty,  
low self-esteem... etc.

The population I have experience with are young  
people who have been sexualized at a young age.  
They learn that their bodies have attracted unwanted  
leering, touching and rape. Their bodies have  
betrayed them by encouraging someone to abuse  
them. Of course, that is not the fact. It was a sick  
individual who coerced them into believing they  
were to blame for the molestation.

What is one of the best protectors?? Extra weight so  
that the unwanted actions will not occur again. To  
make themselves safe by not being attractive to a  
predator. Of course, this doesn't make sense to many  
of us, but we aren't in their bodies and minds. And it  
quite often happens without a conscious decision.

It becomes a cycle in their lives, the low self-esteem,  
the depression, the medicating by food (and not  
healthy foods), the shame, lack of energy, the stares.

As they go about life, they are faced with  
discrimination—on airlines, beauty shops, trying on

clothes, family criticism, ordering in restaurants, going to movies, walking, doorways.....

Is it fair that a situation that was totally beyond their control as in sexualizing at a young age be something that can be used in everyday situations to shame and demean someone?

There is much research on weight and mental health issues. We are in a society that we don't discriminate based on religion, colour, sexual orientation, etc. We need to be aware that discrimination based on weight is attacking the victim. And no, not every person with excess weight has been molested. However, we do not know the issues they have faced in their life. Quite often, extra weight can provide protection.

Instead of judging, show inclusiveness and caring.

Thank you for the opportunity to share.

Meegwetch.

Jocelyn Greenwood

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Re: Bill 230

Dear Committee Members,

Please accept this letter as support for the private members Bill 230–The Fetal Alcohol Spectrum Disorder Awareness Day Act as proposed by Sarah Guillemard, MLA for Fort Richmond area.

As a network of professionals and support workers to people with FASD and their families, we are encouraged by Manitoba's recognition of the hard work and dedication of service providers to raise awareness, provide supports and encourage learning about FASD. Each year, celebrations and gatherings happen throughout the province to recognize the contribution of an interdisciplinary team approach which includes education, child welfare, Jordan's Principle, mentoring programs and justice.

We acknowledge that while there may be lifelong effects (including physical, learning, mental and behavioural) as providers we can offer services and support that promote dignity and compassion using a strength-based approach.

We encourage Manitobans and citizens around the world to continue to learn about FASD and to join in to honour September 9th each year as a way of raising awareness and showing support.

Thank you for this opportunity to communicate the merit of Bill 230.

Sincerely,

Carie McIntosh  
Manitoba FASD Coalition

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Re: Bill 230

Dear Committee Members,

Please accept this as a letter of support for the proposed Bill 230–The Fetal Alcohol Spectrum Disorder Awareness Day.

Every Fall, members of our community participate in an awareness walk which includes children, service providers, families, educators, hockey players (!), dignitaries and members of the church community. It is an event that includes prayer, drumming, speeches, storytelling and speeches and of course, food! Each year, we alternate walking over the bridge from one community to the other between Opaskwayak Cree Nation and The Pas, Manitoba. We promote dignity and strength-based approaches to helping families using an interdisciplinary approach. It would be amazing to have September 9th officially declared FASD Awareness Day.

Thank you for your consideration of this most important private members bill.

With kindest regards,

Joanne Wyman  
Co-Chair

Carie McIntosh  
Co-Chair

The Pas and Area FASD Committee

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Re: Bill 230

To Members of the Standing Committee for Private Bills,

We write to you as members of the Advisory Council of the FASD Family Network, which has just been informed of our opportunity to express support for Bill 230. Our network has long marked September 9 as FASD Awareness Day with an event for families with FASD. As a family network, we work to educate and inform families directly affected; we welcome the possibility of a province-wide educational initiative about the complex nature and effects of FASD. FASD impacts all sectors of our

society and requires a concerted and coordinated effort.

We urge the passing of Bill 230. We are only too aware of the effects on our children and families of the lack of awareness that is prevalent in our province. We hope that further efforts towards awareness will be conducted respectfully and in consultation with the individuals, families and communities most affected by FASD. We would also like to emphasize the importance of approaches that foster compassion and promote the dignity of individuals and families.

As parents of children with FASD, responding in person at 6 p.m. on Hallowe'en is impossible. At whatever age, our children need supervision and support every night, but especially this one. We are sorry that this night was chosen as the only one available to hear our perspective.

Proclaiming September 9 as Fetal Alcohol Spectrum Disorder Awareness Day across all of Manitoba would be an important step in shifting attitudes and behaviours toward ones which are more accepting of, and celebrate the gifts of, children and adults living with FASD.

Yours Sincerely,

Lisa Balcaen  
Marilyn Bourbonnais  
Marie Desrosiers  
Rachel Evans  
Ryan Evans  
Susan Heald  
Doug Lockhart  
Alison McCammon  
Richard McCammon

On behalf of the FASD Family Network Advisory Council

Re: Bill 230

Hello,

Below is support for Bill-230 from two adults with FASD who are speakers for the Visions and Voices program. Visions and Voices is a speaking program, where adults with FASD share their stories as a means of raising awareness and reducing stigma as well as giving audiences tools to better support and care for individuals in their lives.

The importance of bringing forth awareness on FASD is that its a community problem and not just one person. Females get blamed but its the whole community that plays a part. The racism of it has to stop as well to think that it's only Indigenous people. People like to think this doesn't exist and that it isn't their problem. FASD across the spectrum is everywhere. Its in the schools, its in our playgrounds. And its also at work. We may never be able to stop it 100% but we can make a difference one person at time. Other mental disabilities are not preventable but FASD is one of the few disabilities that is. So that is why it is very important to have awareness.

- Lisa Morrissea, Mother of 3, Adult with FASD, speaker for Visions and Voices

Alcohol is a big problem in our society. Maybe if we raise more awareness about FASD, we will have more awareness about alcohol as well. I think this bill is important for Manitobans, but FASD should be acknowledged at the federal level too.

- Russ Hilsher, Adult with FASD, speaker for Visions and Voices

Maraleigh Short  
Visions and Voices Coordinator  
Touchstone FASD Program

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

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