Fourth Session - Thirty-Eighth Legislature

of the

Legislative Assembly of Manitoba

Standing Committee
on
Social and Economic Development

Chairperson
Ms. Marilyn Brick
Constituency of St. Norbert

Vol. LVII No. 8 - 6 p.m., Wednesday, May 17, 2006

ISSN 1708-6698

MANITOBA LEGISLATIVE ASSEMBLY
Thirty-Eighth Legislature

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

LEGISLATIVE ASSEMBLY OF MANITOBA

THE STANDING COMMITTEE ON SOCIAL AND ECONOMIC DEVELOPMENT

Wednesday, May 17, 2006

TIME – 6 p.m.

LOCATION – Winnipeg, Manitoba

CHAIRPERSON – Ms. Marilyn Brick (St. Norbert)

VICE-CHAIRPERSON – Mr. Cris Aglugub (The Maples)

ATTENDANCE – 11 QUORUM – 6

Members of the Committee present:

Hon. Ms. Oswald, Hon. Mr. Sale

Mr. Aglugub, Ms. Brick, Mr. Dewar, Mrs. Driedger, Messrs. Dyck, Faurschou, Goertzen, Nevakshonoff, Santos

APPEARING:

Hon. Jon Gerrard, MLA for River Heights

Mr. Kevin Lamoureux, MLA for Inkster

WITNESSES:

Bill 21–The Public Health Act

Mrs. Elizabeth Wood, Private Citizen

Bill 36–The Youth Drug Stabilization (Support for Parents) Act

Mrs. Carole Johnson, Private Citizen

Mr. Fred Olds, St. Rafael Centre

Ms. Laura Goossen, Director, Winnipeg Region Addictions Foundation of Manitoba

MATTERS UNDER CONSIDERATION:

Bill 21–The Public Health Act

Bill 36–The Youth Drug Stabilization (Support for Parents) Act

*** * ***

Madam Chairperson: Good evening. Will the Standing Committee on Social and Economic Development please come to order.

Our first item of business is the election of a vice-chairperson. Are there any nominations?

Mr. Gregory Dewar (Selkirk): I nominate Mr. Aglugub.

Madam Chairperson: Mr. Aglugub has been nominated. Are there any other nominations?

Hearing no other nominations, Mr. Aglugub is elected as vice-chairperson.

This meeting has been called to consider the following bills: Bill 21, The Public Health Act; and Bill 36, The Youth Drug Stabilization (Support for Parents) Act.

We have a small number of presenters registered to speak this evening, and they are as follows: on Bill 21, The Public Health Act, Elizabeth Wood, private citizen; on Bill 36, The Youth Drug Stabilization Act, Carole Johnson, private citizen.

For the information of the committee members, the additional two names I am going to call are not on your list: Father Fred Olds from St. Rafael Centre, and Laura Goossen, Addictions Foundation of Manitoba.

Before we proceed with these 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 our 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 photo-copying, please speak with our staff.

As well, I would like to inform presenters that 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. Also in accordance with our rules, 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.

On the topic of determining the order of public presentations, I will note that we do have one out-of-town presenter in attendance. The out-of-town presenter is marked with an asterisk on the list, and that is Elizabeth Wood, who is here to speak to The Public Health Act.

With this in mind then, in what order does the committee wish to hear the presentations?

Mr. Kelvin Goertzen (Steinbach): Out of town first, then alphabetical.

Madam Chairperson: Okay. Is it agreed then that we will hear out-of-town presenters first? *[Agreed]*

I would like to inform all in attendance of the provisions in our rules regarding the hour of adjournment. Except by unanimous consent, a standing committee meeting to consider a bill in the evening must not sit past midnight to hear presentations, unless fewer than 20 presenters are registered to speak to all bills being considered when the committee meets.

As of now, there are four persons registered to speak to these bills. Therefore, according to our rules, this committee may sit past midnight to hear presentations.

How late does the committee wish to sit tonight?

Mr. Goertzen: As long as it takes to complete the business of the committee.

Madam Chairperson: Is that agreed by committee members? *[Agreed]*

Prior to proceeding with public presentations, I would like to advise members of the public regarding the process for speaking in committee. 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 have to first say the person's name. This is the signal for the Hansard recorder to turn the mikes on and off. Thank you for your patience.

We will now proceed with public presentations.

Bill 21–The Public Health Act

Madam Chairperson: I would now like to call Elizabeth Wood, private citizen, to speak to Bill 21, The Public Health Act.

Ms. Wood, did you have copies you wanted to circulate to the committee members?

Mrs. Elizabeth Wood (Private Citizen): No.

Madam Chairperson: No? You can proceed then whenever you are ready.

Mrs. Wood: Okay. It is unfortunate, some of us do not always hear when these bills are passed, so I was glad I had a chance to at least comment on this one.

I think Bill 21, as I understand it and I have read most of it, deals with surveillance and testing for diagnosing of diseases. I have a problem especially with clause 106(1) which basically–I have had a lot of problem with a disease.

I have contracted Lyme disease here in Manitoba, and I have dealt with a lot of people. I have dealt many years with Manitoba Health and also the ministers of Health who have come and gone. Basically, from what I understand, they are still the same people. I am not saying about the new Minister of Health (Mr. Sale) now, but I am saying the people who are in Manitoba Health have always been there, from 1989 basically on. If they are not in the same office, at least the same area of jobs.

Anyway, my problem is this. Because of the fact that my disease was ignored–there were three members of my family that actually contracted the disease in '84, '85 and '86, and none of this was accepted. I have maintained all along that it was a problem for these many years.

I just got a note or an update on the Lyme disease just this week. There was a meeting that we had in 2000, and most of the doctors were from Manitoba Health and Health Canada. During that meeting, there was a statement made that they had done a check of the claims, and when they checked from April 1, 1995, to March 31, 1998, the physicians filled out claims for 435 patients who were diagnosed and treated for Lyme disease.

Now, I just got an update from the physicians that was sent out to physicians, and it says: Since 1999, we had eight confirmed cases. Then it says on the bottom, neurological tests are insensitive and yet you have to have a positive test, and, you know, you can see the discrepancy. There are 435 cases that were treated within a three-year period and supposedly we only have eight cases confirmed in all of Manitoba. That is ridiculous.

I see a real problem with that. I have told these people that there is a problem. I know from my physician there is a problem. I know from people that I have spoken to there is a problem, and none of these people are accountable. This bill basically covers these people, so there will not be any

accountability. So I ask that this bill be reconsidered, the way it is written because it definitely is not going to help any of us.

***** (18:10)

If there is a disease that comes out, like SARS, which is very fast-acting–Lyme disease, okay, you get it from a tick. You cannot basically spread it to each other except, in my case, my daughter got it through my pregnancy because I was not treated. So what happens if the surveillance, like, during this meeting in 2000, I was told–like, we asked, why can we not get these cases recognized? Then I said, okay, we need to advertise, so people can prevent Lyme disease because Lyme disease is preventable. SARS is a different thing.

So I said, okay, why can we then not just advertise this? One of the top officials from Manitoba Health said that we could not advertise it because it would hurt tourism. This is in Manitoba. This is the head of Manitoba Health right now. This is your Chief Medical Officer that made that statement in 2000. Now, will he be held accountable when a bill like this is passed? I do not think so.

Anyway, considering that, my experience with Lyme disease, if there is a case like SARS or any other disease, how much more is Manitoba Health going to be concerned about protecting tourism and protecting whatever they decide, protecting their own name, for instance? I know in one case that that is exactly what happened. He says, well, I am not going to admit that there is Lyme disease because I have been saying for all these years there is not. So the name is protected.

So why not make them accountable in this bill if they do not act in accordance with the surveillance? We need to have stricter surveillance. I mean, our surveillance for Lyme disease has been so atrocious. The only ones they put on the list are the ones that are very, very positive. My mother, myself, my brother and my daughter have not been recorded. We are all from one family. If you have three cases of Lyme disease, you are supposed to be an endemic province, or an endemic area. In our case that has not happened. So what is going to happen with these other diseases?

So I figured I would, you know, at least come to you and mention to you that this has happened in our case. This is what is going on. What are we going to do to protect the people that contracted these diseases and are we going to act quickly?

Madam Chairperson: Thank you. Do the members of the committee have questions for the presenter?

Hon. Tim Sale (Minister of Health): Well, first of all, Elizabeth, thank you. You and I worked together from '95 to around 2000, I guess, or '99. I remember making available a budget to print brochures that you and your group had developed to make better information available to people. Your fight for recognition of this disease is a great mark of citizenship on your part, and you have not been treated appropriately. I agree with you. You and I have had that conversation.

I will undertake to find out what the discrepancy is from our public health officials as to why there are numbers given to you in minutes of a meeting that notes 400-and-something cases and, yet, only 8 are confirmed. I do not understand that, and I think it is very appropriate that you bring that forward.

I have for the committee copies of the 2002 advisory as well as the most recent advisory. The fact that these things are happening is in no small measure due to the advocacy of you and your group. So I appreciate your frustration, and we will try and get answers to the questions that you have raised. I thank you for your good citizenship.

Madam Chairperson: Mrs. Wood, did you want to respond?

Mrs. Wood: Well, I agree, we really appreciated that Mr. Sale worked with us there. Unfortunately, there has been a bad communication. I tried to get an appointment earlier with Mr. Sale, and because of the way the office treated me I was not able to do that. But, that being aside, all I wanted to do is I want to be able to work these things out.

Hon. Jon Gerrard (River Heights): Thank you for coming here today. From the information that you present and the information that has been gathered recently, it seems pretty clear that there is a focus of endemic Lyme disease in southeastern Manitoba. I think that, although it may not be universally accepted yet, the evidence is certainly building, and I think very shortly that that will be accepted.

I think the evidence that you have presented makes it very, very likely that the Lyme disease may have been endemic in there going back to the 1980s. Who knows just when? I think that what you point out makes it very important that there is accountability within the system. You refer to clause 106(1), which says that there would be protection from liability except in cases of bad faith. My hunch

is that the physicians were not trying to cover things up, and that they would not be held liable, but there does have to be some sort of liability I would guess in terms of, you know, negligence or incompetence and not just in terms of bad faith, and maybe you would comment on that.

Mrs. Wood: Well, I think definitely in this case this was a cover-up. It was a cover-up because of the way it was presented at the meeting, and we tried to get that into the minutes, the comments that the chief medical officer made, but they refused to put them in the minutes. Then we were supposed to have a consequent meeting, and I figured okay, well, then I can present it during that meeting when the minutes are read, and they will have to put it in. Well, they cancelled all the other meetings. So there was our hope of ever getting it, and I have witnesses. Mr. Jonnassen was there. He is a Rotarian and he was there as my, what do we call it? Encouragement or whatever. He was very specific because he has gone through many minutes and he said, I want this in the minutes, and it was never put in the minutes. I know it was a cover-up.

So, you know, I think that is really important, that if we know that there is a problem here and we know a bill like this is being passed and we know that the surveillance was not being done well in the past, that we need to make sure whatever is in the bill makes it better not worse. I am bringing you information that is credible. I am bringing information that, you know, you need to think long and hard on, and something needs to be done.

Madam Chairperson: Thank you very much for your presentation.

Are there any other presentations on Bill 21, The Public Health Act? Seeing no other presentations, we will move to the next bill.

Bill 36–The Youth Drug Stabilization Act

Madam Chairperson: Bill 36, The Youth Drug Stabilization Act. The first presenter is Carole Johnson, private citizen.

Did you have a written presentation you wanted to circulate?

Mrs. Carole Johnson (Private Citizen): No.

Madam Chairperson: Okay. You can proceed whenever you are ready.

Mrs. Johnson: We need this bill. It needs to be passed. My 17-year-old daughter, Colleen, died in July of 2004. She was addicted to crystal meth. We went everywhere, to the Law Courts, to the police. We went to psych. Nobody would help us because of her age, and parents need some kind of hope and some place that they can take their children. We felt so useless, and all we could do was watch our daughter wither away because there was no place that we could take her.

This bill is desperately needed. I feel that crystal meth use is an epidemic in Winnipeg right now, and it is going to get worse before it gets better. Politicians need to open their eyes to this horrific drug and what it is doing to our children and to the parents and caregivers.

I think that is all I have to say, that we desperately need this bill.

Madam Chairperson: Thank you. Questions from the committee members.

Hon. Theresa Oswald (Minister of Healthy Living): Thank you very much for being here, Mrs. Johnson.

Mrs. Johnson: Thank you.

***** (18:20)

Ms. Oswald: You have made such a commitment to the people of Manitoba by being able, really, to share your story and to share your pain with other parents, not only as a cautionary tale, perhaps to those that do not find themselves with a young person addicted to crystal meth or any other substance, but as really a beacon of hope to those parents that do, so that you can show them that you can stand strong and stand tall in the direst of circumstances.

I would like to ask you a question. In all of the good advice that you have been giving to parents, presenting publicly and speaking privately, what would you say is the greatest lesson that you learned and the single greatest piece of advice that you might give to a government or to a system in dealing with the parent? Certainly, we have all kinds of ideas and protocols and notions for dealing with the client, him or herself, but what single piece of advice might you give to a government or to a system in talking to and in dealing with a parent?

Mrs. Johnson: Parents, I would say, just get your heads out of the sand and learn about drug addiction, learn about drugs. Just talk to your kids and keep the lines of communication open. Watch for any signs of their habits changing or any changes in them. But education is at the forefront. All drugs are bad, any

addiction is bad. But crystal meth, it is the drug of choice for these kids. It is so readily accessible and it is cheap. Parents just have to be educated and so do the kids, actually.

Ms. Oswald: Thank you very much. Could you offer us perhaps some advice about where you would have felt most comfortable or where you think would have been the useful, easily accessible places for you perhaps as a parent to have learned in advance what you know now? Where would it be advisable for us as a government and for our system to get that information out to parents?

Mrs. Johnson: Schools, newspapers, public forums, radio, the media, use the media. That is what they are there for. Public forums would be good.

Mr. Kelvin Goertzen (Steinbach): Thank you very much, Carole, and thank you for coming tonight. We have had the opportunity to share some time together at different crystal meth information meetings in St. Pierre, in Niverville and Ste. Agathe, I think, and there might be others that I cannot remember. I have seen first-hand how powerful the story is that you tell about Colleen and the effect that it has on young people. I continue to hear in my region, people come back to me and say what an impact your story had and that it spurred them on to talk to young people.

So I do not pretend to understand the hurt that you have gone through and that I know you and your family continue to go through, but if it is any consolation I do want you to know personally that it is continuing to make a difference to young people and to parents. So Colleen's death, untimely and tragic as it was, has made a difference for other people in Manitoba. So I think it is important for you to know that.

We have talked about an appropriate way to honour Colleen, and I understand that that will be coming forward and I appreciate that. I think that is important. I think that that is, again, going to be a continuing legacy there as well.

I would like to ask you, in terms of addictions treatment, because that is sort of the next stage of this bill, is there a model of addictions treatment? Are you looking at different ways that young people can be treated in addictions facilities that you would see as helpful for us to look at as a province to go forward?

Mrs. Johnson: Seven days is a baby step. That is what this law is calling for, this seven days' stabilization. For any type of addiction, I think it is going to take a longer time period to be hospitalized for treatment. Whether you are a child or an adult, 28 days, 50 days, 100 days, it is a lifelong journey, but they need the chance to make a choice to live a different life without the drugs, they need professionals to help them make those choices and professionals that will be there to listen to them, what their problems were, why they turned to drugs and whatnot. Then they need outpatient treatment also and that could take a lot of years. It is like AA. You go to meetings and you go to meetings. Drug addicts, they need to go to meetings, outpatient treatment, if that answers your question.

Madam Chairperson: Thank you very much, Mrs. Johnson. That has reached the end of our time for your questions, so I thank you.

Next presenter is Father Fred Olds from St. Raphael Centre.

Hello, Father Olds. Did you have a presentation you wanted to circulate?

Mr. Fred Olds (St. Rafael Centre): Unfortunately, I apologize. I do not have a written presentation.

Madam Chairperson: It is not necessary. Please proceed.

Mr. Olds: Yesterday I saw someone whom I had referred to the Addictions Foundation of Manitoba for treatment for crystal meth. He was one of the exceptions. He was a young man in his mid-twenties who came in to see me about a month ago to six weeks ago, saying that he was addicted with crystal meth and he needed help. This is one in probably a hundred.

Just a little bit of background about myself. I worked for 10 years in health care as Chaplain at St. Boniface and over at Misericordia, particularly in chemical dependency. But in the early eighties, I was very involved with Child and Family Services. I chaired the board at NEW FACESS, the agency for North Kildonan, East Kildonan, Elmwood and Transcona. At that time, parents themselves were saying to the agency, we have children under 18 years of age who are out of control with drugs. What do we do?

So this is not a new issue that is facing us. In the early seventies, I was an emergency intake worker for the Catholic Children's Aid Society in Toronto. We saw cases of that in the early seventies. If there is

any good in the crystal meth epidemic that we are hearing about, it has drawn the public's attention to the need for help for our young people.

Just after the Second World War when the United Nations was formed, the World Health Organization defined health and well-being as four quadrants. They were healthy emotionally, socially, spiritually and physically. Some people would add cognitively as well. Most people would add cognitively as well. Of course, finally the World Health Organization defined illness as something that can be seen or identified or diagnosed. For it to be seen or diagnosed means it has a life of its own, and it will have a life of its own by drawing life from us to the point that we die. Now that is the yardstick by which all illnesses are accepted as an illness whether they be emotional, social, spiritual or physical illnesses. It was under that yardstick that in 1956 the American Medical Association agreed that alcoholism was an illness, and the World Health Organization, in turn, agreed that it is an illness.

So our starting point has to be that we are dealing with an illness that affects us in all areas of our life; physically, emotionally, socially and spiritually. But I would also add cognitively. If you look up at the DSM-IV, the DSM-IV tells us that the largest form of disorder is caused by addiction. We are cognitively impaired in our thinking processes by the effect of an illness. Therefore, there is kind of a moral or social responsibility upon society to help those who cannot help themselves, particularly minors. So the upside of the crystal meth epidemic is that there is a lot of public attention being given to it, but my concern would be that we, above all, realize that we are dealing with an illness that affects us in all areas of life.

***** (18:30)

My mind also goes back to the mid-1980s. I was on the first AIDS team of this province. AIDS hit the province like it hit the rest of the world, particularly North America, as kind of a new urgent illness that needed to be dealt with. Well, a lot of mistakes were made in and around HIV in the mid-eighties of the urgency to provide services.

One of my cautionary notes that I would give to this committee is in implementing this bill that it be well thought out. What are your resources going to be? How are you going to stabilize, that we just do not have a quick fix approach to something that is indeed very serious and something that has been a part of our society for some time? Thank you.

Madam Chairperson: Thank you very much. Are there questions for the presenter?

Hon. Jon Gerrard (River Heights): The concern in terms of this bill and making sure that there is a plan, one of the concerns that I have is that people will be put in a stabilization facility, but the critical component is going to be the transition from that stabilization facility. Do you want to comment on that?

Mr. Olds: My feeling, Dr. Gerrard, is that it would be best to be under one roof. The more seamless you could make it, the more transparent you could make it as well, I think probably the more effective it would be as well.

There is no doubt that there is a very limited window of opportunity that can be seized upon for people who need treatment. Unfortunately, at times that window closes before the treatment is in place for the person.

Madam Chairperson: Are there any other questions for the presenter?

Ms. Oswald: It is not a question as much as it is an expression of gratitude. You have really made such a difference in our community, Father Fred, when it comes to young people who are suffering from any number of ills, addictions certainly being at the forefront, and I am really grateful that you came here tonight to share your experience and lend your thoughts to this process. Thank you.

Mr. Olds: Thank you, Minister Oswald. Just as an aside, a sidebar, I really never worked directly in treatment. I have always worked post-treatment. I have not had the resilience of some of the members who are seated here this evening because working in treatment indeed is a challenge, and sometimes I did not think I had the ability to work in that kind of centre.

Madam Chairperson: Seeing no other questions, we thank you very much for your presentation.

Mr. Olds: Thank you for your attention.

Madam Chairperson: The next presenter is Laura Goossen, Addictions Foundation of Manitoba.

Did you have copies of a presentation you wanted to circulate?

Ms. Laura Goossen (Director, Winnipeg Region Addictions Foundation of Manitoba): Yes, I do.

Madam Chairperson: Okay. You can proceed.

Ms. Goossen: Thanks for allowing the Addictions Foundation of Manitoba to have a presence here tonight and to make a couple of points that we hope are helpful to this process.

I am here representing the Addictions Foundation of Manitoba. Most of my career has been dedicated to addictions issues, largely with youth, parents and other allied youth professionals. However, I will also share with you that addictions has touched me personally on several fronts; therefore I do have a really good understanding of some of the feelings and concerns that parents and other family members have, particularly the overwhelming desire we all have to fix the person with the problem.

The proposed youth stabilization beds will provide Manitoba with, for the very first time, a tool that can be used to give youth a reprieve from alcohol and drug use to maximize their ability to make a choice to pursue a variety of treatment options including individual counselling, non-residential and residential treatment options.

Within our field in Manitoba, there is little experience in working with involuntary youth clients in the strictest sense of the word. However, our experience in youth programming has taught us that all youth have a certain degree of ambivalence when it comes to making major changes in their lives.

Our experience has also reinforced the fact that specialized skilled staff providing services appropriate for adolescents are required to ensure that youth are safe, first and foremost and, secondly, that they will engage in a process that will lead to positive decisions. This is particularly important for those youth who may be angry, withdrawn or in distress. For this reason, careful and thoughtful planning is necessary to ensure that the most highly skilled staff are in place to engage youth who are detained.

Furthermore, providing an appropriate continuum of care means that skilled staff and specialized programming are also essential to work with parents and caregivers to support them in finding the most appropriate help for their youth, whether that be through a detainment order or voluntary process. Similarly, following detainment or voluntary treatment, youth and parents need to be supported to maximize the chance that long-term recovery is possible.

The Addictions Foundation of Manitoba is a supportive partner in this initiative, along with many other agencies. As a supportive partner, we will work with other youth partners in Manitoba and with Manitoba Health to build a stabilization resource that will provide the highest quality of service to those youth who have serious substance use issues. Finally, we will continue to work toward strengthening services at all points of the continuum of care, including prevention, education, treatment and after-care services.

Madam Chairperson: Thank you very much. Questions for the presenter.

Ms. Oswald: Thank you very much for being here tonight, representing AFM and for outlining some of your concerns.

I would like to ask you a little bit from an addictions specialist point of view: What kinds of supports or what kinds of training, perhaps, might you think would be useful for staff that will be dealing with this slightly different kind of client in that stabilization environment? Of course, we have been very clear about the fact that this bill is not about treatment. Seven days is about stabilization. It is about enabling a young person to have an opportunity to have a clear head, as we say, so that they can participate in decision making around their treatment plan, that being the ultimate goal.

So what kinds of supports or professional development, if you will, do you think that people in the field might need to work with people in that seven-day stabilization period? What kind of advice would you offer on that?

Ms. Goossen: Some of the things that immediately come to mind in response to your question are certainly training and specialized knowledge around adolescent development and appropriate intervention strategies. One of the things we anticipate is that the youth coming in will come in with some degree of–ambivalence is probably too soft–but some degree of not wanting to be there, at least initially.

So one of the key things that staff will need to be able to do is engage them as quickly as possible because, as you say, seven days is a very small window, so motivational interviewing and using those kinds of techniques with these adolescents is going to be really required. A big piece of it is going to be, in addition to motivating them, is simply to build credibility with adolescents.

Adolescents, based on working in this field for a while, they have a knack of sensing lack of credibility and lack of truth, so to speak. So we need

people who can establish a good relationship very quickly. With some of the kids that we have worked with that can be somewhat challenging, but certainly possible, and more potential with staff with those specialized skills.

Mr. Goertzen: Thank you very much. Thank you for your presentation, for the work that you do on a daily basis.

I have two questions, really, and I will try to make them both short. One was regarding a question that came forward for Mrs. Johnson about the length of time of treatment. I know different addictions will have their own different needs, but on the crystal meth side, in particular, I have certainly heard from some in the field who suggest seven days' detox or stabilization for a crystal meth addict is not enough. You could address that. Also on the training issue that Minister Oswald brought forward. I know that this legislation has been on the books for a little while and there has been no opposition. Everybody has agreed that it is going to move forward and be passed. Has none of that training begun already?

***** (18:40)

Ms. Goossen: The first question was in regard to the length of time, correct?

An Honourable Member: Correct.

Ms. Goossen: I absolutely agree. Seven days is a short window. I think we would all acknowledge that what you can do with seven days is allow a youth a chance to clear mentally and physically to the degree that they can make some more informed choices.

The good news in working with youth in the area of addiction, and we have seen this time and time again, is that they are very physically resilient because of their relatively short history of drug use. I do not mean to imply that a short history will not cause some pretty significant damaging effects, but they are typically reversible effects and they do tend to bounce back fairly quickly. That is the good news.

It is rare for a young person, regardless of their drug use history, to need, for example, medical stabilization. So, although they go through withdrawal and certainly need some specialized care, they are usually not in any physical danger. So within seven days you have an opportunity to engage them and to have them to a point where they can think a little bit more clearly, even though they may in fact not be fully detoxed, as I think you were saying.

Your second question had to do with training and is training occurring right now. We are fortunate. We have a number in our agency, and a number of other youth services agencies in Manitoba under the direction of Family Services and Health and other departments with very specialized and solid skills in working with youth. We have resources that are working hard to help both families and kids make some changes. I would say that is under the area of education, prevention and treatment. However, we will need some additional staff to work both in the stabilization unit, and when I say "we," I mean, the Province of Manitoba. And there will need to be some staff resources likely added to the continuum of care.

I think it has been mentioned earlier that we need to continue, Mrs. Johnson emphasized, with prevention and education. That is very true. We need to continue to work towards strengthening the whole continuum of care from the front end right through to the aftercare component.

Madam Chairperson: Thank you very much for your presentation.

An Honourable Member: Madam Chair, may I have leave to ask a very brief question?

Madam Chairperson: Is there leave for an additional question?

An Honourable Member: Leave.

Madam Chairperson: Okay, there is leave for one additional question.

Mr. Kevin Lamoureux (Inkster): Thank you, Madam Chair, and members of the committee. Have you noticed any correlation with individuals who are addicted on crystal meth and having previously or having the disorder of fetal alcohol syndrome?

Ms. Goossen: Sorry, I cannot speak to that offhand, although we do know that there is a correlation between fetal alcohol spectrum disorder and alcohol and drug use in general.

Madam Chairperson: Thank you very much for your presentation.

Madam Chairperson: Before moving on to clause-by-clause consideration of the bill, are there any other members of the public who would like to make a presentation tonight? One more time, are there any other members of the public who would like to make presentation to either of these bills tonight?

Seeing no other members of the public who would like to make presentation, that concludes the list of presenters I have before me.

In what order does the committee wish to proceed with clause-by-clause consideration of these bills?

An Honourable Member: As listed.

Madam Chairperson: As listed. Agreed? *[Agreed]*

Bill 21–The Public Health Act

Madam Chairperson: During the consideration of a bill, the table of contents, the enacting clauses and the titles are postponed until all other clauses have been considered in order. We will now proceed to clause-by- clause consideration of the bills.

Does the minister responsible for Bill 21 have an opening statement?

Hon. Tim Sale (Minister of Health): I will be very brief. I repeat what I said in the House, that I thank the members of the staff and those in previous governments who started the work on this bill 10 years ago. I think it is a major piece of work everybody can take appropriate credit for.

Sometimes you say, gosh, it takes too long, and sometimes events intervene that improve the final work like SARS and are now a serious concern about both pandemic and the possibilities of bioterrorism. So had the act been completed more quickly, we would probably be back here trying to amend it. We have had the advantage of the SARS report in Ontario and the work of the new public health agency and the provinces collaborating.

So I think there are probably questions on a number of sections. I do not want to delay that process. So I think that will be the sum total of my opening comments.

Madam Chairperson: We thank the minister.

Does the critic from the official opposition have an opening statement?

Mrs. Myrna Driedger (Charleswood): Equally as short, I, too, would like to compliment the departmental staff that were involved in putting this legislation together because it is a total rewrite of The Public Health Act. As I said in the House yesterday, something like this is a monumental task. We probably will not know where the glitches are until we actually have to enact it and see what happens in those types of circumstances. So the best, I am sure, we can do at this point is to try to make sure that we have looked at it from every angle.

From my position in opposition, and maybe my background in health care as well, a bill of this scope does make me nervous, and as I indicated yesterday, there is a fine line between protecting the public and then also protecting civil rights. Trying to make the decisions in the legislation, I am sure, is not easy. But it makes me nervous in another sense, too. As opposition, in looking at such a significant bill, I certainly do not feel like I have the expertise to critique it as much as I would have liked to, nor do we have staff resources to do something like that. I take comfort certainly in knowing that there were a lot of experts that did put their heads together to draft the legislation and, again, do want to compliment them because this is a very, very significant piece of legislation within health.

I would ask the minister at this point in time if, as we are going through this, we could just look at some general global questions first and then just get into the line-by-line and go through it all at that point.

Madam Chairperson: Is there leave from the committee to ask global questions at the beginning and then go to line-by-line?

Mr. Sale: Yes, Madam Chair, as far as we are concerned that is fine. I would just like my staff to be available because I am not even a nurse, and I am certainly not a lawyer.

Madam Chairperson: Is there agreement from the committee that staff can join the minister at the table? *[Agreed]*

Mr. Sale: I will say that one of the reasons we brought this bill in in December was to give as much time as possible for people to have a chance to review it. I think the fact that there are no presenters on the bill beyond Elizabeth, who, I think, made a very specific but very important point, indicates that, in general, the field out there is satisfied that our work has been well done. Otherwise, I think we would have presenters here given that the bill has been before the public for some five or six months now.

So just for the committee's sake, Heather McLaren is our senior legal beagle. Donna Hill is almost a senior; she has worked for a long time. Both are long-time civil servants who have worked in this area and they do very, very fine work. We are also, of course, supported by all the great people that you

all know from previous movies, in our civil legal branch.

Mrs. Driedger: I have just a number of questions and I will get right at them then. The first one is to ask the minister: Who was consulted specifically in the development of the bill?

***** (18:50)

Mr. Sale: Well, the process of drafting this bill began 10 years ago, so there have been extensive consultations with the public health staff themselves, who are the people who actually implement the act, the medical officers of health, the chief public health officers of the province over that varying period of time because there has been more than one.

Because we have model legislation in other countries, specifically in the United States, there is a model public health act which was reviewed. We reviewed all the existing statutes in Canada, and in fact hired two students from Paul Thomas's area to do that review over a period of time, over a summer. We are members, along with all provinces, of the national group that works with Health Canada on public health legislation.

We took into account the more modern legislation which, just by the way, Ontario's legislation is not that modern. It is somewhat older. I think the effect from Ontario is from both the SARS and the Walkerton inquiry and the recommendations of the justices that heard those inquiries. So I think we did a very thorough job of working with public health officials, regional health authorities, public health nurses, public health physicians, as well as the national and international statutes.

Mrs. Driedger: Were there any consultations made within the public realm of people that are outside the health care field?

Mr. Sale: I am informed that early in the process, early in the 10-year process, probably when we were not in government, there was a steering committee that involved members of the public that was used to frame the early drafting process. I could get the members' names, but I probably could not get them tonight.

Mrs. Driedger: That is fine. In doing research for preparation for this legislation, we had been looking at what was happening in British Columbia as they are going through their review. I understand that they started their review process in 2004, and theirs sounds like it has a very extensive public component with questionnaires, Web site, public forums. They are using that whole process, I guess, partly as an education opportunity as well, not just in legislative development but in order to keep the public informed.

It sounds like it is quite extensive just in terms of getting the public engaged and involved in the development of the bill. So part of my questioning, I guess, was wondering why we did not go through, especially with recent events, more of a public consultation.

Mr. Sale: I think the opportunity we have now is that we will be developing all of the regulatory and actual implementation processes so there is now I think a great opportunity to do public education and to engage the public as we bring forward the new act.

Although I was not minister at the time, I know from my previous colleague, the Minister of Energy, Science and Technology (Mr. Chomiak), that there was significant pressure to get this bill finally done. Ten years is a long time. So to start a public process at the end of the drafting process would seem to be maybe not–it would not feel like it was being done in good faith because all the work had been done. So to start now to do consultation probably would not be very appropriate. But I think what would be appropriate, and what I think the member is implying, and I agree with her, we now have the opportunity to use the pandemic, the bioterrorism, the new issues in public health that are dealt with under this act–and most were dealt with under the previous act but not as strongly–to do some good public education because she knows, as a nurse, and I know from my reading that the foundation of all health is public health. It is not acute illness intervention; it is the promotion and protection of overall health.

So I thank the member for the suggestion which I think she is implying. We should be using this act and the intended regulations to do a strong job of public education.

Mrs. Driedger: Because I certainly sense that it is a hook to get people involved in something more concrete than trying to, you know, get people engaged in an educational process without a hook, and this does give a hook. People are sort of tuned in because of SARS, because of Walkerton, you know, with the threat of an upcoming pandemic at some point. It is a good opportunity to be well informed prior to all of that because I am sure once a pandemic hits, that is too late for any type of an education component.

Can the minister tell me: Were all of the RHAs consulted and was it a recent consultation? I understand from one of the RHAs that they might have not been consulted recently, that it was more like two years ago.

Mr. Sale: I am told that the member is correct, Madam Chairperson, that the consultations with the regions specifically were about two years ago; it would be just after SARS and after Walkerton. Certainly, by then, we were talking about the issues of a pandemic. But the medical officers of Health have been involved more recently than that and the medical officers of health are attached to regions. So in that sense there has been the ability of regions to express their concerns.

I can tell the member that, specifically, quite late in the drafting, we were dealing with issues around what are the powers of the Chief Medical Officer of Health versus what are the powers of a medical officer of health who is support staff to a region but also under the direction of the Chief Medical Officer. So those issues were still being discussed. The regions certainly were having their involvement quite recently.

Mrs. Driedger: How many medical officers of health are there in Manitoba, or how many positions are there, and are all of those positions filled?

Mr. Sale: I will take that question as notice at this point. We have some staff in the room, and we may be able to provide that answer tonight. If not, I will get it to the member quickly.

I will tell her that it is approximately 22, but that is part-time and full-time. There are part-time ones; some of our regions, for example, have a 0.6 because there is not the need for a full-time person. I think that is the total numbers, but do not, please, hold me to that. We will get you the answer.

Mrs. Driedger: I thank the minister for that undertaking.

I know when we were looking at Bill 2, there were some interesting components to it. I note that some of the things that were added in Bill 2, like a serious health hazard or looking at dangerous diseases, have now changed. I wonder if the minister could explain the reasons why. That Bill 2, I think, came into place in about 2003, if I remember correctly. Since then, there has been the decision in this bill to take out a couple of those things that were quite important back then. I wonder if somebody could just explain to me the reason for that change.

Mr. Sale: I would just refer the member to Section 53 and Section 60, both of which have the requirement that a disease be virulent for reporting purposes and action purposes. There are other sections where we did not want to list diseases because there is always a new one, and if it is not listed, it raises, then, questions about is it included or not. So we wanted to be general enough that we could quickly say this is reportable. This fits the definition of virulent.

Staff are also reminding me that the purpose here was also to allow the Chief Medical Officer of Health the ability to define and act quickly on a disease, rather than having a shopping list which would quickly be out of date.

But the term "virulent" is still here for the purpose of being able to rapidly take action because there is a difference between a dangerous disease–well, I am telling the member something she obviously knows as a nurse. Virulence has to do with how easily it is spread. Dangerous, it certainly will kill you or be very difficult for you, but it was not necessarily virulent. The member, I know, knows that. I should not be telling her; she already knows it.

I am also reminded that we still have the concept of serious health hazard in the act.

***** (19:00)

Mrs. Driedger: Yes, I will take this opportunity to ask the minister when he thinks that blastomycosis might be added to the reportable disease list.

Mr. Sale: I am told that blastomycosis–does everybody know what it is, by the way? It is a fungal disease that seems to live in the soil, particularly in Shield country. So do not let your dog go under your cottage, and do not let your kids play under your cottage. That is the easiest way to get it, and it is a really, really nasty disease. It is potentially fatal.

Blastomycosis is on the list of diseases to be added in the regulation. It is on the list to be added. It is anticipated that the regulation will come into effect by September 1 of this year, so quite quickly. We have been working on regs.

Mrs. Driedger: I guess, then, just for clarification, is the minister indicating that the act will be proclaimed, then, by September?

Mr. Sale: Staff are wonderful, Madam Chair. My staff are reminding me that this is a current regulation, so it will come into effect and be effective under the current act, until all the regulations that are

appropriate are drafted for the new act. So it is meant for both acts, but it will come into effect September 1.

Mrs. Driedger: What would preclude it from coming in sooner, then, if it is coming in under the current act? I am just thinking that summer is coming. I know that there is a man from Charleswood that died of this. I had a good friend that contracted it at Lake of the Woods, being under his cottage cleaning something. I know of a small child that got it. Is there any reason that it could not be added sooner, if it is just going into the regulations under the current act?

Mr. Sale: I am told that it is a resource question, in terms of the ability to deal with the data that will begin to come in on a basis, as soon as it becomes reportable. The member probably will know that we have sent out a bulletin on this, a public bulletin very recently, encouraging people to be aware of the disease and certainly, as soon as we can manage the volume of data coming in, we will be managing it and getting it in. That is why we put September 1. I agree with the member. The sooner we can do it, the better. If there is some way we can do it sooner, we will do it sooner. But I cannot proclaim a regulation that I cannot be sure is going to be enforced.

Mrs. Driedger: I guess that would bring us, then, into the funding question related to the legislation itself. In the minister's answer, is the funding problem, then, within that part of the department, public health, and when the budget passes, there is no extra money the minister can slide over there? Then, how is the minister going to manage the whole implementation of this act? There has obviously got to be some pretty significant funding changes that would go along with it.

Mr. Sale: I am really looking forward to the Estimates debate with the member, whenever we get there. I can tell the member that there are additional resources this year, in this year's budget for public health, and that we recognize that to implement this act fully there are additional resources and those have been budgeted for in current Estimates.

Mrs. Driedger: Can the minister tell us whether or not there was any difficulty in managing the TB outbreak in terms of was the current capacity stretched within the system in just managing the TB issue?

Mr. Sale: I think the answer to that is both yes and no. We were right in the midst of shifting over from the old system, in which the San Board of Manitoba managed TB, to moving into having an integrated provincial program housed in the WRHA, because of the respiratory issues and the testing issues, but provincially administered. We have provided an additional–I think it was five, I may need to be corrected–nurses last year for contact tracing to WRHA, which is a very substantial increase. We, additionally, recently provided increased sums for tuberculosis management which are quite significant, and again when we get to Estimates we would certainly be prepared to share those sums with the member.

In addition, Health Canada responded with some shorter-term resources. They provided a field epidemiologist from Ottawa which was very helpful in managing the FNIHB side, the First Nations Indian Health Branch side, because this is one of those epidemics that starts in one place and has implications in the non-First Nations areas.

So we were in the process of adding resources at the point at which the outbreak started. So that is why I said yes and no. We had already made the decision to add the resources but we were in the process of doing so. So certainly it challenged us in terms of having the capacity, but I believe that we got that capacity in place very quickly. To the best of our knowledge, the outbreak is contained at this point. Most contact tracing has been completed.

I think our more long-term interest, frankly, is in getting Canada to recognize the shocking conditions in a place like Garden Hill that has no sewer and water. So there is not much sense telling people who live in Garden Hill to use good public health measures because they do not have the capacity, and just as the member may know and may want to join an advocacy on behalf of the people of Garden Hill, a promise was made more than 10 years ago by Ron Irwin, who was the then-Minister of Indian Affairs, that sewer and water would be provided to Garden Hill. Nothing has been done in successive budgets to provide sewer and water to that community.

So, if the member has any contacts in the present government, advocacy on behalf of the people of Garden Hill–and Red Sucker Lake, by the way. Red Sucker Lake also has a problem with sewer and water although they do have sewer and water, but they have a problem with their water system. So I do not want to go on with my frustration with having to talk to people about public health when they do not have sewer and water. It is pretty demeaning to ask

them to wash their hands when they do not have running water.

Mrs. Driedger: How many people were identified as having contracted TB?

Mr. Sale: The most recent release that was put out, I believe last week, was 22 of which 6 were infectious, and the remainder had active TB but were not infectious. The member probably knows how TB works, that some forms are infectious; some forms are not. So there were 16 with non-infectious, 22 in total, 6 infectious, of which I think 2 were children. No, I am sorry. I will correct the number of children. It may have been more than 2 of the 6. It was 2 at least.

Mrs. Driedger: Can the minister tell me who will be listing diseases now under the regulations? I note that in Bill 2 it had been the minister who was going to have a role within that legislation of being able to list a disease. That has now been removed, if I understand that correctly, and I guess I am asking now who is going to be able to do that.

Mr. Sale: Because it is a regulation essentially by law, it would come through the minister. So the information to do the listing, of course, is not going to come from me. *[interjection]* We are clarifying that because the old dangerous diseases list is gone, right, what I will be regulating is the reportable diseases which will be listed, certainly drawn from the current list of diseases that are reportable and then be added to, as we would add, for example, blastomycosis.

***** (19:10)

Mrs. Driedger: Can the minister explain the new structure for the provincial public health system? There are a lot of different levels within it, and I am very interested in the component of the chief provincial public health officer, but then I note that there is–my mind just went blank here–but there are directors, there are inspectors, there are health officers, there are public health nurses, there are medical officers of health. There seems to be a lot of different layers. I guess, within this new structure, how does it all fit together and where are, for instance, Dr. Kettner's and Dr. Hammond's jobs ending up in all of this?

Mr. Sale: It is a perfectly appropriate question, Madam Chairperson, but I think it would be better if we did that in Estimates because it is an organizational chart. I do not have it with me tonight. I can tell the member that the intention is to advertise nationally for a new chief public officer of health who may or may not be one of the existing two people who fill somewhat similar roles for us now in the deal structure.

In general, and I am generalizing, the Department of Health will be responsible for the broad public health function in terms of pandemic, bioterrorism, reportable diseases, the sort of senior policy functions. The regional health authorities will be responsible for delivering public health services in the form of public health nurses. The member probably knows that the inspectors that used to be in Conservation, that is probably your next question, are moving into the Department of Health so that we will now have what I believe should have been the case all along under a public health mandate.

The actual organizational chart is drafted, but I say to the member that we want to have the new chief public health officer appointed and in place in order to shape the department in conjunction with the person who is going to head it. So we have a provisional organization chart.

We can tell the member that the direct services that are currently provided in a region will still be provided by public health nurses employed by those regions. But the two current branches will become one and the provincial Department of Health will be the delivery point for that, with the chief public officer of health having all of the kind of powers and autonomy that are laid out in the act. The national ad for that position will be going out very, very shortly. It was approved very recently, so within days, I would say.

Mr. Cris Aglugub, Vice-Chairperson, in the Chair

Mrs. Driedger: Well, I certainly hope that we have an ability to attract somebody. I understand that filling those kinds of jobs in many places in Canada is very, very difficult. I will be anxious to see how that all evolves.

Does that mean that the other two positions that Dr. Kettner holds and Dr. Hammond holds, are those two positions eliminated and folded into the one?

Mr. Sale: I do not think that I can answer that question directly. Both Dr. Hammond and Dr. Kettner are exemplary public servants who do great work. The new structure has plenty of opportunity for people like that. But I am not going to speculate about the positions because I presume that both might well apply for the senior position, and how we structure the communicable diseases branch, which

is one major branch under the new structure, and the director of public health, those are the two new names–so the positions that are currently there disappear, but the new names that might be very similar to what they do will be slightly different. The incumbents of all three positions will be sought, but certainly we are not at all unhappy with the current incumbents. I do not want to tread into personnel matters here.

Mrs. Driedger: No, and I was not going in the direction of or asking about whether or not Dr. Kettner or Dr. Hammond will be around or not around or anything like that. It was more about the specific roles that they hold, whether those roles actually will remain there or whether those roles are merged into that one role and those other roles emerge. Are you indicating that all of this might still be fluid?

Mr. Sale: The work that they are doing has to continue. Obviously, the role that Dr. Kettner plays in terms of things like SARS, West Nile, the kind of overall direction has to continue, but that would be part of the senior role. The work that Dr. Hammond does in terms of infectious diseases and disease control has to continue, but the structure of the branch and the structure of the department has to evolve so that there is a single point of responsibility. That is the point of bringing the two together. That is what we have done in Canada through having David Butler-Jones as the person who is the point person. Each province is following that kind of model so that in Canada when we go to co-ordinate whatever we need to co-ordinate, we know what the command and control structure is. I hope that is a response the member finds helpful.

Mrs. Driedger: Yes, and I do not dispute that at all. It makes sense to me in terms of how this whole new structure is evolving.

Can the minister tell me how many health inspectors there are now that will come under the Department of Health?

Mr. Sale: I will get that information for the member.

Mrs. Driedger: Is there any reason that a deputy was not appointed? I note that in some other provinces–it might have been Ontario's legislation that I was looking at today–there was a deputy rather than just any ad hoc appointments of somebody to be in an acting position. They actually had within legislation a deputy chief medical officer of health, for instance.

Mr. Sale: Section 12 provides for an acting status with powers, but in terms of the way we have structured the branch, we have a senior person and two senior officials that are responsible for two areas underneath. So it is not unlike a department of government in which you could have an acting deputy. You have got very good people available to you, but we did not think we needed a person at the top and a person underneath them before you got to someone else.

Mrs. Driedger: Can the minister tell me if there is an obligation for the City to report whenever there is a sewage spill in the river? Does this legislation force the City to have to report every time there is a sewage spill into the river?

***** (19:20)

Mr. Sale: Maybe we could, Mr. Vice-Chairperson, move on to the next question. I am asking for information about other acts under which the City is required to report this kind of an event, and I am not clear whether there is another act. I believe there is, but I do not know.

I commend the critic on her homework. We will find out, but there is a provision under "Duty to report health hazards," Section 39, and this is a person who is required by the regs to report a health hazard described in the regs–so there is provision to do that if we described a discharge of sewage into the Assiniboine or the Red or any river, any waterway could be prescribed by regs–or reasonably believes that a health hazard described in the regs exists must promptly report that belief and the basis for it to a medical officer, an inspector or other person in accordance with the regs.

So the provision to do it is here. I cannot tell the member currently whether there is a requirement under any other act for that kind of reporting to take place. But, we will find out.

Mrs. Driedger: I appreciate that undertaking because I think it would be important that there be some clear statement somewhere that sewage spills into rivers should create the situation where a public health official automatically has to be notified. So I will look forward to that.

The minister was indicating then that it could be something that could roll out of the regulations. I guess I would be okay with that. I would feel maybe a lot better if it was strongly indicated even in legislation, but I guess the only avenue to do that would be through regulation. But I would certainly

like to see some clear statement somewhere with that information being made well known to municipalities or whoever that there is that expectation that every single time there is a sewage spill that there is a notification of public health officials.

Mr. Sale: Well, I have some sympathy with what the member is suggesting. The Clean Environment Commission report on the City of Winnipeg in 2004, I think it was, raised this issue because I happened to be the acting minister when that report came out. It was a hot summer day, I think. That issue was discussed at that time, and I believe the City has, since that time, reported such things.

But I think the member raises, for example, what happens if a sewage lagoon spills, breaches? What happens if a manure storage, farm storage for a large lagoon is breached and flows into a waterway? I believe there are regulations already in regard to all of those kinds of spills in another act. But we are going to find all that out, and we will be able to inform the member more clearly on that. But she makes a good point.

Mrs. Driedger: The reason I brought it up is through an e-mail I had received where a Winnipeg resident indicated that there were over 80 sewage spills in the city, you know, with heavy rains and overloaded sewers, that there were over 80 sewage spills. His comment was that these are not regularly passed on to public health officials.

Mr. Sale: I am informed provisionally by staff that my recollection about this is sort of partially true. It is a condition of the licence of the City of Winnipeg to operate its sewage disposal system that it report discharges. The average number of discharges per year is about 17. They happen when there is a severe rain in the older areas of the city where there is a combined sewer, and that is why the City is on a 20-year process of separating storm from sanitary sewers. But I think what we could try to do is to get the member a copy of the section of the licence for the City.

Madam Chairperson in the Chair

The more general question she raises is should this apply to any discharge of raw sewage into a public waterway, a navigable waterway, or however waterways are determined. I cannot answer that question without more research. We have certainly heard her concern, though.

Mrs. Driedger: Yes, and besides, I guess, it being part of a licence, I guess I would somehow like to see, because it is a public health act, that there be some component, if it is going to be through regulations, just to have it addressed within a public health act.

In one part of the legislation, and it was a part where I certainly had some concern. It is in 46(1) and it is related to a child in a school or a day care can be examined without consent. In today's day and age and I guess maybe with my Child Find background and today's day and age of child safety, and I understand the bigger issue of public health safety, but can the minister explain how it is that somebody can actually go into a day care without needing the consent of the day-care operator or go into a school without the consent of a parent or a school and examine a child?

Mr. Sale: I am informed that this provision is virtually identical with the one in the current Public Health Act and covers things such as nurses coming into school to check for head lice, that sort of thing. This is one of those areas that I think the member alluded to in her opening remarks. It is the question of the balance between individual rights and public health.

Ultimately, what the act is saying is that the right of the public to be protected against the spread of a disease trumps the individual's right to say, no, I will not submit to an examination. That kind of thing happens exceedingly rarely, and I think public health officials are always very careful to do things by consent intelligently, et cetera.

But this is one of those places where at the end of the day the public's health trumps the individual's rights. It is one of those tough ones, but I do not think we run into it very often.

Mrs. Driedger: I do not have a problem with that with adults, but I am struggling with it with children, if I am looking at a two-year-old toddler. I guess I would ask along with that if other provinces also have that within their legislation, because children cannot speak up and protect themselves. Adults certainly have awareness and knowledge of what is happening to them, and an adult can defend themselves and speak out, but a child cannot, and related to day cares is the one that really sort of jumps out at me, but even kids in schools.

Do other provinces, have they gone this far?

Mr. Sale: I think if the member would read the wording very carefully, it is in order to investigate a case or a suspected case of a communicable disease.

In other words, there has already been something serious enough to cause a reaction. I think, for example, in the tuberculosis issue, we had to do case contact follow-up in day cares on the reserve because of the fact that one of the children was infectious and was young.

***** (19:30)

We had to do follow-up with a school classroom for the same reason. Obviously we did that through contacting the parents, talking to the teacher, but at the end of the day we had to see every one of those kids to make sure that we were not missing a potential spread. So it is not a sort of random walk-in and we are going to investigate your kid for something. It is we had a case of, whatever it is, measles, mumps, TB or whatever. There is a risk in this particular place and we have to check these kids. Nobody is going to walk in and do it in a ham-fisted way. I think you as a nurse know that, but what it does is say at the end of the day, we really have to have the right to check this out. But you are right to be concerned. I think every professional who does this kind of work is concerned.

But the act has to be clear that someone cannot say, no, I am not going to be tested for TB. I have a right to have TB and inflict it on others. We just cannot allow that. So I take the member's concern. I know she has been a professional in similar situations and you do not do these things insensitively, but at the end of the day, sometimes you have to give a kid a needle even if the kid does not want it.

Mrs. Driedger: I appreciate that and I know that is part of the struggle in all of this. It is just, I guess I look at it too from the concern of the extent of an examination of a child. You know, you may have a two-year-old child in a day care. It could be a little girl. You may have a male doctor and there is absolutely no consent needed. I guess that it is probably my Child Find background; maybe that is my experience as a nursing supervisor in pediatrics. In today's day and age of things happening to kids, it is just something that, again, I guess, I just find troublesome.

If a doctor comes in and he is just making the decision that I have to have a full examination of this little girl. Not to say that there is anything wrong with all of this, it is just that that little two-year-old girl or four-year-old girl, or whatever, or little boy, has absolutely no recourse and no parental consent.

I guess if you are going to go as far as to have to examine a child, I guess I would be a little more comfortable, and I know probably a doctor is not going to do it without somebody standing there with him, too; but in the protection of the child, I would not mind seeing something a little stronger somewhere, or what other provinces do. I do not know.

Mr. Sale: We will take the member's concern when we are drafting regulations and protocols, but I think the member knows that we are talking here about public servants. We are not talking about private physicians and private offices. We are talking about a public health issue, public health officials.

I take the member's concern, but I also know that she knows that, when there is an issue in a school of any severity, the parents are always informed. Nobody walks in out of the blue for no reason and starts to say, we have to look at kids somewhere over in the corner. I understand her concern. I know she was involved, is still supportive, of Child Find. I recognize all that stuff. We will take her concern and be aware of it in the drafting of protocols.

Just, if I may, medical officers of health, 15 full-time equivalent positions. So there are more than that number of medical officers of health because some of them are part-time. That is where my memory was saying 22, but it is 15 FTEs. In terms of public health inspectors, 27 in total would move into the Department of Health.

Mrs. Driedger: Are the jobs all filled or are there some vacancies?

Mr. Sale: I do not know. Do you want to know?

Mrs. Driedger: Yes.

Mr. Sale: Okay, we will try and find out.

Madam Chairperson: Just a moment.

Mr. Sale: Sorry.

Madam Chairperson: It is okay. Any other questions on that particular topic?

Mrs. Driedger: No. I want to raise the concern, and I think the minister hit on a word, though, about "informed," that parents are informed. That may be a logical thought that we have that, whenever things like this are happening, parents are informed that these things are happening, but I hate to make assumptions that those things happen. As we are talking about kids, it is saying these kids can be examined without consent, but at least, if there is

some way that a parent is informed. I will just leave that with the minister.

With the establishment of registries or with any of the other privacy issues here, I guess it just brings me to the PHIA legislation. Is it compatible with everything within this act? I know that PHIA is well past its date, I understand. It has had its consultations. It has had its five-year sunset time. Where are we at with the PHIA legislation and is it compatible with this legislation?

Mr. Sale: PHIA, because it was drafted with public health issues in mind, allows for the use and disclosure of personal health information when it is necessary to prevent or lessen a serious and immediate threat. Those are the words to public health or public safety. It also allows for the disclosure of personal health information if the disclosure is required or authorized under other laws. So PHIA and the act are compatible is the answer to your question.

The PHIA review commenced within the five-year time, as required. It is a very complex legislation, as the member knows, and it is again one of those balancing acts between individual privacy and public good, public welfare. The recommendations will be available very shortly. They have been completed. It is intended to have amendments ready, if not for this session of the Legislature, soon after this session of the Legislature, if they are not available for this one.

Mrs. Driedger: When we talk about registries, I know that with, for instance, cervical cancer, there was a problem because of privacy in terms of just being able to put names on lists and phone people and tell them to come in for an annual check. With breast cancer, it happened probably before privacy legislation came in, so it was a little easier to put together a breast cancer database, but cervical cancer was not so easy to do because you ended up in the position of having informed consent.

So, again, if we are looking at registries being set up, is all of that then in compliance with the PHIA legislation as well?

Mr. Sale: The transparency for registries. You are asking first about the cervical and breast cancer. CancerCare Manitoba was required by the government to do the consultation so that the registries would be appropriate and they did so with both the public and with the service providers. As a result, the current regulation which now exists is transparent in what is to be collected and how it may be used. This is the type of information that those involved in the consultation said they wanted. So we drafted it, this was before my time in the department, but it was drafted through that process of consultation.

Other registries will be required to be set up by regulation, instead of by policy, in order to make sure that that continues. So, in other words, because it will be by reg, it will not be hidden from anybody, it will be right out there. So that is how we are dealing with that question.

***** (19:40)

Mrs. Driedger: A question on liability, which is 106(1) under Liability Protection. My question relates to the fact that no action can be taken against all of those people, even with neglect. I guess that is where we have a little bit of concern in terms of the fact that, even with neglect everybody is cleared of liability. I guess I wonder why, going down to "unless the person was acting in bad faith," why it could not say "unless the person was acting in bad faith or negligently." Why are all of those people, if they are acting negligently, protected from liability?

Mr. Sale: Well, I am told that, first of all, this is consistent with other acts of the same nature in other parts of the country. This is a protection for public officials who have to do things that sometimes the public does not necessarily like in order to fulfil their duty of protecting the public health. So, in order to give people the security to do the job, we need to protect them from being attacked every time they do something that is not popular.

In terms of the question of extreme negligence, I would think that the policies of the government, if someone acts in a way that is so clearly negligent, then this is not going to protect them. It is going to be like the Walkerton situation, basically.

I think, though, that you have to provide security for people who have to do difficult and sometimes unpopular work–the question of not, you know, I think the phrase is for any neglect. Public health is a pretty dicey issue sometimes, so what constitutes serious negligence as opposed to neglect? I do not think we can always know everything that is going on, and so, why did you not know this was going on, sir? Well, we are not omniscient. That is the question of neglect as opposed to deliberately hiding results in water tests, which was done in Walkerton. That verges on criminal negligence as opposed to just non-performance of a duty.

I am informed that this is a pretty standard protection. I know there is room for concern and Elizabeth Wood made that clear earlier. I understand the tension in this, but I am advised that this is what is needed to give our officials the ability to do the work that they have to do.

Mrs. Driedger: Is there another word that could replace "neglect" because it would seem to me that "neglect" or "bad faith" or "negligently" fits at the bottom, and I understand because I can put myself in the position of any of these people and know what would happen in a SARS outbreak. I know that you would try to make the best decisions possible, and you may make a mistake but to me that is not neglect. If you are making an honest mistake, that is not negligence.

"Negligence," to me, has a different connotation, and it would seem that "neglect" is maybe not an appropriate word up there but that there should not be protection from liability for negligence. "Negligence" has a whole different connotation to it.

Mr. Sale: This may be an area where we are just not going to be able to agree. This is the word that is used in other acts; The Mental Health Act, for example.

We are also, as you know, trying to draft all or our legislation in plain English now and not to use great long phrases to try and cover what one word could do. I think the member raises a legitimate question. My officials tell me that this is the word that is commonly used in this kind of legislation, so I am kind of stopped at that point. I do not really have any more I can add to that.

Mr. Kelvin Goertzen (Steinbach): I just want to add on the point that my colleague from Charleswood raises. I think that she raises a good point in that negligence typically in law has more to do with a person fulfilling their professional standard, and so negligence, in and of itself, can be a variable term. What might be negligent for a layperson to do on the street who does not have medical training or might not be negligence for them, might be negligence for somebody who is a professional because they are held to a higher standard, where bad faith is more of a wilful sort of obstruction. I think the minister spoke of Walkerton. I think that that would probably fall under the category of wilful obstruction or bad faith where somebody knowingly and purposely tried to obstruct something on the negligence side. I think my friend from Charleswood was trying to articulate it this way, that has to do with somebody not fulfilling their professional standard.

So I am not sure the protection against negligence, even though it might conform in some fashion to other acts, should not be reviewed. I do not think it would be reviewed in the context of this committee, but I would encourage the minister to look at that, because I think a person has the right, as a medical professional, which I am not, but to make a mistake similar to a lawyer, they can certainly make a mistake and not always be held liable for it. But, if they are negligent, if they do not reach that professional standard that is expected of them, then they have a higher sense of liability.

So I just simply leave that with the minister, and I am sure he will review that at some appropriate time.

Mr. Kevin Lamoureux (Inkster): Yes, Madam Chair, I know my leader had spent a great deal of time in second reading dealing with that specific issue of neglect.

An Honourable Member: Can the member speak up a bit?

Madam Chairperson: Yes, I guess you have to bring the mike a little closer.

Mr. Lamoureux: I am going to have to quote the minister in the Chamber in the future, for me to speak up louder.

Thank you, Madam Chair. My leader had spent some time during debate on second reading on this very issue. As the Member for Charleswood (Mrs. Driedger) has pointed out, even with neglect, people are cleared of liability. It is a tough thing to swallow.

I heard the minister clearly indicate that, well, this is in other legislation. It takes that form in other legislation. So for that being the primary reason, he does not have a problem according to what he has been told with it.

Is this then his personal opinion, that he is quite comfortable with the actual wording of this, because I want to be very clear as to what this minister believes on the statement itself?

Mr. Sale: Madam Chair, I have been involved in numbers of meetings in regard to this act, and I am comfortable that this represents essentially what I guess I would call best practice.

Mrs. Driedger: I am almost finished and I will just end with a few questions on pandemics, if I could.

My first question: Is the national strategy on pandemic influenza completed? I understand it was to be due this spring, and I wondered if that has been finalized.

Mr. Sale: My deputy is in the back of the room and I cannot answer that question in terms of whether it is finalized. I have seen binders, but whether it is finalized or not, we will try and get the answer for you in that regard. There is an enormous–there is a lot of paper. Whether it is finalized or not, I cannot say.

Mrs. Driedger: Who is in charge of Manitoba in terms of co-ordinating pandemic readiness?

Mr. Sale: Madam Chair, this is a layered response. So we have a director, his name is John Lavery, who is overall responsible for Manitoba Health's emergency preparedness.

In terms of co-ordinating something in a pandemic, that would very quickly become a MEMO, a Manitoba Emergency Measures function, because the chief issue in a pandemic is not health, frankly. It is the continuity of civil order. If you have a really serious pandemic, then do your police officials still function? Does your hydro system function? Does your water system stay on? Is there food in the stores?

The health issues, frankly, are difficult because lots of people will be sick and numbers of people will die, but we know what to do with people who have flu. Insofar as we are capable of doing it with antivirals, and, hopefully, within six months of the first outbreak, we will have a vaccine. That is about how long it takes. Preparatory work is being done in ID Biomedical in Vancouver that has recently been purchased by Merck–not by Merck, by one of the other large pharmaceutical companies.

***** (19:50)

Canada actually is in the very fortunate position of having a domestic vaccine supplier that most other countries do not have. Canada has contracted with that supplier, and $36 million this year to do advance work on the human H5N1 virus and to be as ramped up and ready as it can be so that as quickly as we have an identified pathogen they can begin the production of vaccine as quickly as possible. But the estimate is that it will be six months.

So the co-ordination would be, as I said, layered, but, if it is a true pandemic, the control of the response would very quickly become the Manitoba Emergency Measures co-ordinating public safety, public services, food, transport, the whole shooting match, and health would be a major part of that through the Chief Medical Officer of Health and the Director of Communicable Disease Control. And, of course, we would be rolling in all the other things you would have to roll in: temporary staff, temporary facilities, and all that sort of stuff, all of which is now in place in Manitoba in terms of our preparedness. We have very, very significant capacity in terms of our work that has been done over the last number of years with municipalities and with our own department. So there is a great deal of work been done. That is not to say when we have one it is going to be easy because it is not.

Mrs. Driedger: There are a number of areas where I am assuming that criteria need to be developed ahead of time, and I am wondering if we have criteria developed that would say when we would close schools, or are those decisions going to be left for later on? Are we going to have some solid criteria that say this is when you close the school and this is when you can leave it open?

Mr. Sale: First of all, I am reminded–and I should have remembered this anyway. We just had a meeting in Toronto on this. The national plan is essentially an evergreen document. I think that was the phrase that was used in Toronto, and that is that it is always open to evolution. But it is in place, and the phrase that has been used by my officials is that it is sort of finished. It is never really finished because it is an evergreen document. So it is essentially finished.

We also have our plan in the same kind of evergreen form. It is very layered, but that decision would be made by a medical officer of health based on what is happening. I do not think you can have a prescribed level, but you can have a protocol, and there are protocols in terms of that kind of decision, but I do not think they would ever be in terms of X percentage sick, how serious is the pandemic, how is it affecting children as opposed to old people. I do not think you can do that except by having a very good command and control structure in place at the time using protocols that have been developed for decision making. I do not think you could prescribe when you would close a theatre or close a school or close a university because you cannot say what the nature of the pandemic is going to be. So it is a process you have to be clear about and use good processes that everybody knows how it works rather

than trying to prescribe in advance mathematical models.

Mrs. Driedger: But I wondered if there were even vaguer criteria. I thought in Toronto that when they had SARS that was one of the problems they had, that they ran into problems with quarantine and, you know, not knowing, do we quarantine, do we not quarantine. That is because they were not ready for it all. I mean, if we were to look and even have sort of a, I do not know, like a shopping list of criteria, like not black and white but something that would say: These are the criteria for when we close schools, when we quarantine, when we close public places, when we disallow travel, that type of a thing.

Mr. Sale: I think perhaps the best thing to do would be for the member to ask for a briefing on our pandemic plan to understand the nature of the plan, the complexity and the layering of it. It is not that I think this is unproductive dialogue, but I think it might be better. You know, there are a couple of very big thick binders, and I think if we had our officials spend a bit of time, that might be helpful. I think ultimately we need to do that with all of our members of the Legislature so that we all have some sense of how this works, and we can have some comfort that the work that has been done is very thorough.

Mrs. Driedger: Actually, I thank the minister for that because I do think that is important. I certainly read that 4,900 people in Manitoba could be hospitalized in a pandemic. There are a certain number of deaths that are going to occur. This is the kind of stuff that is all out there in the media. Half of our health care workers are going to be sick in a pandemic. This is actually coming from some doctors out there being quoted in the media.

So it does beg the question, what kind of surge capacity are we going to have in the health care system? If you have 4,900 Manitobans getting sick, are we planning for that surge capacity? Do we have mobile hospitals? Do we know which places we will take over if we have to quarantine people? I think it would be helpful for all of us to know that and know whether there are guidelines in all the hospitals and what the criteria is for getting antivirals, who is going to get it, does everybody get it and that type of thing.

I was a few years ago in Sunnybrook Hospital right after SARS. In emergency, the nurses were still all masked, and even the clerks, the admitting clerks, were still all masked and gowned. Sunnybrook had the most number of SARS patients in Toronto. It was an interesting experience. I was there after the fact in their ER. Just talking to people that had been on the front lines brings it all and makes it all much more real than sitting here in the Legislature. I certainly think that probably, come the fall, it may be something that can be offered to all the members here in terms of just getting people up to speed on that.

Other than that, I think that concludes the questions that I have on this bill.

Madam Chairperson: Seeing no other questions, due to the size and structure of Bill 21, is it the will of the committee to consider the bill in blocks of clauses corresponding to its 14 parts, with the understanding that we will stop at any particular clause or clauses where members may have comments, questions or amendments to propose?

Mr. Sale: Just to give the committee a notice that I have an amendment of a technical nature in clause 112, and that is the only amendment that I have. So we could get to clause 112 whenever we can.

Madam Chairperson: Is it agreed to proceed in the previously mentioned fashion?

An Honourable Member: Yes.

Madam Chairperson: Yes, I will take that as agreed.

Mrs. Driedger: Sorry, before we go any further, there was one other thing and I did forget it.

Can I ask the minister if there is going to be a time limit imposed upon labs? In other provinces, I understand, in other Canadian jurisdictions, persons in charge of labs are generally required to report diseases listed in the legislation. They have a time limit on that reporting: Alberta is 48 hours; B.C., 7 days; Ontario, as soon as possible; Québec, as soon as possible; Saskatchewan, 48 hours. To me that would be something I would think would be useful in legislation like this. That was the one question I did forget.

Mr. Sale: Under the current regulations, it is a four-day requirement. So there will be regulations. Again, because diseases change, you do not want to put it in the act, because then to change something you would have to open the act up, and the Legislature is not sitting, et cetera. So it has always been done by reg; it will be done by reg in the new act.

Four days is the current requirement, for certain diseases. That is, most reportable diseases must be reported within four days of the lab becoming aware. There are other diseases that have to be reported as soon as possible by telephone or other rapid means of communication. So more virulent diseases have to be reported more quickly. Four days is the standard for a reportable disease.

***** (20:00)

Madam Chairperson: Seeing no other questions, we will now proceed to part by part for the bill. This is for Bill 21.

Part 1, pages 1 to 6, and please stop me if you have amendments or if you have questions at any part.

Clauses 1 through 3–pass; Part 2, pages 7 to 11; clauses 4 through 21–pass; Part 3, pages 12 to 23; clauses 22 through 40–pass; Part 4, pages 24 to 36; clauses 41 through 59–pass; Part 5, pages 37 to 43; clauses 60 through 66–pass; Part 6, pages 44 to 46; clauses 67 through 70–pass; Part 7, pages 47 to 51; clauses 71 through 76–pass; Part 8, pages 52 to 55; clauses 77 through 82–pass; Part 9, pages 56 to 64; clauses 83 through 91–pass; Part 10, pages 65 and 66; clauses 92 through 95–pass; Part 11, pages 67 to 73; clauses 96 through 111–pass.

Mr. Sale: Just the next one.

Madam Chairperson: Part 12, pages 74 to 80. Shall Clause 112 pass?

Mr. Sale: I move

THAT the following be added after Clause112(1)(h) of the Bill

(h.1) governing the procedures for obtaining apprehension orders under section 47 and warrants under sections 83 and 85.

And, if I may speak to the reason for the amendment?

Madam Chairperson: We are just going to move it first, okay?

Mr. Sale: Okay.

Madam Chairperson: It has been moved by Minister Sale

THAT the following be added after Clause 112(1)(h) of the Bill

(h.1) governing the procedures for obtaining apprehension orders–

An Honourable Member: Dispense.

Madam Chairperson: Dispense?

An Honourable Member: I thought I could, but I was wondering if this was a new procedure.

An Honourable Member: No.

Madam Chairperson: Dispense. The motion is in order. The floor is open for questions.

Mr. Sale: If I could just tell the committee the reason for this–*[interjection]* sorry, is this not on?

Madam Chairperson: No.

Mr. Sale: I could tell the committee the reason for this is that because of some changes in the roles of magistrates in the province following work with the judges, the numbers of magistrates that will be able to issue warrants is smaller than it was when this act was originally drafted. We have the same number of magistrates, but their duties have been moved into two different categories, in my understanding. So this will allow, particularly in situations where you have got a remote community and no magistrate in the community, the ability to seek a warrant by phone, by fax, ultimately by e-mail, because of an urgent requirement to deal with an outbreak or to apprehend a person who, for example, is knowingly having unprotected sexual intercourse with someone who is HIV-positive, for example.

So it is the capacity to use modern means to get the issuing of a warrant, rather than having to do it in person because of the changes in how we are doing this process now in Justice after consultation with judges and others. It is really a technical change.

Mr. Goertzen: Just a question on a point of clarification. So this is in response to the new legislation that I think was passed, but not enacted yet last session regarding a new classification that brings in a judicial justice, I think, as a new classification of justice. Okay. Thank you.

Mr. Sale: Yes.

Madam Chairperson: Seeing no other questions, is the committee ready for the question?

An Honourable Member: Question.

Madam Chairperson: The question before the committee is as follows–

An Honourable Member: Dispense.

Madam Chairperson: Dispense, thank you.

Amendment–pass; clause 112 as amended–pass; Part 13, pages 81 and 82, clauses 113 through 117–pass; Part 14, pages 83 and 84, clauses 118 through 124–pass; table of contents–pass; enacting clause–pass; title–pass.

Shall the bill as amended be reported?

Some Honourable Members: Agreed.

Mr. Lamoureux: Madam Chair, just one final question. When I was speaking on second reading of the bill, I put some emphasis on why a five-year report as opposed to having an annual report from the health officer. I wonder if the minister could just give a quick comment on that issue.

Mr. Sale: Just for clarification, is the member talking about the overall health status of Manitobans' requirement?

Mr. Lamoureux: Yes.

Mr. Sale: If the member would look at, for example, the Postl report of 1995 on the health of Manitoba's children, just children, he will see the scale of the work that is required to provide that kind of report. The sort of material that is in that report gives very significant work for many years. We are still, in effect, working to improve the status of health of Manitoba's children. So, if we were to give that kind of capacity to do that sort of work every year, it would be a very large administrative vote. We think that five years is a pretty good checkpoint, rather like the five-year census, how things changed in five years. That is measurable. It is enough time to mount a campaign, for example, on infant mortality or morbidity and to see whether you have had any effect, but one year, you probably cannot do that. So that is the reason.

Madam Chairperson: Bill as amended be reported.

Bill 36–The Youth Drug Stabilization Act

Madam Chairperson: We will now move on to Bill 36.

Does the minister responsible for Bill 36 have an opening statement?

***** (20:10)

Hon. Theresa Oswald (Minister of Healthy Living): Yes, Madam Chair, an ever-so-brief opening statement.

I want to begin, of course, by extending our thanks to Leg Counsel for the work that they have done in constructing this bill. I also want to extend my thanks to Health and Healthy Living staff, in particular, those working in the mental health and addictions unit who have worked very diligently, and I would argue courageously, to go forward in crafting this bill, for the time that they have spent educating many of us around the room on the complexities of this bill.

I would also extend my thanks to my colleagues here at the Legislature for the thoughtful advice that they provided during debate. I had an opportunity to review a number of ideas and concerns that were raised during the debate of this bill, suggested amendments, in fact, and it does enable one to look once more, twice more, with a critical eye at the legislation. I feel quite comfortable that the issues that were raised in discussion and in debate are, in fact, covered over in the existing bill and that some of the suggestions that were made were very thoughtful ones that perhaps are not necessarily legislative matters but things that we can take in to account as we proceed with the protocols surrounding the stabilization of young people, generally. So I thank colleagues for that, and I really would like to limit my remarks at this time to one of the suggestions that has arisen concerning urgent implementation of the bill, urgent proclamation of the bill, as it were.

Certainly, we have to address the fact that this particular kind of legislation, legislation that will involve the detaining of a young person for a period of seven days for stabilization, is very new to our province. In fact, it is really rather new in Canada. We know that Alberta took over 12 months for their bill to come into effect. We know that the Province of Saskatchewan took some six months, and we have learned from those jurisdictions, of course, and it has enabled us to move our feet quickly on this. We agree with members opposite and, importantly, with parents who are speaking to us about the urgency of enacting such legislation. We also know in speaking with the experts that thoughtful planning has to balance that, as well.

We know the implementation of this legislation will involve very serious decisions which have long-term implications for young people and for their families. We know, as we listened to our presenters tonight, a parent who has suffered an unspeakable loss, an expert who has worked many years in treatment and rehabilitation and the tender care of people suffering from addiction, and we know from someone working in the field at present with young people, from all of them we heard advice about the

importance of being mindful of the planning and the training and the education that needs to be involved in this. We know that we are talking about so much more than beds in a facility and we know that for the sake of families that are undoubtedly in crisis, we need to ensure that the process for them is as smooth and seamless as absolutely possible.

The types of services provided by this bill have never before been provided in Canada with the exception of very recently in Saskatchewan. Parents, police officers, judges, addictions workers, child and family services workers and others need education regarding all of our available services, how to access the court orders when needed and the details about the process of mandatory stabilization.

Essentially, people in our community need to learn what this bill is and what this bill is not. People need to understand the very high threshold that must be met in order for a young person to meet the criteria, and they must understand, of course, that what we are focussing on here is stabilization and not treatment.

We need to ensure, as we heard tonight from the person from AFM, Ms. Goossen, that the people staffing a stabilization unit need to have the appropriate training for working in this new and admittedly more volatile environment. It is going to be a new role for addictions workers, dealing with perhaps profoundly reluctant clients and their safety must be of paramount concern for us. We have, at present, youth bed capacity in Manitoba.

We have secure environments and we have expert staff in a variety of facilities. But in the time that we are taking to ensure that people are educated, that they are trained and, ultimately, that they are safe, we will also work to bring these elements together to have the optimal combination of these experts and of these facilities into one location to ensure that we have not only a suitable but, indeed, an excellent stabilization unit that is going to, in fact, make those critical seven days, those moments of stabilization where that young person is going to make a decision about their treatment, a decision arguably that will change the course of their life for the better, we want to make sure that it is perhaps the most ideal environment possible.

Acknowledging also that this particular legislation is not the silver bullet in curing all of the ills of addiction; it is but one part of a much broader strategy. I have said before that it is the kind of legislation that we, of course, hope to see be moved into law and that in fact perhaps never needs to be used, that no parent ever has to find themselves in a situation where they need to have an order issued and they need to have their young person taken to a stabilization facility.

This legislation has been designed to ensure that all other avenues for treatment have been exhausted prior to the order being issued, that the rights of a young person are taken into account and, once again, that the threshold criteria, that is, that the problem is severe and persistent is made evident by the person applying for the order.

All of that being said, I would say, once again, that we are working diligently to move forward on the advice of parents, on the advice of members opposite to move with urgency while at the same time working to balance the security and the safety of our addictions service providers and all people that will be involved in this process. It is for that reason that when we come to that component in the bill that I will be moving an amendment to state a specific date of implementation of action for this bill, making us the fastest in Canada, ensuring that there is a balance between the education and the training that must occur and that the availability of this kind of legislation for parents in dire need is taken into account. Thank you.

Madam Chairperson: We thank the minister.

Does the critic from the official opposition have an opening statement?

Mr. Kelvin Goertzen (Steinbach): Yes, thank you very much, Madam Chairperson, and thank you, Madam Minister, for your comments.

I think this is an important evening here in the Legislature. It is a time when we see legislation move forward that all parties have agreed on and, in some fashion or another, parties have called for. I remember speaking about the legislation publicly back in the fall, and at that time there was a fair bit of resistance to it, partially from the government, also partially from those within the addictions treatment purview as well. But, you know, I think that that is sometimes how legislation goes. Ideas come forward, and sometimes it meets initial resistance, and then people would get together and talk about it and it moves forward. I think that is positive.

Probably most Manitobans, when they look at what it is that they want politicians to do for them, they would probably say that that is what they want.

They want ideas to come forward and to have some debate, and people can change their minds and come to a realization that maybe something is very positive even if their initial feelings were not that way. So I am glad that members of my party were able to raise this issue, and I am glad that the government saw fit to also bring it forward into legislation.

I certainly thank the members of the staff who were involved in drafting the legislation because I do think it is going to stand the test of time. There will be changes, I suspect, over time. We have heard some comments about the length of time of detox for stabilization for young people. We will find out together with our friends in Saskatchewan and Alberta, who have also brought forward the legislation, we will find out if seven days is an appropriate time or not. Certainly, I had questions, too, when I brought forward the idea about whether or not seven days was enough or five days should have been the right target, or 30 days. Quite frankly, I do not know the answer to that. I think it is one of those things that we will have to see the legislation brought forward, and those who are working in it in the field will determine whether or not it has been long enough or whether or not it should be longer.

***** (20:20)

There will be questions about facilities and what kind of treatment facilities we have and more that we will need. I agree with the minister when she says that she hopes this legislation is never used. I think we both know that that will not be the case, unfortunately, in the world that we live in, but certainly that would be the goal of this and probably a lot of other legislation that we debate here before the Legislature.

But I do think it is particularly important because I have had the opportunity, along with other members of the Legislature from all sides of the House, to meet with parents and I remember, in particular, one parent who said to me that the best that she could hope for with her drug-addicted teenager was that he would get into some kind of a crime that was not so serious that they would go to jail for a long period of time and would affect him negatively that way, but was serious enough that he would be sentenced to some sort of a treatment. And I thought that is an awful position for a parent to be in.

We, as legislators, talk about parental responsibility and the need for parents to take responsibility, and yet in this situation they had no ability to act, and no ability to take responsibility when their teenage children, or younger in some cases, were in this particular situation.

So this is positive. I know there are a number of legislators here who are parents and one who is soon to be a parent in a few months, and I certainly hope that I never have opportunity to have to use this legislation, but I am glad that we are providing it as a tool for parents. I think ultimately it is going to help children in the long run as well.

I do appreciate the fact that the minister is going to bring forward an amendment on the enacting clause. I look forward to seeing what that amendment will be. That has been the topic of some debate here in the Legislature. I recognize when we were going through a time not so long ago where there was more debate in the Legislature about timing and the bells are ringing from time to time, I know it is hard to remember now; it seems so quiet here this evening. But I remember clearly the Premier (Mr. Doer) of this province in one Question Period, maybe even two, standing up and citing this bill in particular and saying, we need to move this bill quickly and that the opposition should not be stalling the movement of the bill because he wanted to see this bill passed and quickly implemented.

It seems strange now because at that time he said we needed to pass the budget for this bill to go forward, and now the budget is passed, and we find out that there is actually another reason why the bill might be delayed. It might not be implemented upon Royal Assent. I find that strange because I usually like to take the Premier at his word. He has disappointed me more than once on his word, unfortunately, and here it seems to be another occasion. *[interjection]* Well, I would say to the Minister of Health (Mr. Sale), to me the truth is always the high road, and now I am stuck to choose between what the Premier said in the House, that it was the budget that needed to be passed for this to move forward and be proclaimed in Royal Assent, and what the minister says, which talks about education.

Frankly, you know, and I probably should not put this on the record, but these days, if I had to choose between the word of the minister or the Premier, I would probably take the minister, and that is a compliment to her and maybe not so much to her boss. But I do say that the Premier, unfortunately, uses these sorts of political leverage points at times, and he does it to his own discredit and the discredit

to his own office. To use this particular bill as a wedge point or as a launching pad for some sort of a political operative move, I think, is particularly cynical, and I would say that the Premier should perhaps stand up at some point, whether it is in the context of the Legislature or elsewhere and say, I apologize. There are other issues surrounding this bill and why it could not be passed, and I should not have used it as political leverage because we should never use young people in this province as that sort of a leverage point.

But I was looking at bringing forward an amendment to this legislation that would move it into force on Royal Assent. I am prepared to be reasonable, as I always am. Members of the Legislature know on this, if there are some concerns regarding training, I think that there might be a reasonable time. Unfortunately, for me, what I have to do then, in being reasonable and allowing a certain time frame, is I essentially have to then admit that the Premier was not being honest and forthright and that hurts me. I do not like to ever say that the Premier of our province was not being honest and forthright when it comes to a particular piece of legislation dealing with children, but–

Madam Chairperson: Order, please. I would just like to take a moment to caution all honourable members on their language here in committee today. While I recognize that at times discussion in committee can become heated, I would ask that members keep their remarks tempered and worthy of this Assembly and the office that we all hold. Thank you.

Mr. Goertzen: Well, thank you very much, Madam Chairperson, and, you know, you are right. I do get passionate when it comes to talking about children and talking about young people. If the minister, if the Premier–I am sorry, the minister, I believe, actually. If the Premier (Mr. Doer) was not a friend of the truth on this issue some weeks ago, then that will be his shame, and his office will have to deal with that. So I look forward to seeing the amendment that the minister has in terms of coming into force and look forward to hearing the Premier's apology at a time later on.

I do want to make note of the fact regarding the bill. We heard from Mrs. Johnson, from Carole Johnson tonight, and I have had discussion with her over time. I think she has made some public comments in the past about having the bill named in honour, in one fashion or another, after her daughter. I understand that the minister has made a gesture in terms of recognizing her daughter, Colleen, which also recognizes the work that Carole has done on this particular issue of drugs in general.

I say to the minister, thank you. I think that that is an appropriate thing to do. It think it is befitting of all of us as legislators that that gesture was made, and I look forward to perhaps being at whatever ceremony there might be that would be brought forward, because I do think of that as an important thing to do and I look forward to that.

Madam Chairperson: We thank the member.

Is there agreement from the committee for this bill for the Chair to 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]*

Clause 1–pass; clauses 2 and 3–pass; clause 4–pass; clause 5–pass; clauses 6 and 7–pass; clause 8–pass; clause 9–pass; clauses 10 through 13–pass; clauses 14 through 18–pass; clauses 19 through 22–pass. Shall Clauses 23 through 26 pass?

Ms. Oswald: Madam Chair, I have an amendment to make at Clause 26. Is this the appropriate time?

Madam Chairperson: Yes. Just one moment.

Clauses 23 through 25–pass. Shall Clause 26 pass?

Ms. Oswald: I would like to make an amendment to Clause 26. Is it appropriate to make a comment about the amendment or do I put it on first? I move it on?

Madam Chairperson: Yes.

Ms. Oswald: I move,

THAT Clause 26 of the Bill be replaced with the following:

Coming into force
26 This Act comes into force on November 1, 2006.

Motion presented.

Madam Chairperson: The motion is in order.

The floor is open for questions.

Mr. Goertzen: I wonder if the minister could tell the committee if she has advised the Premier (Mr. Doer) that his comments about passing the bill on Royal Assent, that it will not be able to be fulfilled, is she in agreement with that?

***** (20:30)

Ms. Oswald: Well, I appreciate the opportunity to put some correct information on the record. Again, while I believe that I have been most appreciative of the advice that the member opposite has offered to all of us on this issue, I have to say that my appreciation does wane somewhat when the Premier's motives might, in fact, be impugned.

I think, in fact, if we do check Hansard, you will find that the Premier (Mr. Doer), in fact, did express very clearly that he wanted this bill to be treated with urgency, I think, are the words that we see in Hansard.

I think he also makes reference to the fact that the obstructionist tactics on the part of opposition certainly did slow matters down. It certainly did in fact slow down the $2 million that we did announce dedicated to our crystal meth strategy. I know that the member opposite is fully aware that training, education, when done well, oftentimes does not come for free, and that was a most truthful statement made by our Premier and his commitment to young people, which is shown every day.

I regret that the member needs to take this opportunity to make statements that would not be considered true. So, with that in mind, I know that the Premier will be very pleased to see a balance between urgency, as he stated was a priority, and the balance of ensuring that our people are trained, that our service providers are safe and that our parents and families are cared for in the most expedient way, in fact, most quickly as any jurisdiction in Canada.

Mr. Goertzen: Well, I want, Mr. Speaker, the record to reflect that–

Madam Chairperson: I am Madam Speaker, but that is okay.

Mr. Goertzen: Sorry, old habits, Madam Chair, in regard to your high office. I would want the record to reflect that we as Manitoba Progressive Conservatives have taken the high road on this particular issue. We certainly could move an amendment in a way to embarrass the government to go to Royal Assent, which I think would fulfil what the Premier stated publicly and in the Legislature. However, our concern is to see this legislation work. It always has been. If the Premier chooses to make an apology for the comments that he made, the derogatory comments, he would be all the better for it and I think that Manitobans would say yes, Mr. Premier, you have done the right thing. But irrespective, we would do the right thing regardless of what the Premier decides to do, and we will allow this amendment to go forward and set the example for the Premier so that when the next Conservative premier comes in, in a few months' time, that example will already by set.

Mrs. Driedger: I would just like to indicate for the record that I had a privilege last summer of attending a Commonwealth Parliamentary Association conference and met Mary Anne Jablonski in Alberta, who is the MLA that worked very hard to bring this forward as a private member's bill. It really showed a lot of passion and initiative on her part because she just kept pushing and pushing for it. For it to happen in Alberta under a private member's bill was pretty monumental.

She did a presentation at the conference last summer and, also, in Alberta, it came forward with a lot of passion from parents. Again, there had been a death of a child due to crystal meth. They had a photo album there of this little girl from the time she was a baby, and you saw this sweet young child from birth until she became a teenager, and then everything started to change, and you could see the pictures evolving, and then you see the pictures change as the child got into drugs.

I think there is certainly a message in all of this for us as legislators. I compliment our critic and I compliment the minister for bringing this forward. I think this is such a serious issue here and we are dealing with it in all of our constituencies. I think this is a good thing in Canada that we are moving forward. I do think there is lots more to be done.

Mary Anne Jablonski was a very interesting person to talk to, and I spent a lot of time with her, and her presentation was excellent. When I came back and found out that our Justice critic had already been looking into something like this too, I was glad to see that this moved ahead in Manitoba. I compliment the minister on bringing it forward and that it will pass.

Madam Chairperson: Is the committee ready for the question?

Some Honourable Members: Question.

Madam Chairperson: It has been moved by the honourable–

An Honourable Member: Dispense.

Madam Chairperson: Thank you.

Amendment–pass; clause 26 as amended–pass; table of contents–pass; enacting clause–pass.

Shall the title pass?

Mr. Kevin Lamoureux (Inkster): Madam Chair, I did have a couple of quick questions for the minister in terms of how many youths does she ultimately believe that this bill would be able to accommodate in any given year.

Ms. Oswald: I think you are asking me a question about treatment. Of course, this bill is talking specifically about the stabilizing of young people in order to participate in a treatment plan that is right for them. That plan may not always involve a bed. I think that sometimes when we talk about one thing, we automatically assume another is involved.

It is a complex question. If you are asking me to sit and predict how many people across Manitoba may access this legislation, we are watching what is occurring in other jurisdictions. Because our threshold is unlike the legislation that we will see come forward in Alberta, it is unlike what we see in Saskatchewan, it is in fact a higher threshold, we do believe that our numbers will be different. But we are not talking about hundreds and hundreds and hundreds of children whose parents are very annoyed with them because they have been experimenting with alcohol or drugs. We are talking, again, about the severe and persistent threshold that needs to be met.

Numbers that we are seeing out of Saskatchewan most recently, they are somewhere in the neighbourhood of eight or nine orders that have been issued. There is one appeal that has been successful, and their act went into force on April 1, if that is to be an indication.

Mr. Lamoureux: You would be anticipating, let us say, less than 20 youth a year. Fair to say?

Ms. Oswald: I would be anticipating that if our education is appropriate and as widespread as we intend it to be and that our front line service providers are able to give the information that they need to give to parents, that our outreach exercises in which we are making very large investments work as they should, that we will have some numbers that may be similar to Saskatchewan. But I certainly will not state the number 20 today and be made as someone that is incorrect because it is 21 or 19.

Madam Chairperson: Seeing no other questions, title–pass. Bill as amended be reported.

The hour being 8:38 p.m., what is the will of the committee?

Some Honourable Members: Committee rise.

Madam Chairperson: Committee rise. Thank you very much.

COMMITTEE ROSE AT: 8:38 p.m.

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/index.html