Second Session - Thirty-Ninth Legislature

of the

Legislative Assembly of Manitoba

DEBATES
and
PROCEEDINGS

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MANITOBA LEGISLATIVE ASSEMBLY
Thirty-Ninth Legislature

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LEGISLATIVE ASSEMBLY OF MANITOBA

Thursday, September 25, 2008

The House met at 1:30 p.m.

ROUTINE PROCEEDINGS

PETITIONS

Education Funding

Mr. Rick Borotsik (Brandon West): Mr. Speaker, I wish to present the following petition to the Legislative Assembly of Manitoba.

The background to this petition is as follows:

Historically, the Province of Manitoba has received funding for education by the assessment of property that generates taxes. This unfair tax is only applied to selected property owners in certain areas and confines.

Property-based school tax is becoming an ever-increasing burden without acknowledging the owner's income or owner's ability to pay.

The provincial sales tax was instituted for the purpose of funding education. However, monies generated by this tax are being placed in general revenue.

We petition the Legislative Assembly of Manitoba as follows:

To request that the Minister of Education, Citizenship and Youth (Mr. Bjornson) consider removing education funding by school tax or education levies from all properties in Manitoba.

To request that the Minister of Education, Citizenship and Youth consider finding a more equitable method of funding education, such as general revenue, following the constitutional funding of education by the Province of Manitoba.

Mr. Speaker, this petition is signed by Douglas Penn, Carole Penn, Bob Swan and many, many other fine Manitobans.

Mr. Speaker: In accordance with our rule 132(6), when petitions are read they are deemed to be received by the House.

Increased School Facilities–
Garden Valley School Division

Mr. Peter Dyck (Pembina): I wish to present the following petition to the Legislative Assembly.

These are the reasons for this petition.

The student enrolment in Garden Valley School Division has risen steadily for the last 10 years.

Since 2005 the enrolment has risen by more than 700 students, from 3,361 students to 4,079 students, a 21 percent increase.

Since September 2007, the enrolment has increased by 325 students, an 8.7 percent increase.

Currently, 1,050 students, or 26 percent, are in 42 portable classrooms without adequate access to bathrooms.

There are 1,210 students in a high school built for 750 students; 375 students are located in 15 portables without adequate access to washrooms.

Projected enrolment increases based on immigration through the Provincial Nominee Program reveals the school division enrolment will double in the next 12 years.

Student safety, school security, reasonable access to bathrooms and diminished student learning are concerns that need immediate attention.

We petition the Legislative Assembly of Manitoba as follows:

To request the Minister of Education, Citizenship and Youth (Mr. Bjornson) to consider providing the necessary school facilities to Garden Valley School Division.

To urge the Minister of Education, Citizenship and Youth to consider providing the Garden Valley School Division an immediate date as to when to expect the necessary school facilities.

This is signed by Jason Friesen, Michael Dyck, Brian Friesen and many, many others.

Hard Surfacing Unpaved Portion–
Provincial Road 340

Mr. Cliff Cullen (Turtle Mountain): I wish to present the following petition to the Legislative Assembly.

These are the reasons for this petition.

All Manitobans deserve access to well-maintained rural highways as this is critical to both motorist safety and to commerce.

Provincial Road 340 is a well-utilized road.

Heavy vehicles from potato and livestock operations, agricultural-related businesses, Hutterite colonies and the Maple Leaf plant in Brandon use this road.

Vehicles from Canadian Forces Base Shilo also travel this busy road.

Commuter traffic from Wawanesa, Stockton, Nesbitt and surrounding farms to Shilo and Brandon is common on this road.

Provincial Road 340 is an alternate route for many motorists travelling to Brandon coming off Provincial Trunk Highway 2 east and to Winnipeg via the Trans-Canada Highway. An upgrade to this road would ease the traffic congestion on PTH 10.

Access to the Criddle-Vane Homestead Provincial Park would be greatly enhanced if this road were improved.

The hard surfacing of the unpaved portion of PR 340 south of Canadian Forces Base Shilo towards Wawanesa would address the last few neglected kilometres of this road and increase the safety of motorists who travel on it.

We petition the Legislative Assembly of Manitoba as follows:

To request the Minister of Infrastructure and Transportation (Mr. Lemieux) to consider hard surfacing of the unpaved portion of Provincial Road 340 south of Canadian Forces Base Shilo towards Wawanesa.

This petition is signed by Dave Gorzen, Judie Hrappstead, Ron McDougald and many, many others.

Physician Recruitment–Southwestern Manitoba

Mr. Larry Maguire (Arthur-Virden): I wish to present the following petition to the Legislative Assembly.

These are the reasons for this petition:

The Town of Virden has the last hospital in Manitoba on the busy Trans-Canada Highway travelling west.

For the safety of recreational travellers, long-haul truck drivers, oil and agricultural industry workers and its citizens, Virden, a town of nearly 4,000, requires emergency services at its hospital.

On June 30, 2008, the emergency room at the Virden Hospital was closed due to this government's failure to recruit and retain doctors for southwest Manitoba and its failure to plan for the departure of doctors whose contracts were expiring.

We petition the Legislative Assembly of Manitoba as follows:

To request the Minister of Health (Ms. Oswald) to consider creating a health-care environment in which doctors want to work and build their careers in Manitoba.

To request the Minister of Health to consider making it a priority to recruit doctors to southwestern Manitoba so emergency rooms do not have to be closed when they are needed most.

This petition is signed by Kim Howell, Doris Hunter, June Duke, Corey Plecknor and many, many others.

Provincial Nominee Program–Applications

Mr. Kevin Lamoureux (Inkster): I wish to present the following petition to the Legislative Assembly of Manitoba.

The background to this petition is as follows:

Immigration is critically important to the future of our province, and the 1998 federal Provincial Nominee Program is the best immigration program that Manitoba has ever had.

Lengthy processing times for PNP applications causes additional stress and anxiety for would-be immigrants and their families here in Manitoba.

The government needs to recognize the unfairness in its current policy on who qualifies for a Provincial Nominee Certificate.

We petition the Legislative Assembly of Manitoba as follows:

To urge the provincial government to consider establishing a 90-day guarantee for processing an application for a minimum of 80 percent of the applicants that have family living in Manitoba.

To urge the provincial government to consider removing the use of the restrictive job list when dealing with the family sponsor stream.

This is signed by L. Enriquez, R. Zaballero, P. Pumzalay and many, many other fine Manitobans.

TABLING OF REPORTS

Hon. Andrew Swan (Minister of Competitiveness, Training and Trade): I'm pleased to table the Annual Report of the Manitoba Trade and Investment Corporation for the fiscal year ended March 31, 2008.

Hon. Dave Chomiak (Minister of Justice and Attorney General): Mr. Speaker, I am pleased to table the following: Ministerial Expenses for the date range of April 2007 to March 2008; le rapport des dépenses ministérielles pour la période d'avril 2007 à mars 2008.

Introduction of Guests

Mr. Speaker: Prior to oral questions, I'd like to draw the attention of honourable members to the public gallery where we have with us from Westgate Mennonite Collegiate 56 grade 9 students under the direction of Ms. Janis Thiessen and Ms. Jillian Clegg. This group is located in the constituency of the honourable Member for Wolseley (Mr. Altemeyer).

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

ORAL QUESTIONS

Emergency Care Task Force Report 2004 Implementation of Recommendations

Mr. Hugh McFadyen (Leader of the Official Opposition): Nine years ago, in 1999, this Premier was elected on a promise to Manitobans that he would fix health care.

In 2001, Herman Rogalsky died slumped over in a chair in the Health Sciences Centre. He was alone and it was his wife that found him dead.

On September 25, 2003, five years ago, and four years after his famous promise, Dorothy Madden died in a Winnipeg emergency room after waiting six hours without being seen by a physician. That, Mr. Speaker, occurred five years ago today.

On January 7, 2004, Mr. Speaker, 20-year-old Melissa O'Keefe suffered a miscarriage after waiting almost four hours without seeing a doctor and, again, without being reassessed while waiting in the emergency room. Within days, many more women came forward with their stories of waiting hours in NDP Manitoba emergency rooms without being seen and then miscarrying.

***** (13:40)

On January 16, 2004, the government put out a news release. The news release said that they would establish an Emergency Care Task Force. Three months later, in April of 2004, an 84-year-old woman, presented as a high-level patient, waited two hours in an emergency room and died.

On August 26, 2004, the emergency room task force issued its report, Mr. Speaker. It made several recommendations, including the following: On page six, that a new role should be created in tertiary and community emergency rooms to ensure patients waiting to be seen are waiting safely by having them reassessed. This nurse, in partnership with the triage nurse, will act as an advocate for the patient and family. That was the recommendation contained in that report. It was a good recommendation, one that could easily have been implemented.

On August 26, 2004, the day this report was released, the then-Minister of Health, the current Member for Kildonan (Mr. Chomiak), put out another news release. The headline on the news release was, Minister Accepts Recommendations of Emergency Care Task Force. That same minister went on to say that he was, and I quote, pleased. Mr. Speaker, on August 27, that same day over four years ago, the Member for Kildonan said, and I quote, obviously, we are committed to implementing the recommendations of this report. The same newspaper article reported that the Minister of Health said, and I quote, accepted all of the recommendations and said 60 percent of them have already been enacted.

On May 13, 2007, the Premier said that health care was his No. 1 priority and the No. 1 priority of his government. Six days ago, Brian Sinclair entered the emergency room at Health Sciences Centre. He was noticed by staff in the emergency room, and he sat and he waited for 34 hours; 34 hours he sat and waited, a double amputee in a wheelchair waiting for care in the emergency room. It was discovered that he had died, several hours after his death.

Yesterday, the Chief Medical Examiner said all that it would have taken to save Brian Sinclair's life was a simple catheter change and antibiotics. Dr. Balachandra said: It's very tragic. People should not die like that.

Mr. Speaker, I want to ask the Premier why it is, four years after committing to implementing the

recommendations of the emergency room task force report–why did he fail. Why did he fail to follow through on the Health Minister's commitment? Why did he not take a single proactive step to see that it was followed through on, because if he had, Brian Sinclair may very well still be alive today?

Hon. Gary Doer (Premier): I'm pleased that the member has acknowledged, Mr. Speaker, in this tragedy that the term "may very well have been saved" was utilized, and our assessment certainly concurs with the Chief Medical Examiner's initial assessment that the events appear to have led to a preventable situation. I'm pleased the Chief Medical Examiner has recommended an independent judge be appointed for an independent judicial inquest.

Mr. Speaker, the member opposite talks about the Emergency Care Task Force report, the recommendation to introduce reassessment nurses into Winnipeg ERs. We're the first province in Canada to have reassessment nurses working in all Winnipeg ERs, scheduled to work from 10 a.m. to 10 p.m., seven days a week.

The recommendation to deal with geriatric program assessment teams to do home assessments of discharged patients has helped decrease the need for ER visits.

Having protocols for nurse-initiated procedures for treatment of pain and nausea for adult population, thus reducing treatment time has taken place, and we've had a number of clinics established to take the pressure off.

Installing computerized diagnostic imaging readers, which will shorten the turnaround time for X-rays and CT scans, have taken place at Concordia, Health Sciences Centre, Grace, Seven Oaks, Victoria and St. Boniface. In fact, I think we're just completing the one at St. Boniface, if I'm not mistaken. It's already been approved.

The enhancing diagnostic services on all acute care sites for routine radiology available 24/7 has been achieved.

In mental health education for ER nurses, cultural education for ER nurses in critical areas has been implemented, Mr. Speaker.

The issue of the ER emergency ward facility has been designed and we've approved the funding for that, and we are now working on a location to be in close proximity to the existing Health Sciences Centre emergency ward.

Funding for registered psychiatric nurses in Victoria and Seven Oaks emergency room has been provided.

Using ERs by having more level 4 clinics to limit the number of ER visits: You will note that in Transcona, the Transcona Access Centre, and other access centres, pressure has been taken off of the St. Boniface Hospital and the Health Sciences Centre by implementation of that recommendation.

Redeveloping the ERs, the emergency rooms at various hospitals: Health Sciences Centre ER room has been redesigned and redeveloped. The Seven Oaks is redeveloped and open. The Concordia Hospital has been redesigned and in the process of opening, Mr. Speaker. Misericordia has been redeveloped and the Victoria ER has been approved for funding.

Enhancing the waiting rooms: It's happened at HSC, Victoria, Grace, Seven Oaks, Misericordia, Concordia. Work in St. Boniface is in progress as we speak.

Using nurse practitioners: Mr. Speaker, we have nurse practitioners in place at HSC and Seven Oaks, and we've also approved nurse practitioners for the Siloam Mission and another community-based facility to, again, take pressure off of the ERs before people come to the region.

Following up patients who leave without being seen: Health Links has been assigned to all patients leaving the emergency rooms, Mr. Speaker. This has had mixed success, and the Health people are still evaluating that follow-up, but the recommendation has been implemented. I'm not saying that it's as effective as we would like it to be.

Managing intoxicated persons: We have, now, the ability of the Downtown Outreach Patrol to have–

Some Honourable Members: Oh, oh.

Mr. Speaker: Order.

Mr. Doer: Speeding up lab results: Our government has created Diagnostic Services in 2002 and the new lab information system.

Assisting in primary care and personal care homes with nurse practitioners: There are nurse practitioners now working in personal care homes in the Lions Manor, Kildonan Manor and Concordia Manor. We will continue to expand that again to take pressure off of the emergency rooms.

Implementing an electronic patient tracking system in ERs: A new electronic triage system is now in place in all Winnipeg hospitals except Concordia, and it will be in place when the new redevelopment of the new emergency ward is opened in Concordia in November of 2008, Mr. Speaker.

Mr. Speaker, I've talked about doctors before and we're on to moving–*[interjection]* I'm sure the member has other questions. I know he didn't ask these questions in our Estimates. I know that it wasn't a concern last spring when we were in Estimates, but the progress report, we are tracking these recommendations.

We're implementing these recommendations, and, as the member says, it could help prevent a preventable death, but it may not prevent a preventable death, and for that we are very, very sorry, Mr. Speaker.

***** (13:50)

Mr. McFadyen: We have never had any doubt as to what a slick political operator the Premier is. When you have time limits on question period and no latitude on the Premier's response, and he doesn't want to respond to questions, then what he does is he stands up and regurgitates government news releases and briefing notes and other documents.

So Manitobans can see through the king of spin when he gets up and wastes the time of the House and tries to run out the clock in question period by not addressing the question. Manitobans are not interested.

Some Honourable Members: Oh, oh.

Mr. Speaker: Order.

Mr. McFadyen: Well, and I guess there are 34 people in Manitoba who think that he's doing a great job in health care and they're all in this Chamber, and I wish them well. They're all there cheering for this ridiculous performance in question period and that's fine, Mr. Speaker, but Manitobans know better.

I asked him why he didn't follow through on the recommendation with respect to reassessment nurses. Four years later, easily done. He hasn't done it. He failed, and, as a result, somebody who should've been reassessed was not and died as a consequence of that.

Mr. Speaker, I want to ask the Premier, as part of his damage control strategy he was on CJOB radio yesterday morning and Larry Updike made the comment, which is much more in keeping with the attitude of Manitobans, that people feel like they're being treated like cattle when they go into emergency rooms in Manitoba. That's the view of Mr. Updike, expressed in response to the e-mails he was receiving.

But I want to ask the Premier, in response to questions from Mr. Updike on the radio yesterday morning, as part of his damage control plan, what he said was something quite remarkable. He said that an emergency room and a waiting room, it's not like a classroom where you have a triage nurse as the teacher and the people. Then he went on to say: You know, family members are mostly the ones in the waiting room dealing with stressful situations of their loved one.

I just want to ask him if he can just clarify what he meant by those comments. Is he trying to suggest, as part of his damage control strategy, that a man, a double amputee in a wheelchair obviously waiting for help, was confused for a family member waiting for a loved one? Is that what he was trying to say as part of yesterday's damage control strategy? If it is what he was trying to say, does he want to take the opportunity today to apologize?

Mr. Speaker: I want to make a clarification to the House here. When the honourable Leader of the Official Opposition was making a comment about questions have a time limit and the leader was taking undue course of time according to the Leader of the Official Opposition, I want to make it very clear to the House, I don't want to reflect on the Speaker. The agreement that I have is for questions and answers that are directed by the members are limited to 45 seconds. The leaders, that's the Leader of the Official Opposition and the Premier, they're allowed unlimited time both. So it's not only limited to questions. It works both ways here, and I want to make sure to put that on the record.

Mr. McFadyen: Mr. Speaker, not with a question but just in response to your comment, I do want to be very clear that this was done by agreement between parties. This is not a question of the Speaker's enforcement. It's just a question of the Premier's tactic which he employs every single time he's in trouble on an issue. That's the *[inaudible]*

Some Honourable Members: Oh, oh.

Mr. Speaker: Order. I want to remind members that when the Speaker is standing all members should be

seated and the Speaker should be heard in silence. I just made a clarification for the House, so I hope all members understand.

The honourable First Minister has the floor.

Mr. Doer: Thank you, Mr. Speaker. Thank you, in terms of the question. It was a lengthy question and a lengthy answer. I acknowledge that.

Certainly the triage area is not available to see the entire waiting room. That is not an excuse for what happened; that is just one of the points I wanted to raise. We have already said from day one that something went tragically wrong. We basically said in this House yesterday that we thought this was a preventable death, which has been confirmed by the Chief Medical Examiner.

We accept that assessment. We thought that assessment would take place. The individual was seen at the Health Action Centre by a nurse, seen at the Health Action Centre by a doctor, conveyed to the emergency ward by a taxi with referral material. Because of that, the obvious gap, because of the failure and the tragedy that resulted, the Minister of Health (Ms. Oswald) and the health authority worked on a new protocol yesterday. They worked on it the day before, announced it yesterday to ensure that there was a backup system going from a health action centre in terms of continuation of care.

Obviously, Mr. Speaker, there was a breakdown in continuation of care between the time the doctor saw the patient and the time that the patient went to the waiting room and the unacceptably long time in the Health Sciences Centre waiting room where he tragically passed away, that it could have been prevented with intervention and medical care.

We accept the facts as laid out by the Chief Medical Examiner. They're basically, in general terms, the facts that we've been confirming in this House, Mr. Speaker, and I would expect that members opposite would want to also hear some of the recommendations on the Emergency Care Task Force. I wasn't able to complete them all.

We had, Mr. Speaker, a 33 percent increase in the number of ER doctors working in the emergency wards. We've increased the salaries. I mentioned this a couple of days ago. We have 16 more ER doctors today than we had a year ago. We have 30 new nurse practitioners. We have five new positions of physician assistants at Grace and the Health Sciences Centre.

Basically, Mr. Speaker, this has already been identified as a preventable death. We respect the fact that the independent Chief Medical Examiner has asked for an independent judge to review the facts in an independent way, and we accept that as the proper recommendation given the tragedy and the loss of life of an indigent individual where the health-care system obviously failed.

Mr. McFadyen: Mr. Speaker, a long but agreeably shorter response compared to the first one.

The Premier throws the blame in various different directions. Everybody else is to blame. He talks about the transfer from the Health Action Centre to the ER, even though Dr. Balachandra says that the family physician who sent the man to the ER by taxi acted appropriately.

So Dr. Balachandra says he acted appropriately. The Premier wants to try to blame the doctor at the Health Action Centre or try to suggest, what he said yesterday–

Some Honourable Members: Oh, oh.

Mr. Speaker: Order.

Mr. McFadyen: Okay, I'll read the quote from CJOB yesterday if they don't believe it. He said on 'OB yesterday that there was a breakdown between the Health Action Centre and the emergency room. That is contradicted by Dr. Balachandra yesterday.

But rather than us getting into the blame game that he wants to get into–I know he wants to blame. I think he seems to be blaming the layout of the emergency room now, that they couldn't see Mr. Sinclair from the triage desk, I think is what he just finished saying.

Maybe there was a breakdown between the Health Action Centre and what happened in the Health Sciences Centre emergency room, but there's one other fact that he can't escape from. He promised four years ago to implement a recommendation that there would be regular reassessments.

He said they would do it. They didn't do it. That's his responsibility. It's his failure. It's his fault. Does he have the guts, does he have the leadership to stand up today and accept responsibility–

Mr. Speaker: Order. The words "does he have the guts" have been ruled many times by Speakers as unparliamentary. I ask the honourable member to withdraw that comment.

Mr. McFadyen: Thank you, Mr. Speaker. I withdraw the comment and ask the Premier if he'll take responsibility for his–

Some Honourable Members: Oh, oh.

Mr. Speaker: Order. For the information of all members, if a Speaker requests a withdrawal, it's an unequivocal withdrawal without explanation.

So I accept your withdrawal and we will move on.

Mr. Doer: I would point out that we will be accountable for our own words, and we accept responsibility for everything under the administration of government including this unspeakable tragedy that took place this weekend.

***** (14:00)

Mr. Speaker, I need no lectures from Conservatives dealing with accountability. When I asked questions about the 12 baby deaths at the Health Sciences Centre, the then-premier said in this House–it's in *Hansard*–on all the questions I asked that he would not answer the questions because it is a detail to be dealt with by the Department of Health.

You want to talk about backbone in terms of accountability, we need no lectures from the Conservative Party of Manitoba. I have stood up in this House every day. You know, I have stood up in this House and I'll continue to do so and he can be accountable for his comments, Mr. Speaker. We've accepted responsibility. He can be accountable for his comments. I can tell you when nurses here–that he is out there speaking about the culture of neglect with people that work on the front lines and save lives every day.

He's going to be accountable for his comments and we will be accountable for our actions and comments, Mr. Speaker.

Emergency Room Patient Death
Timeline of Notification to Minister of Health

Mrs. Myrna Driedger (Charleswood): Mr. Speaker, we've asked this question twice before to the Minister of Health, but I'm going to give her one more chance to be very, very clear. We're going to give her one more chance to be very clear with the answer.

I'd like to ask her: When was she first told about the death of this patient in the ER?

Hon. Theresa Oswald (Minister of Health): Indeed, that question first came from the Member for Inkster (Mr. Lamoureux) the first day we were in the House when the incident was reported. I reported clearly then that my first awareness that I was made where I was able to know something about the patient that I can now reflect on as being accurate was approximately midday on Monday, Mr. Speaker.

Mrs. Driedger: Mr. Speaker, the minister seems to be very much wavering with her answer. According to legislation on critical incident reporting, it states that the minister is supposed to be notified promptly about a critical incident. According to the policy of the WRHA, on weekends, what the comment in the policy says is that Manitoba Health is supposed to be called on the after-hours cellular phone. So they are to be notified immediately.

I would like to ask the Minister of Health to tell us: When did Manitoba Health get notified by the WRHA of this patient dying in the ER?

Ms. Oswald: I'm acutely aware of what the legislation says, because, of course, it was this government that put in place legislation that would allow for a critical incident investigation to occur. In days past, prior to the Sinclair report, we know that medical errors were swept under the rug. We know that was the way business was done.

After the Sinclair report, we know that steps have been taken for openness and for awareness of incidents to be investigated immediately. So, Mr. Speaker, immediately following these very tragic circumstances, the WRHA, Health Sciences Centre, of course, as a partner, immediately began their critical incident review and notified within hours the Department of Health.

Mrs. Driedger: Well, Mr. Speaker, the legislation and the policy said that the Minister of Health is to be notified promptly. She said she never heard about it until Monday afternoon, a day and a half later. Now she is saying that her department knew it within hours of the incident happening. So it is becoming somewhat obvious that this minister has been kept in the dark by her own department for a significant amount of time.

So I'd like to ask the minister: What kind of a message has she passed on to her own department that she doesn't want to be bothered with bad news? Why did she not hear about this from her own department when legislation says she should be told promptly?

Ms. Oswald: I would simply respectfully disagree with the member. Mr. Speaker, we are in constant communication, my deputy and I, members of the WRHA and Manitoba Health.

We know as we've gone on this journey of discovery of facts that information that came out initially about this story and about this patient has changed. There were rumours. There was gossip. There were all kinds of things that were stated by members opposite, but what I'm mostly concerned about, Mr. Speaker, is that factual information comes to the floor. That is what the department was tasked with doing, and that is exactly what they did.

Emergency Room Patient Death
Timeline of Notification to Minister of Health

Mrs. Heather Stefanson (Tuxedo): Mr. Speaker, the minister said that the department was aware of this a few hours after the incident occurred, but the minister herself was not aware until a day and a half later.

Is that the definition that she says is "in constant communication" with her department?

Hon. Theresa Oswald (Minister of Health): Mr. Speaker, I will say for the record that the members of the Winnipeg Regional Health Authority notified Manitoba Health of an incident, a very tragic incident, indeed, an unimaginable incident that had so many questions around it, so many things people didn't understand and so much sorrow. They notified the department immediately that there had been an incident and that they would investigate to provide the most detailed and factual information that they could in the most timely manner.

I have confidence that the region communicated quickly. I have confidence that we communicate with our deputies and executives on this subject, and, Mr. Speaker, we must continue to do so, so we can get to the root of this and fix problems as we find them.

Mrs. Stefanson: Mr. Speaker, the minister has just stated that she thinks it's okay that she didn't find out about this incident until a day and a half after this. She thinks that's okay. That's what she's saying.

She also thinks that it's okay that the media finds out about this situation before she does, the Minister of Health, Mr. Speaker.

She also seems to think that it's okay, along with her Premier (Mr. Doer), that recommendations that were made some four years ago from an inquest into the death of Dorothy Madden, that some four years later, only 36 of the 46 recommendations have been followed through on. The minister said that yesterday. They seem to think that's okay.

Well, Mr. Speaker, I don't think that's okay. We don't think that's okay. Manitobans don't think it's okay. Why does she think it's okay?

Ms. Oswald: I want to make two things explicitly clear in my answer, that, first of all, actions have been taken on all 46 recommendations in that very important report, including the reassessment nurse. I believe one of the things that we're going to find going forward is the role and function of reassessment nurses and making sure that they're used to the fullest possible potential because in this case, in these tragic circumstances, that did not work as it needed to.

Secondly, Mr. Speaker, I would just want to make clear that the words that members opposite put into my mouth are never, ever accurate.

Mrs. Stefanson: If she didn't think that it was okay to find out a day and a half after, then why didn't she demand her department and tell them that that was not okay? She never did that. So that leads Manitobans to believe that it seems she thinks it's okay. We don't think that that's okay, Mr. Speaker. It is unacceptable.

She's too busy trying to spin her way out of this situation. She's more concerned about spinning around this situation. She's more concerned about potentially getting away from an embarrassing situation that the minister said, that the Premier said.

She's more concerned about herself than the patient that died over the weekend. Why is that the case? It is unbecoming of a Minister of Health in this province, Mr. Speaker.

***** (14:10)

Ms. Oswald: I'd just like to point out for the member that in the introduction of the report it states: "The Task Force recognizes that it is neither feasible nor prudent to implement all the recommendations immediately. Some changes have been undertaken already–"

Some Honourable Members: Oh, oh.

Mr. Speaker: Order. I need to be able to hear the questions and the answers. I'm asking the co-operation of all members, please.

The honourable minister has the floor.

Ms. Oswald: Thank you, Mr. Speaker. I'll continue. "Some changes have been undertaken already and others have been identified to proceed in the near future. However, it is important to thoughtfully evaluate the impact of these first changes before implementing others."

Mr. Speaker, what we have learned initially from this tragedy, the loss of this person, is that even within the context of these 46 recommendations, there's more work to be done. That's why we've taken two immediate steps and will continue to do that.

Some Honourable Members: Oh, oh.

Mr. Speaker: Order. The honourable Member for River Heights has the floor.

Emergency Room Patient Death
Request for Independent Review

Hon. Jon Gerrard (River Heights): Mr. Speaker, all of us, I believe, are profoundly upset and profoundly sorry about the death of Brian Sinclair, a preventable death. We can and do express our sympathy to the family and the friends of Brian Sinclair, but we also owe to Brian and his family and friends our acknowledgements that there are major problems within emergency rooms in Winnipeg and that we need to make major reforms to make sure that things are working much better.

I ask the minister: When will she bring in someone from outside of the province who already has a demonstrated expertise in improving, dramatically, the management of emergency rooms to undertake a review of the death of Brian Sinclair and to be a catalyst for the real and urgent reform to the WRHA which is so badly needed?

Hon. Theresa Oswald (Minister of Health): I thank the member for the question. I am quite certain the member is aware that the Chief Medical Examiner has called an inquest which will, of course, be an independent public inquest. This will provide us with an opportunity to have an independent set of eyes to learn lessons and, most importantly, Mr. Speaker, to prevent similar situations from occurring.

Of course, public inquests are also very public processes. We know that the facts, as they come forward, will be made public. We know that the Winnipeg Regional Health Authority, indeed all regional health authorities in Manitoba, look to best practices across our nation and in our world to improve. We know that those exist at St. Michael's Hospital in Toronto, particularly with homeless populations. We're already in consultation with them to make those improvements, Mr. Speaker.

Mr. Gerrard: Mr. Speaker, with all due respect to the minister, what we need is somebody with real expertise in this area to help us. We have an unimaginable tragedy which has occurred recently in the preventable death of Brian Sinclair in a Manitoba emergency room. For nine years we've had critical incident after critical incident in Manitoba emergency rooms, and today's NDP government has failed to ensure that we have the high-quality care in our emergency rooms that we need.

So I ask the minister: How many critical incidents have occurred in Winnipeg's emergency rooms over the last five years, and when will she come to her senses and make sure that we bring in an outside, external reviewer who has real expertise in this area to help make the changes we need?

Ms. Oswald: I believe the member is aware that, of course, the inquest called by the Chief Medical Examiner will be outside, will be an independent, public, judicial inquiry that will occur, that will call expert folks to come forward and to provide insights into what it is that we can be doing to go forward.

There is no question that the Emergency Care Task Force provided us with very good information, indeed, the 46 recommendations that we are working on. This inquest, Mr. Speaker, is going to provide that information and help us go forward. We're going to continue to learn from expertise in other jurisdictions. We're going to continue to learn from experts. We owe that to Brian Sinclair.

Mr. Gerrard: Mr. Speaker, I asked the minister how many critical incidents we had in Manitoba emergency rooms over the last five years. I didn't get an answer. Each of those should have had a review and a report. We've had internal reviews. We've had, in the past, inquests, but the fact of the matter is what we need now is to bring in somebody from the outside of this province who has real expertise to make sure we make the effective changes in the emergency rooms that we so badly need in Manitoba.

When will the minister act to bring in outside expertise who can help make the reforms we need?

Ms. Oswald: Mr. Speaker, I know that the member opposite is quite aware of the principles and the context of what occurs during an inquest. Of course, there is going to be expert opinion that comes forward and expert advice that comes forward, and

we will value that and listen most carefully to that advice.

I also want to put on the record, Mr. Speaker, that critical incident reviews occur because it was legislation that we put into place. Finally, I also want to make mention of the fact that 50,000 people visit emergency rooms every year in Manitoba. Many, many people receive wonderful care and they receive the kind of care that they need and I congratulate–

Mr. Speaker: Order.

Emergency Room Patient Death
Request for Independent Review

Mr. Hugh McFadyen (Leader of the Official Opposition): Mr. Speaker, yesterday we asked for a fully independent external review of this situation. We have great faith in the capabilities of Dr. Balachandra and matters related to the medical and immediate issues surrounding this tragedy, but it's clear that there are other issues with respect to accountability that arise from recommendations made and promises not kept, arising from other issues in connection with what took place in the emergency room leading up to and after this event.

We also have conflicting statements coming out of different people in government. For example, on Tuesday of this week in this House, the Minister of Health (Ms. Oswald) said we know that this individual who was in the ER was not known to the triage nurses to be an individual who was needing care. That's what the Health Minister had concluded on Tuesday, was that this was somebody who was known to be somebody who was not needing care, and, in fact, Dr. Balachandra said yesterday that he, in fact, was in need of care.

So the Health Minister is saying one thing; Dr. Balachandra is saying something else. What we need is an external review, Mr. Speaker, to get to the bottom of the tragedy, to get to the bottom of the issues of accountability that this tragedy gives rise to, so that we can prevent it from ever happening again, so that the legacy of Brian Sinclair and the 34 hours that he spent–some of which must have been in agonizing pain– waiting for care in the emergency room will be vindicated by real reforms to the system.

So I want to ask the Premier, in light of the inconsistencies in the statements made by him and Dr. Balachandra, as well as by his Minister of Health who had already reached certain conclusions by Tuesday, and in light of other important facts that need to be externally investigated, that in order to have a perception of independence somebody needs to come in from out of province who is not part of the existing system, so that they can examine accountability right from the top of the system down to what happened in the emergency room.

I have said that there is a culture of neglect in this NDP Cabinet. I don't believe–

Some Honourable Members: Oh, oh.

Mr. Speaker: Order. The honourable Leader of the Official Opposition has the floor.

Mr. McFadyen: Thank you, Mr. Speaker. I have said that there is a culture of neglect in this NDP Cabinet. We have a Family Services Minister who's out of his skin nine months after reports. We have Health ministers that run from accountability. We have a premier that skates all over the place and points the finger wherever he can, and we worry that that culture of neglect can permeate other areas of government.

Mr. Speaker, I ask the question. I hope that that is not the case anywhere else in the system. That's why we need an external investigation to be sure that that culture of neglect, the tone set by the Premier and his Cabinet hasn't reached down into other areas of government.

Will he call the external review as we called for yesterday and which has been supported by the Member for River Heights (Mr. Gerrard)?

***** (14:20)

Hon. Gary Doer (Premier): Mr. Speaker, I want to also say that the Chief Medical Examiner did say that the measure put in place by the Minister of Health dealing with the backup protocol, dealing with the continuation of care between a primary health-care unit operated by the Winnipeg Regional Health Authority and an emergency ward, was a very positive step and initiative in the last couple of days. I think that that should be acknowledged in the House.

I want to also say that it's easy to get into the nitpicker's words in the Legislature. I think the first question the member asked was this may have been prevented. Then he asked later on about never ever, ever having another incident like this again. So, Mr. Speaker, then he talks a couple of days ago about a culture of neglect, which, of course, some nurses took in a very objectionable way, and now he's clarifying it again.

The bottom line is a person died in an emergency ward 34 hours after they went to the waiting room. That is unacceptable, Mr. Speaker. That is unacceptable. The Minister of Health (Ms. Oswald) has said that. I've said that. Every member of this Chamber believes that. We now have an independent judicial inquest recommended by the Chief Medical Examiner. We believe that scope and that inquest can deal with all of the issues of health care.

We're proud of the recommendations that we've implemented on the Emergency Care Task Force report, but as the member said in the preamble–it was his first question–even if we had implemented everything to its nth degree, there are still situations that are human.

But, Mr. Speaker, I would say that there is not a human culture of neglect with doctors and nurses on the front line of health care. He owns those words and he'll be accountable for them.

Mr. Speaker: Time for oral questions has expired.

MEMBERS' STATEMENTS

St. James-Assiniboia Senior Centre

Ms. Bonnie Korzeniowski (St. James): Mr. Speaker, I rise today to recognize the St. James-Assiniboia Senior Centre new space at Deer Lodge Centre. Two years ago, the centre recognized the need to move from its first floor location. I am pleased to say that this past Thursday the centre celebrated the grand opening of its new third floor location.

Mr. Rob Altemeyer, Acting Speaker, in the Chair

The official ribbon-cutting event entitled In the Tree Tops, to symbolize the third floor's tree-house feel above the trees on the street, was attended by many dignitaries. Welcoming everyone to the event was the centre's president, Connie Newman, with attendees including the honourable Lieutenant-Governor of Manitoba; the Honourable Kerri Irvin-Ross, the honourable Minister responsible for Seniors; and MLA for Assiniboia (Mr. Rondeau), the MLA for Kirkfield Park (Ms. Blady), Winnipeg City Councillor, Scott Fielding, and myself.

It is an honour to support a facility that encourages seniors to improve their quality of life. By providing educational, recreational, health and social opportunities, the St. James-Assiniboia Senior Centre is committed to providing members with access to health, fitness and community resources. They provide programs and support services that encourage seniors to participate in their community. Services range from social dance lessons to income tax workshops, Mr. Acting Speaker, and all are focussed on the enhancement of seniors' quality of life.

I have worked at Deer Lodge Centre and have been able to watch the senior centre grow from its humble beginnings as one room on the main floor. The new third floor location is a promising move that is due to make the whole endeavour worthwhile.

I would like to applaud the Province of Manitoba for supporting the St. James-Assiniboia Senior Centre and recognizing that seniors are vital to the health of our communities. Deer Lodge Centre is also to be commended for their commitment to seniors and for their generous co-operation in meeting the needs identified in the renovation and expansion of the senior centre. I congratulate the St. James Senior Centre on the move to their new place and look forward to the positive impact this will have on the lives of seniors. Thank you.

Lisa Pinkerton-Baschuk

Mr. Blaine Pedersen (Carman): Mr. Acting Speaker, I would like to recognize a special teacher who received provincial Teacher of the Year honours from the Manitoba Office of the Fire Commissioner. Lisa Pinkerton-Baschuk, from Graysville School, taught critical lessons from the Learn Not to Burn program to her elementary students.

Fire safety is an important and necessary topic to teach to students. The safety of our children is top priority, and educating children about fire safety is an essential matter in a safety curriculum. Students in Pinkerton-Baschuk's class learned about fire prevention and what to do in case of fire. We hope none of these students will need to use this information, but the knowledge of what to do in an emergency may save a life in the future.

Learn Not to Burn is a program designed to educate students about fire safety in an engaging manner. Teacher and student friendly materials make up the meaningful program. Teachers need only order the free program and use it. Students in Lisa Pinkerton-Baschuk's classroom especially enjoyed a treasure hunt in search of fire exits. By learning fun, Pinkerton-Baschuk has the attention of her students and deserves a Teacher of the Year award presented to her. Thank you.

Ms. Bonnie Korzeniowski, Deputy Speaker, in the Chair

Ceremony for Naming Dr. José Rizal Way

Mr. Mohinder Saran (The Maples): Madam Deputy Speaker, I rise today to acknowledge a historic moment for Filipino Canadians. The renaming of Keewatin Street north of Sante Fe Drive to Dr. José Rizal Way occurred this past June 19 in recognition of the 147th birth anniversary of the Philippines' national hero Dr. José Rizal.

Dr. Rizal is extolled by the Filipino community for his martyrdom in 1896 against the colonial efforts of the Spanish during the Philippine revolution. Rizal was knowledgeable in many subject areas and was an academic, a historian, a writer, an artist, a scientist and a doctor. He believed in peaceful reform as a way to change the status quo and championed both non-violence and education as tools of social change. However, he was found guilty of rebellion against the colonial Spanish government by the Spanish court and sentenced to death before a firing squad.

In death, Dr. Rizal became a hero of the revolution, and he's regarded by the Filipino community as a great advocate for freedom. Madam Deputy Speaker, it is a fitting honour that we should recognize such an outstanding individual whose contributions to peace and justice are still remembered today.

The renaming initiative was spearheaded by the Knights of Rizal, Winnipeg Chapter, a civic, non-partisan, cultural organization which is part of the Order of the Knights of Rizal founded in 1911 for the purpose of studying the teachings of Dr. Rizal.

It is an honour and a privilege to acknowledge the significance of this renaming effort and to support Manitoba's Filipino community with a lasting symbol of pride and commitment to their unique culture and heritage. Thank you, Madam Deputy Speaker.

Karen McMechan

Mr. Larry Maguire (Arthur-Virden): I would like to acknowledge a Melita woman who was recognized at the 2008 Woman Entrepreneur of the Year Awards. The Woman Entrepreneur of the Year Awards is hosted by the Women Business Owners of Manitoba, a non-profit organization that promotes female entrepreneurs. Karen McMechan, owner of Karen's Fashions in Melita received the Excellence in Service award at the presentation. Businesses such as Karen's Fashions in southwestern Manitoba are a drawing card for southwestern Manitoba towns such as Melita and Deloraine, where the second location of Karen's Fashions has been opened as persons come from all over the region to her establishments.

In 1997, Ms. McMechan opened the largest dress shop in southwestern Manitoba in Melita. The Deloraine location was added in 2004. Karen's Fashions offers formal and casual wear to its customers. McMechan manages a staff of 12, who have helped her earn the Excellence in Service distinction. This valuable business has been built on excellent customer service and attention to detail. Customers appreciate the diversity of choice Karen's Fashions provide in these two rural communities.

Women entrepreneurs are an integral part of any success in Manitoba's business community. Outstanding achievements of female Manitoban entrepreneurs are by myself and my colleagues appreciated wherever they are located in the province of Manitoba. Thank you.

***** (14:30)

Mr. Speaker in the Chair

C.O.F. Haven

Hon. Christine Melnick (Minister of Water Stewardship): Mr. Speaker, our government is committed to affordable housing for seniors. Seniors are vital members of our communities and they contribute valuable knowledge and wisdom to our province's society and culture.

I'm pleased, Mr. Speaker, to recognize that the government is not alone in working to provide comfortable and affordable housing for Manitoba seniors. C.O.F. Haven, a private Winnipeg company, shares this goal and their work in my constituency of Riel and in other locations in south Winnipeg stands as proof of their commitment.

I'd like to recognize Roy McPhail, the chief engineer, who is here in our gallery today.

C.O.F. Haven began with a gentleman named Mike Sunka. His goal was to provide comfortable and affordable accommodations for seniors. He began by meeting with the CMHC and eventually fundraised $100,000. In October 1975, the first construction project of C.O.F. Haven began with the completion of Haven I, which is also known as Mike

Sunka Place. Currently, there are four properties in south Winnipeg for seniors.

On September 18, 2008, I had the tremendous privilege of attending the grand opening of the newest development called the Seine River Haven located at 571 St. Anne's Road. This new development has 165 units and is based on a village concept. It consists of a series of interconnected buildings aligned around a central entrance and courtyard. Seine River Haven provides great features in accommodations for seniors at an affordable price. In addition, it is located near the first C.O.F. Haven development, Mike Sunka Place.

Mr. Speaker, I know that my colleague, the Member for St. Vital (Ms. Allan), is also excited about the C.O.F. Haven's affordable, comfortable housing projects and is very supportive of the C.O.F. Haven in her constituency.

As Manitoba Seniors' and Elders' Month approaches, I encourage all members to remember this vital and growing segment of our population and to appreciate those organizations dedicated to working with, for and by them. Thank you, Mr. Speaker.

Mr. Speaker: Order. I'd like to remind members when making members' statements, "Restrictions on Scope 26(2): A Minister of the Crown may not use the time allotted for Members' Statements to comment on government policy or ministerial or departmental action." That's a caution to all ministers.

MATTER OF URGENT PUBLIC IMPORTANCE

Mr. Hugh McFadyen (Leader of the Official Opposition): In accordance with rule 36(1), I move, seconded by the Member for River Heights (Mr. Gerrard), that the regularly scheduled business of the House be set aside to discuss a matter of urgent public importance, namely, the need for an external review into the tragic and preventable death of Brian Sinclair, who went unattended in the emergency room of the Health Sciences Centre for 34 hours before he was discovered.

Mr. Speaker: Before recognizing the honourable Leader of the Official Opposition, I believe I should remind all members that under rule 36(2), the mover of a motion on a matter of urgent public importance and one member from the other parties in the House is allowed not more than 10 minutes to explain the urgency of debating the matter immediately.

As stated in *Beauchesne's* Citation 390, urgency in this context means the urgency of immediate debate, not of the subject matter of the motion. In their remarks, members should focus exclusively on whether or not there is urgency of debate and whether or not the ordinary opportunities for debate will enable the House to consider the matter early enough to ensure that the public interest will not suffer.

Mr. McFadyen: Thank you, Mr. Speaker, and I want to thank the Member for River Heights for seconding the motion and just to indicate that it's the view of two parties in the House. I believe it has been agreed by government that a debate would take place today on this issue.

On the question of urgency, we know, Mr. Speaker, that there's a great deal of public concern that has arisen through the province of Manitoba as a result of the incident over the weekend and shock and distress over the fact that Mr. Sinclair, who was in a wheelchair, a double amputee, was left to wait for 34 hours before being discovered. At the time he was discovered 34 hours later, he had passed away, and, according to Dr. Balachandra, had been dead for some time before the discovery was made.

This is an incident, obviously, that shocks all Manitobans. It has been a subject of international news coverage, much to the sadness and regret of all of us as Manitobans.

We know that health care is the most important issue to many, many Manitobans, in particular, those who are approaching older age or those who may already be dealing with concerns about their health and, within the health-care system, the emergency system, we would argue, is viewed as being the most important as a source of comfort and as a place of recourse for those who are facing dire health circumstances.

So the urgency is, in our view, quite substantial to debate the matter. There are certainly specific actions that can be taken by government arising from this debate to do two things. The first is to establish clearly the factual record of what happened right from the date of the 2004 emergency room report and the commitment on the part of the then-Minister of Health to implement all of its recommendations up to and including this moment, Mr. Speaker, but, in particular, in connection with the tragic events

over the weekend directly involving Mr. Sinclair, his admission to the Health Action Centre, his diagnosis by the physician who was then working at the Health Action Centre that he had a bladder infection that needed to be looked after in the emergency room, to his transfer from that Health Action Centre to the emergency room on Friday leading up to the very sad and tragic moment of his death early on Sunday morning. We need to understand how it is that somebody could spend that amount of time in an emergency room without getting the care that was required, particularly when that care, as identified by Dr. Balachandra, was relatively routine and easy to administer if somebody had taken the time and the care to discover what the issue was.

So confidence in our emergency room system throughout the province is a top of mind issue. It's crucial to the life and health and well-being of Manitobans. We know already that we've got emergency rooms closing through rural Manitoba, and we now fear that we have emergency rooms failing to live up to the challenges that they are entrusted with here in the city of Winnipeg. So, when you have a crisis in rural Manitoba and you have high profile failures within the city of Winnipeg, Manitobans are rightfully concerned that they have nowhere to turn when they are facing an urgent health situation. So the urgency, we believe, is significant.

The debate will achieve the effect, we hope, of causing the government to undertake a serious and rigorous review and gather all of the facts, not engage in a whitewash which they have been known to do when they undertake reviews that they have control over, not to engage in a whitewash, but to engage in an open and clear, transparent and rigorous review of what took place both in the emergency room, but also in the senior levels of government where the ultimate accountability for the system lies under our system of government.

Members opposite are great believers in–or they say they're great believers in accountability. We all believe in the importance of public health care and that means that governments are ultimately accountable–and health ministers–for the proper functioning of that system. It doesn't mean that they can be held at fault every time a tragic event occurs within the system because it's the nature of health care that those events will occur, but where there are preventable tragedies, where there are tragedies that arise because of a failure to follow through on a government commitment, where there is a government promise to take an action and four years later it still hasn't been taken and a tragedy arises that may in some way be connected to that failure, then it is important that it be debated in this Chamber and that, arising from the debate, action is taken to ensure that that sort of tragedy can't occur again.

So, for all of those reasons, Mr. Speaker, when we consider the other business that would have been before the House this afternoon, much of which is important, but certainly doesn't rise to the level of urgency of this matter, we would argue that we have a strong case to set aside the regular business of the House this afternoon, to revisit that business next week and to deal today with the urgent matter of the failure of our emergency room system here in Winnipeg.

***** (14:40)

Mr. Speaker: Order. The rules state: The mover on a motion on a matter of urgent public importance and one member from other parties in the House. In this House I recognize two parties.

Hon. Dave Chomiak (Government House Leader): Mr. Speaker, I will make my comments relatively short in order to expedite the matter. Insofar as you have recognized me, I will indicate that there's agreement in the House to set aside matters and continue this debate on a rotating basis until 4:30 p.m. at which time we would then revert to orders of the day. I can indicate there's agreement of the House. I'll explain my reasons why we've agreed to do this.

So, Mr. Speaker, the issue, of course, is the tragedy that occurred on Sunday with respect to the Health Sciences Centre. This issue has been front and centre at question period for the last several days. We, as the government, are fully prepared to discuss this issue and to deal with this issue, and that's why we're agreeing to the urgent debate, but I do want to suggest to members opposite, that perhaps they rethink some of the strategies that they're adopting in both their statements and their questions and their justification for this debate.

You know, Mr. Speaker, before we came into office, there were no patient safety standards in this province. We put in place a system of critical incidents so that when a critical incident occurred, it would be made public. The member asked, how's it working? It's working because those issues are made public and not hidden away like they did with the baby deaths. That's why we did it. No more could

matters be covered up by government. No more could ministers not be accountable. We said when you make a mistake, it'll be public. Now that was maturity of a system because unless you have confidence in your system, you should be prepared to admit mistakes.

Now the point of the emergency debate and the issue of the emergency debate is to deal with, in fact, those issues. Members opposite have forgotten that we put in place that very system to allow for those mistakes and to admit them and they go public. I know the Leader of the Opposition (Mr. McFadyen) wants to act like this is a courthouse, and wants to grill individuals like this is a courthouse, and will blame the entire system, but we're trying to create a system where it's not finger pointing. I have said that since the day we put in place the safety system, since the day it was national, and since the day Manitoba put in the critical incident. What's the purpose of that, Mr. Speaker? The purpose is so that mistakes aren't buried, that we learn from the mistakes.

On the issue at hand, the members talked about the Emergency Care Task Force. Let me read from the Emergency Care Task Force in regard to this issue. It is important to know the situation being faced now is the result of an evolving health-care system. The system will continue to change long after these recommendations are implemented, and there'll be new challenges for the system to face in the future. However, the task force believes implementing these recommendations will position emergency departments to respond effectively.

And what do members opposite do, Mr. Speaker? What do members opposite do when there is a mistake or an error? They stand up and they cry foul. They point fingers and they make it personal. You know, I can't stop that, but I suggest to members opposite, as one who called for the Sinclair inquiry, and as one as a government who had to implement the recommendations of the Sinclair inquiry, that the message is when there's a mistake or a problem, you admit it, you review it and you make sure that it doesn't happen again.

But I add, if one looks at the system of patient error, it is not 100 percent. That was the lesson in the exercise because the system was based on the aircraft industry, and the fact that you can't be 100 percent, particularly dealing with human beings. But, if you redefined your systems, retooled your systems, improved your systems, you could lessen the number of mistakes.

Now, Mr. Speaker, what happened last weekend was a tragedy. The Minister of Health (Ms. Oswald) came into this House, gathered the facts, didn't run to HSC to act as a triage nurse, which seems to be the recommendation of members opposite–and that is not the role of a minister–didn't answer questions from the Leader of the Opposition like it was a cross-examination in the words that were used, but, instead, gathered the facts. An incident report was filed. The Department of Health dealt with it. The minister looked at the recommendations and said, as an interim measure, maybe we should improve the communications. That was put in place and, in fact, confirmed by the Chief Medical Examiner yesterday.

Now, members opposite are attempting to make this into personal accountability and responsibility. They have that right. The system is bigger than members opposite. The people that work in the system are bigger than members opposite. Those men and women who work 24/7, who make instant judgments and sometimes make mistakes, are bigger than the members opposite.

We ought to recognize when a mistake is made, accept accountability for it, go on and try not to have it happen again. But, you know, Mr. Speaker, there will be mistakes over and over again. We have to learn from them and improve, not play the game the Leader of the Opposition plays like he's a lawyer in cross-examination, because we changed the system so that everyone doesn't have to sue all the time. The member seems to want to be in court and sue. No. We said maybe people should admit their mistakes, come clean, and we can improve the system.

I know of a doctor who stopped surgery because during the surgery he felt he wasn't capable. Now, should he have been punished, as the member opposite said? Should I, as the Health Minister, have been fired? Though he stopped doing the surgery, another surgeon went in to do the surgery. That was a critical incident, and you know what? In the old days, he would have continued the surgery, the patient might have died, and nobody would have known the better.

That's what members opposite are playing around with, Mr. Speaker. That's what I find reprehensible about the attacks that are coming. If members opposite come and say, we want information, they get information. If members opposite say, review the system, we are reviewing the system. But to turn this incident, which is a huge

tragedy, into a political football I think is very inappropriate and, in fact, is very, very political–very, very political.

Now, Mr. Speaker, I've been on both sides of this Chamber. I've seen deaths when I was in opposition, and I never stood up and accused the minister of causing a death. I never did that. In fact, I used to warn ministers about critical incidents. And what do I see here? Cross-examination and attacks that I think are not becoming. The men and women who provide the work in the system deserve that we discuss this matter, but deserve that we do it in a mature fashion and in an apolitical fashion and with a goal to improving the system, taking the task force recommendations, seeing what worked and didn't work, taking the recommendation from this incident, seeing what worked and didn't work.

But, Mr. Speaker, whether the minister knew at 12 noon on Monday or 6 o'clock on Sunday is not relevant to the men and women who work in that system. That's not the issue. That is not the issue, and that is what the Leader of the Opposition is trying to do. I think that's inappropriate and I think that's wrong. I think that's wrong, because if that was the case, although the Leader of the Opposition has never admitted a mistake or error in this House, if that was the case, then there would have been changing desks and changing seats of the Leader of the Opposition every single day, because every single day, he, like me, makes mistakes.

He, like me, makes mistakes every single day, Mr. Speaker. Thank you.

Mr. Speaker: I thank the honourable members for their advice to the Chair on whether the motion proposed by the honourable Leader of the Official Opposition (Mr. McFadyen) should be debated today. The notice required by rule 36(1) was provided. Under our rules and practices, the subject matter requiring urgent consideration must be so pressing that the public interest will suffer if the matter is not given immediate attention. There must also be no other reasonable opportunities to raise the matter.

Ordinarily, this matter would be ruled out of order on the basis that there are other opportunities available to debate the matter, but, given that there appears to be a willingness to debate the matter today despite the procedural shortcomings, I shall put the question to the House.

Is there agreement to debate the motion for a matter of urgent public importance? *[Agreed]* The House will proceed to have a debate on this issue, and, as agreed, the debate will conclude at 4:30 p.m.

***** (14:50)

Hon. Gary Doer (Premier): Speaking to the motion, I again, formally, want to offer our condolences to the family of Mr. Sinclair, and again say that we thought at the time we were briefed that this was a tragic incident in that it was preventable. We have since had confirmation that that is in fact the case, according to the assessment of the Chief Medical Examiner, and we respect his medical assessment of the medical evidence that he was dealing with.

I also want to say, Mr. Speaker, that it's important for us as we find out what went wrong and work on who's responsible and what we can do about it to improve a system that we pay tribute to the nurses, to the doctors, to the diagnostic staff, to the nurses' aides that work in very stressful conditions, by definition, in every emergency ward in Manitoba, including at the Health Sciences Centre.

I say stressful, Mr. Speaker, because people there are making life-and-death decisions all the time. People there on the front lines are making decisions of what patient to see because they may die if they're facing a cardiac arrest, and what patient who may be in pain, he or she may be in pain, for a broken arm or a broken ankle and needs a cast to be put on, and can't understand why medical staff are in fact dealing with the life-and-death situations that are taking place in our emergency wards.

I accept responsibility in this House. I accept accountability in this House. I have not chosen to duck questions and defer it to the Department of Health, as my predecessor did, and I have the *Hansard*, Mr. Speaker.

But I also want to say that a nurse working in the emergency ward does not get paid any more than a nurse working in some other setting. They do it out of love for their job, the challenge of their job. But they are under tremendous pressure–*[interjection]* Well, Mr. Speaker, the member opposite knows there's a collective agreement perhaps, and we respect that–duly negotiated by nurses whom we respect.

I want to associate my words with Ms. Sandi Mowat, the former emergency room nurse, an expert in this area, who was quite concerned about the

comments being made about a culture of neglect. I think it's really important.

We can accept responsibility. We can accept cheap shots from the members opposite. It's in our job description. But people on the front lines, Mr. Speaker, deserve better.

Mr. Speaker, I also want to say that the member likes to put words in our mouth about the other doctors. I know many people working at the Health Action Centre. I don't know them all. I visited there in the past before I was elected in politics as a volunteer with the Boys and Girls Club, and I volunteered before that with YAP drop-in centre. I know the people working at that centre are very dedicated to inner-city people, often people with multiple challenges, many people who are Aboriginal. They provide first-rate primary health-care services.

On the Friday in question, Mr. Speaker, there was a public health nurse that diagnosed Mr. Sinclair. There was a doctor that further diagnosed Mr. Sinclair. It is a tragedy what happened between that facility and the 34 hours later in the Health Sciences Centre.

But I know that, again, people are extremely dedicated, extremely professional. Many of them work there, again, because of love of patient care in the inner city. Many of them work in those centres and on those front lines, where they could make higher incomes in another private practice somewhere else, maybe in some other tony area of the province. Mr. Speaker, I just want to say, yes, all medical care in any area of the province is important, but I just want to make clear in this time outside of just the kind of question period, that we respect the job that they do, and do on behalf of all of us, going into another weekend with untold challenges of health care in the inner-city area.

I, also, Mr. Speaker, want to say that we did expect a lot of specific questions from members opposite about the Emergency Care Task Force report. We didn't get any in the health-care estimates. We got questions about some rural health-care emergency wards, but when I say that not all 46 recommendations have been implemented, it doesn't mean to say that there is not a tremendous progress on all 46 recommendations. One of the reasons of the Emergency Care Task Force report said there would have to be a staging of recommendations. That's because of the very nature of emergency wards. The whole idea of doing IT to do redevelopment of the waiting rooms, to do the redevelopment of the emergency sections itself, by definition you want it to happen not all at the same time in Winnipeg. You don't want necessarily all the waiting rooms to be closed down temporarily for new waiting rooms to take place. So it's easy to now jump on this tragedy and talk about the report.

I know that the report will be discussed and it should be discussed. But let me go through the recommendations. We had health experts say in the implementation of the reassessment nurses that we needed people covering 12 hours a day, seven days a week. That assessment of staffing has been determined and is in place. The increased geriatric assessment team has been put in place. Protocols for nurse-initiated procedures in terms of treating pain, nausea, allergic reactions and reducing treatment time, put in place. Installing computerized diagnostic imaging readers to shorten the waiting times has been put in place. Concordia, Health Sciences Centre, Grace, Seven Oaks, Victoria and St. Boniface, diagnostic services 24/7. For routine radiology, put in place. Implementing mental health education has been put in place. A mental health facility, we promised to do that. We have designed it, we are funding it, and we're proceeding in this mandate. IV clinics: I would point out that I was at the opening of the Transcona clinic for purposes of IV, and that in itself has taken pressure off the Concordia Hospital and the St. Boniface Hospital where those procedures took place in the emergency ward, and that is very important.

Redeveloping emergency rooms. Members opposite may be aware that the Seven Oaks new emergency ward is established. The Health Sciences Centre has been established. The Concordia Hospital is on the way. The Misericordia Urgent Care Centre has been redeveloped, and renovations are going to begin shortly at the Victoria Hospital.

Enhancing the waiting rooms, I've mentioned already, HSC, Victoria, Grace, Seven Oaks, Misericordia Urgent Care and Concordia. Nurse practitioners, we're not only implementing the recommendation on nurse practitioners at HSC and Seven Oaks, we're also bringing in nurse practitioners to work with homeless people at the Siloam Mission, something that goes beyond the Emergency Care Task Force report. In fact, we are in the process of hiring that person now. Intoxicated persons, speeding up labs, having primary care and PCUs with nurse practitioners, electronic patient tracking systems all in place save Concordia which

comes in place November 2008. Again, I would point out it's in place in the Health Sciences Centre.

Emergency room doctors, a year ago there was 33 percent vacancy rate in the Winnipeg Regional Health Authority doctors. Sixteen more doctors have been hired. We are down to 3.8 percent expected in October of 2008, Mr. Speaker, and I can go on about other recommendations that we're implementing.

Now we are accountable for the progress on these recommendations. I expected a number of questions to come forward from the Leader of the Opposition (Mr. McFadyen) and the members opposite on these issues. I guess they went through them and basically came to the conclusion that most of them were in place or were in the process of being in place. We are accountable, and I want to say to the Chief Medical Examiner, who is an independent person in the public trust, that we certainly respect his recommendation of accountability. We respected the recommendation to have a judicial inquest in the 12 tragic baby deaths that took place in the 1990s. We know that the judge at that time had a lot of credibility, Justice Sinclair. The judge was able to expand the scope and the persons who would be used as witnesses, including expert witnesses, health witnesses, government witnesses to as broad as that individual thought was in the interests of health care in Manitoba.

In the interest of accountability, we welcome accountability. We welcome accountability every day in this Legislature.

***** (15:00)

Mr. McFadyen: I am pleased to make some comments in connection with the issue before the House at the moment.

Before I do get into the substance of my comments, I would be remiss because I didn't take the opportunity earlier, in light of the significantly important issues that were at the top of the agenda, just to acknowledge the presence in the gallery today of my cousin who has come to visit Canada from Perth, Scotland–Sheena Lunan, who is accompanied by Helen McMoran *[phonetic]* from Edinburgh, Scotland, as well as my parents, Ralph and Leyah McFadyen, and my brother, Ian McFadyen, who are joining them. So I just want to say hello to them and acknowledge them in the gallery today. I am pleased that they are able to be part of the deliberations on such an important day here in the Legislature.

On the issues in front of us, Mr. Speaker, we clearly have a very serious failure which has taken place within the emergency room, within the emergency room in the largest and most-complex, tertiary, teaching hospital in the province of Manitoba. It would be the emergency room that most Manitobans would assume would be the safest place that you could possibly be in the province of Manitoba, if you had a health issue.

Most people would think that, if you had arrived in the Health Sciences Centre emergency room, you had effectively arrived at home base and that there could be no place in Manitoba, perhaps let alone on Earth, that would be safer, more welcoming and more filled with professionals prepared to look after your needs than the Health Sciences Centre emergency room.

We know that there are many, many excellent professionals that do work under extremely stressful circumstances in the Health Sciences Centre emergency room. I know physicians and nurses who make very difficult decisions in very stressful circumstances, with very little time to make their judgments in critical situations, and they do it every day.

When they do their jobs well, of course, we don't get blazing headlines and international news stories. It's not newsworthy to say the health-care system did its job today–19 people treated and released, happy with the care they received. We do hear when things go wrong. So it is important to acknowledge the very many things that our professionals are doing well.

It is also, though, important to be honest about what is taking place, not use this as an opportunity for free-time political announcements on behalf of union executives who spend a lot of money supporting the NDP. It really should be a time to be honest about what has taken place within our system.

I have had the pleasure of meeting with many front-line nurses who have very little interaction with the union itself, but who work in health care because they believe in what they're doing, they believe in patient care and they're there because they want to do a great job.

I had the pleasure of speaking with a number of them in Dauphin just a few weeks ago, Mr. Speaker. They described the types of circumstances they're dealing with, the pressures that they're operating under, the greylisting of that Dauphin facility and some of the challenges that that's created for them in

trying to deal with the very many complex and challenging cases that come through the door and the range of cases, some of which are very complex and life-threatening, and others of which are more minor.

But they deal with the whole gamut of human issues, not just physical issues, but psychological and psychiatric issues as well, which are even more complex in many respects because they don't present themselves in obvious and tangible ways when they are presented within the system.

So, rather than making blanket statements one way or the other–which we have been very cautious not to do–we have never, ever suggested that anybody in the system has done anything wrong, but we have serious questions about how this could have happened and whether there are issues with respect to culture.

When you consider the circumstances that are now known–a fully staffed ER in terms of physicians; close to a 100 percent complement in terms of nurses; as Dr. Brock Wright said, not a particularly busy weekend in terms of ER traffic; and a man who sat in a wheelchair, a double amputee in a wheelchair, for 34 hours without getting care–this gives rise to certain questions and we shouldn't jump to conclusions about what happened.

We know something went terribly wrong and we're not in a position to jump to conclusions about what happened, but there are suppositions that we can make, concerns that we can raise. In particular, Mr. Speaker, we are perfectly within our rights and within our responsibility as opposition, in fact, to ask questions about why is it that four years after the government promised it was going to implement a reassessment program in our emergency rooms that they haven't done it yet.

The Minister of Health (Ms. Oswald) got up today and made reference to the report: Some of these recommendations can be implemented immediately; others are going to take a little bit more time. Well, how many years does it take to implement a reassessment process? This is not the most complex or the most expensive or the most difficult of the recommendations contained in the report. It is simply a matter of management within the facility ensuring that somebody is tasked on every shift, not just between certain hours, but on every shift, to go around the emergency room and check on those where there may be doubts as to their health.

There will be those who have been triaged who are waiting assessment by a physician. There are others in the emergency room where there may be doubt. Sometimes it's family members and they can be easily identified, and in other circumstances it may be an individual where there is doubt about whether they are there as a patient or as a family member.

We would have thought that the operating assumption of everybody within the health-care system would be: If in doubt, check. You don't need a policy. We wouldn't have thought you would need a written policy to have that kind of a norm within emergency rooms, that if somebody is in a wheelchair with both of their legs amputated and they're having trouble speaking and it's clear that they're not there with anybody else and they've been there for 34 hours, that you put all of those pieces together and perhaps conclude that maybe some proactive steps need to be taken to determine why he's there and what issues may need to be dealt with.

As Dr. Balachandra said, this was a preventable death. Nobody should die this way. He said that this matter could have been treated with a simple catheter change and antibiotics. These are procedures that are undertaken on a daily basis within the home-care system, on hundreds of occasions in any given day.

So we have many, many questions and not very many answers, and we're distressed that we have a government that starts to spin answers into the public domain without the benefit of that investigation; for example, when we have the Premier (Mr. Doer) of the province on CJOB radio suggesting that maybe they couldn't tell whether Mr. Sinclair was a family member or whether he was a patient. When he makes statements like that, that creates a false impression and misinformation in the public domain about what took place. Clearly, he wasn't a family member waiting for somebody who was waiting for care.

When the Premier says, oh, we had a breakdown between the Health Action Centre and the Health Sciences Centre, which is contradicted 24 hours later by Dr. Balachandra who says that the Health Action Centre physician acted appropriately, then we've got worrisome questions about why it is that the leaders of government are out trying to paint a picture and deflect attention to issues that aren't real issues and that aren't founded in fact.

When we have the Health Minister coming into the House and saying things like we know from the triage that this individual who was in the ER was not

known to the triage nurses to be an individual who was needing care–this is what the minister said. How can she make such a statement of fact, Mr. Speaker, on Tuesday when we hadn't even had the autopsy into this gentleman's death, which 24 hours later confirmed that the Health Minister was dead wrong?

***** (15:10)

So we have a lot of questions. Only an external review can satisfy the people of Manitoba that this issue is being investigated rigorously, independently and by somebody who is not operating within the current structure of Manitoba Health or the provincial government, Mr. Speaker.

We have great faith in Dr. Balachandra. He is excellent at his job. He is a consummate professional who exercises independence, but his focus, of necessity, is on narrower medical issues and matters that relate to the immediate cause of death and surrounding circumstances. This needs to be examined from the context of emergency room management policies and government policies. We need to examine the issue of why the government didn't follow through on their commitment to have reassessments take place after the earlier tragedies that occurred under their watch. The only way to get these answers, to satisfy Manitobans, and to fix the problem is with an independent, external review.

Thank you, Mr. Speaker.

Hon. Jon Gerrard (River Heights): Mr. Speaker, I seconded this motion and I believe that it's important that we have an external review and I will go into the reasons why. First of all, the death of Brian Sinclair is a sad and very tragic event. I think we all acknowledge that and express our condolences and sympathies to the family and friends of Brian Sinclair.

I am pleased that there has been some progress in dealing with medical errors, the critical incident report process. I would remind the minister that one of the amendments that I put forward was, in fact, that patients and family members be able to put in critical incident reports or requests, that there be critical incident reviews because they had seen the critical incident and, in fact, that has been an important contribution, as I understand that many of the critical incident notifications have actually come from family and friends. We still have some way to go to have as opened a system which is ready to bring forward the problems and the errors so that we can correct them.

But we are making progress. I was pleased that the minister agreed to support The Apology Act, because it was a step in the right direction in helping us to achieve a more open culture for the health-care providers to say, look, I'm sorry, there was a problem here, and for that to be a first step in having a process which was more open. You could bring people together from all sides of the issues and look at what went wrong and what can be done differently.

The situation in terms of the emergency rooms and what happened with Mr. Brian Sinclair, if this was the only time we had a significant critical incident in an emergency room, then we wouldn't be at the point where we would need an external review, but the fact is that we have had a number of critical incidents in emergency rooms. I've asked the minister how many, but she's not provided an answer. I'm still waiting for that because I think that that's something that we should know.

That being said, Mr. Speaker, we've not only had the critical incident, and for each critical incidence in the past, there presumably is a report and some recommendations. I'm aware of, for example, a review in the case of Leslie Worthington's father, and the recommendations which came from that. I am certainly most aware of the longer Emergency Room Task Force report. That task force, of course, set out a whole series of recommendations. We are not dealing with just one document in terms of making sure that recommendations are followed and that changes are made.

I had some experience talking with Leslie Worthington and raising questions in the Legislature in terms of followup to the recommendations from her report. There was indeed a great deal of difficulty in getting clear answers to whether each of the recommendations had been implemented and what was done and what was the result.

In terms of the Emergency Room Task Force report, once again, there was a thorough look at how the emergency rooms are operating, but we find ourself in a situation where we still have significant problems in the emergency room, as highlighted by the death of Mr. Brian Sinclair.

So this time, following up on those numerous problems before, it is important that we have an external review by somebody who's coming from elsewhere and somebody who has expertise in emergency room management. We need to be able to have that added dimension of somebody who has been through problems in their own jurisdiction,

figured out how to improve things and made changes.

In St. Paul's Hospital in Vancouver, they have made some advances there in terms of how they deal with staff to meet peak-demand levels, how they deal with traffic in the emergency room, how, in fact, that they have doctors involved in the triage process and in the early treatment of some people right in the emergency room. The fact that physicians and nurses are working back and forth means that it's less likely that people are overlooked.

Just having a system which says welcome to somebody coming into the emergency room–why are you here? What's your problem? How can we help you? For some reason, the normal things one would expect didn't happen in this circumstance. We don't really know why, but it speaks to what is a broader question of how things are working, how the facilities are interconnected and what needs to happen.

At a time when, as I've said previously, even Canada Post can track a parcel around the world and know where it is moment to moment. We have difficulty tracking patients moving from one facility to another in Winnipeg and knowing where they are for 34 hours.

Apparently, there was some problem in advance notification of the emergency room from the Health Action Centre. I think we'll wait to see the specifics. The minister has said that there's now a requirement for phone calls. Most of us would have thought that it would have been standard practice to have advance notification from a health-care provider to the emergency room, whether by a phone call or a fax or electronically. This should be not only standard, but fail-safe.

In my experience, there are instances where you pick up a phone and the emergency room line at the Health Sciences Centre, or wherever it is, is busy and you don't get through. Well, you try and again a few minutes later and sometimes you get through and sometimes you don't. So it's not a perfect system, but you need a fail-safe approach to make sure that that message gets through, that the patient is coming and, in this case, the patient has a bladder infection.

There are questions about the optimum use of health-care resources. I would raise the issue and I have in fact done this–I'm a little surprised that the Health Action Centre wasn't able to unblock the catheter. There may have been some particular reasons in this instance, but this is a procedure which is done in homes by home-care nurses all over Winnipeg every day and night, Mr. Speaker. So one is a little surprised that the Health Action Centre–did they not have quite the right equipment or exactly what? I don't know.

There are broader aspects than what just happened in the emergency room and the links between the two, who does what in terms of the system, so we get the whole system working well.

I think all of us–it is in our best interest and concern that we get good answers, good solutions as quickly as possible. One of the problems with inquests is that they can take quite a bit of time. They don't necessarily bring in quite the expertise that is needed.

The minister may be surprised at this, but it just needs to review some inquest reports. In fact, when we had an inquest done by Murray Sinclair into the cardiac deaths, the problem was that these were deaths in 1994. We had a report in 2000. It was followed up by a report of Paul Thomas. It was then followed up by a report later on of Dr. Koshal. Of all of those, Dr. Koshal's report got right to some of the critical issues which had not been adequately addressed earlier on. He was, in this case, an outside reviewer with particular expertise in this area.

***** (15:20)

Based on past experience, based on the fact that we have not been able to succeed in terms of correcting the problems and making the emergency rooms work as they should, providing the highest quality of possible care to people in Manitoba, this time in my view we should have an external reviewer who comes in, who has had expertise in working in an emergency room and changing things and improving things.

That kind of expertise could be very useful here in trying to make sure that we don't run into the same problems that we have again or that we avoid, in fact, new problems. I don't think that the matter of phone calls was seen in the earlier emergency room task force report.

But getting in somebody from outside can address not just the problems that arise this time or that have occurred before, but can help us have a system which works. So that is why I have been calling for this external review and I believe it's necessary. Thank you.

Hon. Theresa Oswald (Minister of Health): I appreciate the opportunity to speak on this subject today. Of course, I want to begin by saying that we all acknowledge that what happened at the emergency room with Mr. Brian Sinclair is an unimaginable tragedy, and it's one that we must all commit to ensure never happens again. I believe, Mr. Speaker, that the way that we are going to do that is to go forward and to ensure that we look at all of the factual information, look at every detail that we can to follow Mr. Sinclair's journey and to find where the gaps occurred.

I think it will be very, very, important that as we look at the factual information concerning this particular case, that we also step back and look at some of the broader issues that have already come to the discourse concerning this case, questions concerning the compassion that people feel or do not feel when they present in an emergency room by staff that exist in an emergency room and by other citizens of our province that exist in an emergency room. These are very important issues, I think, that will come to the discussion and that will undoubtedly help us improve our system in Manitoba and help us improve the way that we treat one another as citizens of this province, Mr. Speaker. So these issues that will come forward will be very, very, specific. They will be operational and organizational undoubtedly, but I think some of the conversations that will come forward will be of a much broader social context and will be lessons for us all.

I want to start by saying that, indeed, questions have been posed to me concerning my perceptions of accountability and responsibility. I want to be explicitly clear, Mr. Speaker, that I accept responsibility and accountability every day, and I accept responsibility and accountability in the case of Mr. Sinclair.

It is my responsibility to ensure that we put legislation in place that enables our system to work in the best possible way and enables our system to be as open and transparent as possible. It's my responsibility to ensure that I work with our partners in the regional health authority to prioritize and provide resources, so that they can go forward in providing the best possible care for the citizens of Manitoba. It's my responsibility to ensure that we have patient safety mechanisms in place throughout the system, in emergency rooms, in our acute care facilities, in our personal care homes. It's my responsibility to work with our partners in health care, my partner the Minister of Healthy Living (Ms. Irvin-Ross), to ensure that we are providing as many opportunities as possible for people to stay well, for people to get care in the community, to work on prevention, to work on early detection. I accept those responsibilities. They are very, very serious responsibilities and, of course, there are more.

If I have said anything in this House or outside of this House that would suggest that I do not accept that responsibility or that accountability, then I regret that, Mr. Speaker, because I do absolutely, fully and completely understand that, in my role as Minister of Health, I have to work with our regional health authorities, with our doctors, with our nurses, our paramedics, our firefighters, health-care aides, technologists and our patients, which, I think, raises an important point that, in the public discussion of this very tragic incident, there have been stories from individual citizens, upsetting stories, to hear about care that they received when they presented at an emergency room.

Let it also be said, Mr. Speaker, that there have been stories that have come to the public debate on this subject that have been extremely positive. The life-saving stories, the stories of dignity and compassion at moments of the loss of a loved one. All of those stories I think need to be heard.

As the Member for River Heights (Mr. Gerrard), the Leader of the Liberal Party, has suggested, we can learn from these experiences, positive and negative, and make a better system. That is my responsibility. I take it very seriously. I take it to heart.

I also want to acknowledge in the context of this very tragic situation, the work of very dedicated professionals. Doctors that have seen these patients, our patients in Manitoba–nurses, paramedics and firefighters broadly work every single day and they save lives. In those moments, Mr. Speaker, when they don't, they take it to heart. They feel the weight of the loss of our Manitoba citizens along side us.

I can assure you in my early conversations with individuals directly affected by this tragedy, that they mourn the loss of Mr. Sinclair, and they ache for the human errors that have occurred. They want more than anything to see these errors corrected. I say to those people that I acknowledge their pain.

I can also say that efforts have been made to reach out to the family of Mr. Sinclair. Quite understandably, the brother of Mr. Sinclair has

clearly stated that he needs some time and some privacy. Surely, I know that all members of this House would respect that. There have been numerous media interviews, and I understand the public's need to know, but I would ask all of us to join together to afford this individual, and indeed the family, the time that he so rightfully deserves to mourn the loss, this tragic loss of his brother. I ask that respectfully of all members of this House, and, indeed, I would ask it of the members of the media.

There's been discussion of the Emergency Care Task Force implementation. Mr. Speaker, I can acknowledge to members opposite that action has been taken on all 46 of those recommendations. Work continues because, of course, the breadth and the depth of those recommendations goes all the way from ensuring that we have more doctors, more nurses and more professionals in our system, to ensuring that we have better capital infrastructure, redeveloped emergency rooms that will include things like better waiting rooms, improved infection control, improved privacy, and of course, these are very major topics indeed.

Mr. Rob Altemeyer, Acting Speaker, in the Chair

The recommendations include broad topics like the improvement of diagnostic services and that work is ongoing as well. We're ensuring that very complex issues like mental health education, as recommended in the task force report, is ongoing. Of course, we have committed to construct an emergency room for those families that are indeed, living with a family member who suffers with the complexities of mental health issues.

All of these issues, I can tell you, as recommended by the Emergency Care Task Force, are being actioned. One of the things that we've learned about the recommendation concerning reassessment nurses is that even within the context of that recommendation we have found a gap. That's why we've worked together with the Regional Health Authority to immediately put in place a new protocol to ensure that all patients or all individuals that are occupying an emergency room will be approached, and it will be ensured that that person is appropriately triaged and registered. We've also put into place, in partnership with the region, a protocol so that very important connection can be made from a community centre to an emergency room, particularly in these very unique circumstances where an individual may not, indeed, have been able to advocate for himself.

***** (15:30)

These, I think, are very important roles that the region has undertaken immediately. As we go forward in the review of this very tragic case, and we discover other gaps that can be acted upon immediately, we are committed to do that, Mr. Acting Speaker. I think it's very important to note that we can learn from our other jurisdictions, and I concur with members opposite that we need to seek out best practices from across the nation, indeed across the world, and we need to be committed to do that. Thank you very much.

Mrs. Myrna Driedger (Charleswood): This ER crisis in Winnipeg has gone on long enough, and it is time to fix it. It is time for some action and not government spin. We've been talking about this for many, many years. Mr. Acting Speaker, patients don't die in waiting rooms, after waiting for 34 hours, of a preventable illness if, in fact, the health-care system was working.

This is a horrible, horrible situation that happened, and for the government to be constantly trying to paint a better picture of it or to put a more positive spin to it, is absolutely egregious. This is a man that desperately needed help. In some ways, the government is spending a lot of time saying, well, he should have known better and should have gone and had himself triaged. Not everybody can do that. We've got immigrants that may come to this province and not have an ability to speak English that may end up there. We have to be their eyes and ears for them in those ERs. We may have, you know, people with other conditions, or the elderly who are often intimidated by the health-care system, that maybe need an advocate there or somebody else to speak for them. Not always are you going to have people with the understanding that they go in there and have to go to a triage nurse, especially if that triage nurse is very busy and maybe not easily accessible to these people that are coming in.

I have to wonder whether this minister and this Premier (Mr. Doer) have ever spent any time just walking around all of the ERs at various times of the day without a phone call first to tell them to hide hallway patients before they show up. It might benefit people in this province if this government would go and do that to find out how these ERs actually work.

This was a very preventable death, Mr. Acting Speaker. Thousands of Manitobans have urinary tract infections every day. You rarely hear of somebody

dying from them. This is a horrific failure of our health-care system, and it happened after a four-year-old task force report. Since that report, there have been other patients that have also died waiting for care. This person, Mr. Sinclair, was the most recent one, but there have been others.

I feel horrible for his family because not only are they dealing with his death but they are also having to live with the circumstances under which he died. This man has had a lot of challenges in his life, and he sure didn't need this one from a system that was supposed to be there to protect him.

Mr. Acting Speaker, there have been other critical incidents in the ERs. The interesting thing, too, was that Dorothy Madden was never considered a critical incident. So the whole issue of what gets identified as a critical incident also brings a lot of questions into account when we see somebody like Dorothy Madden that came in, waited for six hours, desperately in need of help, had a heart condition and, you know, died without getting that help. Yet she was not considered a critical incident.

I think an external review may help to answer some of those questions. Five years ago today, Dorothy Madden died. I spoke with one of her sons this morning, and he is absolutely shocked and appalled that, five years after his mom died, somebody else died waiting for care. He wondered out loud to me why patients are continuing to die even after that internal review was done four years ago. He asked, how could this have happened again?

Mr. Acting Speaker, before Dorothy Madden died and after she died, we were pushing for an external review of the ER system, the ER crisis, what front-line doctors and nurses were telling me about the system. The government refused to do an external review at that time and now look at where we are. More patients have died and a preventable death just occurred.

It tells me that that internal review of four years ago has not been what was needed in this system. Why did the government refuse to do an external review? We were asking for it long before Dorothy Madden died, because front-line doctors and nurses are saying, there is a crisis; our system is crumbling. You have got to do something.

We asked for it. This government refused. Then Dorothy Madden died, and this government still refused. Why did they refuse? I think they didn't want the spotlight shone on some of the places it should have been shone.

Doctors and nurses would have been all given an opportunity in a safe environment to be asked what their views were on the ER crisis. Doctors and nurses in an internal review did not have an opportunity to come forward, unafraid, with no fear of job loss or being threatened that they'll lose their job if they talk to the public. An external review would give them that ability, that freedom to speak freely.

We have got to listen to the front-line doctors and nurses who are being put in a really horrible situation themselves in this situation of our ER crisis. I think the government did an internal review because it was politically expedient for them. They didn't set out to find the cause of the deeper problems in the system, and that's why I think we need to have an external review because it would do that.

This government cherry-picked what they wanted to find out, and they were able to control it because it was an internal review. It was a system that was having problems, that was actually investigating itself.

Mr. Acting Speaker, our ERs are still in trouble, and that internal review failed to fix it. Maybe it was because of manipulation and influence by the government, that may have prevented that internal review from, perhaps, looking as far and wide as it should have. We need fresh eyes and those eyes have to be an external, objective, unbiased person coming in, a non-threatening person coming in, who could look at the system and also allow doctors and nurses to speak freely to that particular person.

I don't think you're going to find it. We're not going to get to the bottom of this until we can actually have that kind of situation in place. We need to do it for patients, and we need to do it for their families. We also need to do an external review for our front-line workers.

Mr. Acting Speaker, I was a nurse before I got into politics. I was an ER nursing supervisor. I worked alongside those nurses for years and I've watched what ER nurses go through in trying to do a good job. Unfortunately, the system often sets them up to fail, when we see a horrible ER doctor shortage like we've seen in Manitoba, when we see an ER nursing shortage–and it's not just at Health Sciences Centre–we have had a chronic ER nursing shortage in this city for a long time. That internal review didn't solve it, and what is going on right now will

not solve it. We need that external review to come and have the clout to do it.

The Health Sciences Centre ER has been chronically short of nurses according to the last Freedom of Information we had; it was about 14 nurses. That is a big number. It's going to have a significant impact on how nurses do their job. How burned out are they? What are we expecting them to do when we're actually seeing forced overtime happening in nursing nowadays?

Mr. Acting Speaker, I'm absolutely astonished that we have mandatory overtime, and we've got a labour government that is actually allowing that kind of thing to still be in place. How burned out are these nurses? How stressed are they because of the shortage, never mind the ER environment they're working in?

***** (15:40)

We also need to find out when the minister actually knew about this. She sent a letter on March 18, 2008, to our Health critic saying that, in the policy, there are specific notification requirements that need to be made to the Minister of Health (Ms. Oswald), and that those notification requirements are time bound.

So what happened in here? When did she really know what happened? She's saying her department knew within hours. Well, then why did it take until the next day before she even found out–and she only found out about it once somebody in the system somewhere leaked the information to the media, and the media started snooping around and asking questions. Good for them because otherwise this whole thing would have been kept under cover by this government.

Mr. Acting Speaker, we need an external review to answer a lot of these questions.

I think if we go back to some recommendations made from the Thomas report, as well, they are suggesting that discretionary accountability by ministers of health is not a good thing. He's also saying that we've got to get rid of discretionary accountability in which the minister and others in the health-care system find it convenient–

The Acting Speaker (Mr. Altemeyer): Order. The honourable member's time has–just to be clear, time has expired, as we all agree.

Hon. Kerri Irvin-Ross (Minister of Healthy Living): The death of Brian Sinclair was a tragedy. Nobody in this House denies that. I'd like to pass my condolences on to his family and friends.

What we need to do now is we need to move forward. We need to look at what's happened, and how do we identify those gaps and take the actions that are necessary. We took immediate actions once we heard about the incident. I think what's very important for this House, and for everyone in Manitoba, is that we focus on the facts as we go forward.

As we look at the system, a system that provides care for hundreds of adults and children every day that present themselves to ERs across Manitoba. The statistics for the Health Sciences Centre are in a year, 47,000 adults present and 43,000 children. Lots of individuals are receiving service within that system.

In 2004, our government identified a need and a desire to appoint the ER task force. This ER task force was appointed by the Minister of Health and given the responsibility to review our system and make recommendations to us about what we can do to improve it. In August of 2004, the Minister of Health accepted all 46 recommendations and we have taken action on all of them. One specifically, which has been mentioned in the House many times; the introducing of the reassessment nurse in the ERs to ensure that there are people directly in the front lines reviewing patients' health status, making decisions and helping them through the system.

As we continue to address the health-care system, we will continue to look at what we can do to support the challenges faced in ERs. We have trained more doctors. We have expanded the seats for ER doctors from five to 13. We are training more nurses. In the front-line staff we've increased training for nurse practitioners. We also have appointed physician assistants; five at the Grace Hospital and five at Health Sciences Centre, but also around the physician assistants. We have developed the first doctorial program for physician assistants and have 12 seats, and in two years we will have our own, our first graduating class in Manitoba.

It's important as we go forward and look at the health-care system, how do we diversify? How do we provide external supports to the ER system? I think that, as the Minister of Healthy Living, the best way that we can do that is continue to have strong initiatives around health promotion and prevention, getting the message out. How do we prevent injuries? How do we live a healthy lifestyle? With physical activity, nutrition.

We also have established Health Links, which is a great resource for all Manitobans. I often hear individuals speak about the great service and support that they are provided. I think many of us in this House have used it ourselves and made that call, were well received and given information and advice which has been essential for us.

Another piece that's very important as we go forward is looking at how do we strengthen mental health and addiction services in Manitoba. We have announced the first mental health ER in North America. This is a recommendation from the ER task force and a commitment that we've made, and we are going forward with it. What this service is going to provide is social, economic services, a wrap-around program where people in crisis can go. Families will get the support, the individual will get the support from a supportive environment that will help integrate that individual back into the community. We'll be looking at the needs socially, economically, looking at housing options for them, as well as their mental health status.

We also need to continue to work on the development of our addiction services. Our government has made record amounts of investments over the last couple of years to support addictions and to develop the continuum of services that is needed. Mr. Acting Speaker, we have recently announced the redevelopment of the Sharon Home into an addiction and mental health agency, which will provide assessment, detox services, will provide primary treatment, secondary treatment and aftercare for individuals that present. We will work together to ensure that this service is accessible and seamless and is supportive as the people go through and receive the services.

One piece that we need to do is we need to work with staff across all disciplines, whether it's in the health-care system or in the social service system about reducing the stigma of individuals with mental health and addictions issues. We need to work together, and that's one commitment that we've made at the new Sharon Home is that we will have a training facility that will provide that support and ensure that people are understanding the complexities of what they're dealing with.

As we continue to build and strengthen the mental health and addiction services, we've recently announced the funding of psychiatric nurses, five more psychiatric nurses across Manitoba ERs. We know that this is going to continue to provide a support to the already staff counts that are in the ERs, but will also encourage that multidisciplinary team to happen.

We've also increased the geriatric program assessment team as well as providing primary care and community agencies through our access centres and our personal care homes. These are examples of keeping people within the community, alleviating the pressures on the ERs.

I know that, as we continue to review what's happened and evaluate and go forward and take the actions that are necessary, we can't forget the dedication and professionalism that is shown every day by the front-line workers, the ER nurses, the doctors, the emergency personnel who are meeting individuals that are in crisis and are assisting them to deal with the issues, to receive the health care that's necessary. Every day they are making a difference in lives.

We need to ensure that we continue, as we go forward, that we maintain this culture where people are not afraid to stand up and say that there was a critical incident. That's how we can continue to improve our system and work together. We have created a culture where we're not sweeping critical incidents under the rug anymore. We're saying, come, let's talk about it, let's evaluate what we're doing, let's continue to go forward and make those differences.

We need to keep working together with all of our partners as we strengthen the ERs and the health-care systems. We have taken action. We will continue to take action. As we go forward, we will evaluate the action we've taken. We'll evaluate whether it's working or not, and if it's not, we will again implement different strategies to ensure that Manitobans have access to ER services and health-care services that are very vital.

***** (15:50)

We want to thank everybody who have dedicated their lives to supporting our health-care system and our ERs. As we go forward, we will review what's happened. Mr. Acting Speaker, we will continue to evaluate best practices, nationally and internationally, with a goal of always strengthening our service in the health-care system.

Mrs. Bonnie Mitchelson (River East): Mr. Acting Speaker, I, too, want to add some comments to this matter of urgent public importance. I'm really glad that it did come forward for debate today.

You know, in 1999 we certainly know that the health-care system wasn't perfect. There was a lot of criticism of the way our government had dealt with the health-care system. Many perceived that the now-Premier (Mr. Doer), the Leader of the Opposition at that time, had all the solutions and all the answers because he stood up and said, elect me and, with $15 million in six months, we'll fix health care. We'll end hallway medicine. Those were his commitments back in 1999, some nine years ago.

You know, the emergency nurses probably embraced the now-Premier and said, that's the person we're going to vote for because he's going to fix the system for us in the emergency department. We as emergency room nurses are now going to see the system get better and improve. Well, Mr. Acting Speaker, what are we seeing some nine years later? Something that we've never seen in the emergency rooms in the province of Manitoba before. We've seen an individual sit in a wheelchair for 34 hours in an emergency room without being seen, and he died in that wheelchair and someone had to go and get a health-care worker to come over and look at this individual who had been dead for several hours.

Mr. Acting Speaker, it's absolutely unacceptable and no one can stand in this House today and honestly say that our health-care system is better today than it was back in the '90s. I know the former Minister of Health can sit in his place and laugh, and I know that he was standing side by side with his Premier back in 1999 when he said, I'll fix health care in six months with $15 million and we'll end hallway medicine.

Well, I'd like him to ask the emergency room nurses today what they're spending some of their time doing. They're spending some of their time having to move people and count people differently so that this government can look good by saying they've got less people in the hallways and maybe, just maybe if Brian Sinclair had been in a stretcher in a hallway instead of sitting in his wheelchair for 34 hours he might have been seen. Maybe that's the way they're getting their hallway numbers down, by leaving people sitting in the waiting room, not even on a stretcher in the hallways.

Mr. Acting Speaker, that's unacceptable in our health-care system today. You know, I have some difficulty in understanding why no one in the minister's department, or in the Premier's office, or in the regional health authority had the nerve to stand up before the afternoon of Monday. Now let me just explain. Mr. Sinclair waited for 34 hours without being seen and died, but it was 36 hours after that that this came to the public's attention. That is unacceptable.

Mr. Acting Speaker, protocol would indicate that the regional health authority must have known some time in the wee hours of Sunday morning that Mr. Sinclair had died after sitting there for 34 hours. It would be incumbent upon the regional health authority to tell the minister. I have difficulty believing that the minister or the Premier didn't know that there had been this significant incident in the emergency room at the Health Sciences Centre on Sunday.

Mr. Speaker in the Chair

This individual died at 1 a.m., Sunday morning. By 9 a.m., at least, on Monday morning, this government should have had the courtesy to stand up and hold a news conference and indicate that there'd been a tragedy.

Now, Mr. Speaker, the police don't wait for 36 hours to say there's been a crash on the road and an individual has died. You can't use the excuse that the next of kin hadn't been notified. How many times do we hear on the news that someone died in a horrendous crash and that we can't release the name of the victim because the family hasn't been notified but, once that happens, we will release that name? Should there be any difference in the health-care system when someone dies in the emergency room? Information should have been provided.

We hear it now from the government: Well, there were all kinds of conflicting rumours and information. Well, maybe if they'd stood up and been accountable and indicated what had happened, people wouldn't have to guess what happened in that incident. We wouldn't have had the kinds of rumours and the kinds of things that we heard that needed to be corrected in the media after the fact.

Mr. Speaker, absolutely, there needs to be an independent external review. We need to know, and that review has to include looking at documentation and briefing notes. When did the regional health authority find out? What action did they take? When did the minister know? When did the Premier know? Did they know on Monday morning, or were they trying to deflect away from the issue and not inform the public of the information that the public had the right to know?

So I want to say that I'm extremely disappointed in the way the way the government has handled this issue. I believe, Mr. Speaker, in ministerial accountability.

I just want to go back and say something about the dark days of the '90s, as members opposite would call the '90s, but I want you to know that my Premier–Gary Filmon–when I was a minister of the Crown, indicated as he did to every minister that you will take accountability for the responsibility that you have. We don't want to see in the paper that the minister wasn't available for comment or a spokesperson for the minister has said this. We were told that we were to be the front line; we were to take responsibility and be held accountable for the actions, good or bad, that happened in our departments.

But we have a culture within this government today, and I think it comes right from the top down and its leadership, Mr. Speaker. I don't know–if you want to go back and look over the last years that this government has been in power, how many times have we seen in the paper the minister wasn't available for comment; a spokesperson for the minister said this?

Well, that's not good enough. The buck stops with the elected official who has the responsibility to manage a department, and I would hope that the leadership would start now in the Premier's office and make sure that that happens. Thank you.

Ms. Jennifer Howard (Fort Rouge): I, too, want to speak briefly today to this matter of urgent public importance.

I want to express, as I think all members have expressed, what a tragedy it is–the death of Brian Sinclair–but I also want to talk a bit about the circumstances of his life. I was certainly moved, reading the story of his life and some of the difficulties that he had experienced. I was moved, as I hope we all were moved, to commit to do better for those who live in the margins of our society, for those who can't advocate for themselves. I hope that we can all commit to do that in this House.

***** (16:00)

Mr. Speaker, the health-care system is a human system and it's made up of human beings who do extraordinary things on a daily basis. It's made up of individuals who bring all of their humanity to their job, an unending capacity for compassion and all of those frailties that we all have that make us human. Anyone who works in health care knows that their nightmare is to witness a preventable death. It's the worst thing that can happen to you as a health-care provider. The worst thing for us that's going to happen in our jobs in this Legislature is that we might lose an election. But every day thousands of people in this province go to work facing the very real possibility that they're going to lose a patient that day.

I know, Mr. Speaker, there are members in this House who have worked in health care, and I know that those members could tell us stories of times when there were deaths, maybe some times when there were preventable deaths, and I know that they would be able to reflect for us when those deaths were handled in such a way that the system learned from its errors, and when those deaths were handled in such a way that it was covered up, that there was blame, that the culture, the prevailing culture in health care at the time was to not admit when a mistake had happened.

I think that the comments that we had heard from the Leader of the Official Opposition (Mr. McFadyen) that chose to talk of health care as a culture of neglect are very regrettable. Earlier, I think, we heard from the Member for Charleswood (Mrs. Driedger) of the difficulties in recruiting nurses to work in the ERs and certainly, those kinds of comments made by the Leader of the Opposition do not make that job of recruiting those nurses any easier. I think we heard very clearly from Sandi Mowat, who is currently the MNU president, about the results of comments like that, that what happens is we perpetuate a culture in our health-care system where people don't want to come forward and talk about errors that may have been made because they're afraid of being blamed. So I think we know well how far the culture has come when it comes to dealing with preventable deaths. I think we only need to think back to the pediatric cardiac inquest to see what the results of that inquest and the results of actions taken by this government have been.

You know, the Member for River East (Mrs. Mitchelson) was talking about how nothing like this would've happened in the '90s; well, we would've never known if something like this happened in the '90s because there was no legislation requiring critical incidents to be reported. There was not a culture of admitting when there had been tragedies,

of admitting when there had been preventable deaths that had occurred. So I think that this government has done a great deal to end that culture of blame, that culture of hiding, that culture of evasiveness, and to create a culture of accountability and learning and improving in our health-care system.

I can think, myself, of no more powerful example than when I was able to accompany the Minister of Justice (Mr. Chomiak), who was the Minister of Health, to meet with the parents of those babies that had died as a result of preventable circumstances in the cardiac surgery, and he took accountability, he took responsibility and he offered compassion and humanity to those parents. I learned a lot more that day about the purpose of politics than I have certainly this week in this House.

So now we are faced with a tragedy, and we all in this House will mourn and regret the death of Brian Sinclair, and we should all regret the tragedies that he experienced in his life. But the question to us now is, what will we do? What will we do to help make the system better? What will be the legacy of Brian Sinclair's life and of his death? I hope that the inquest that's been called by the Chief Medical Examiner will provide us with some recommendations that will result in improvements. But I think it's also important to remember that action was taken very quickly by this government before there was an inquest called, before there was a report on the critical incident provided–the final report provided, that this government took the action to put in place new protocols that would require patients to be approached in emergency rooms and be asked if they were there seeking care, that would require phone calls from referring facilities to emergency rooms.

All of us, when it comes to how we face this tragedy and what we do, I believe, have a choice. Because no matter what side of this House we're on, we all have the capacity and the responsibility to be leaders in our communities. So we have a choice to exercise leadership and true accountability and make the life and death of Brian Sinclair a catalyst for change and improvement in the system. We can choose to do that.

I think we have heard, certainly, of the recommendations from the ER task force that have been met and those that continue to be worked on. I think we've also heard from the Minister of Health (Ms. Oswald) and from the First Minister (Mr. Doer) that all of those recommendations may not have addressed this situation. So we need to go farther than even those recommendations, and we're working to do that. We can make a choice that for individuals like Brian Sinclair, who too often fall through the cracks, who live on the margins of our society, that we're going to make a change in the systems that are meant to serve them.

I was very touched today by comments in the *Free Press* from a woman who had been in the waiting room with Brian Sinclair, and who had noticed him there. I was touched by her comment that after this experience she had committed herself to no longer passing by those who may be on our streets and in our neighbourhoods who need help. We, too often, walk by because of fear, perhaps, because of our own assumptions. I was touched by that remark because I thought to myself, what would any of us have done in that situation? What do any of us do on a daily basis when we're confronted with those people who need our help in our neighbourhoods? How often do we walk by? How often do we feel afraid? How often do we not do the simple tasks that would make somebody's life easier or somebody's life better? So I think that question, also today, is worthy of some reflection on all of our parts.

We will work to put in place a better health-care system. We will respect the Chief Medical Examiner's office, and hear what went wrong in this situation and what needs to happen to improve it. Each of us can take some individual responsibility to make the lives of those who do not benefit from all of the prosperity in our province a little bit easier, and little bit better, simply by reaching out our hands to them.

I think we're all faced with a choice today in this Chamber, that we can lead or we can blame. Blaming each other, blaming the system and blaming the nurses and the doctors who work in the system is not going to result in meaningful change. I don't think it's a worthy tribute to the life and death of Brian Sinclair. I hope all of us can commit to taking leadership, to talking about ways to improve the system, to being accountable, all of us being accountable for how we treat each other and how we treat those who are the most vulnerable in our society. If we do that, then something positive will have come from this tragedy. Thank you Mr. Speaker.

Mr. Kevin Lamoureux (Inkster): Let me first start off by extending my personal condolences to the Sinclair family and those individuals who had known Brian Sinclair.

Obviously, as it has been stated, it's exceptionally sad to see what has taken place. I think that all of us are very sympathetic in wanting to express our feelings towards the family members, knowing just full well the impact it would have had on one of us if it would have been a friend or a family member of ours who had to go through that.

I also want to express my appreciation in terms of what I believe is the backbone of our health-care system. That is the individuals that are working in our emergencies, the individuals that are at the bedside and those individuals that provide the supports that are necessary in order for our facilities to be able to operate as well as they do.

I truly believe that it's not an issue of money. We need to realize–you know, back in 1989, the very first budget that I voted on, I believe it was around $1.4 billion, $1.5 billion is how much we were spending on health care back then. Today, we're spending $4 billion. It's not an issue of money. It's an issue of how it is that we're going to spend that money.

***** (16:10)

I want to talk a little bit about that, but, first, I want to pick up on what the Member for Fort Rouge (Ms. Howard) talked about. She says, what would we do? I asked myself, well, what would I have done if I was the Minister of Health, if this situation would have happened under my watch? I'd like to think, Mr. Speaker, that we all try to do whatever it is that we feel is in the best interest of the public, first and foremost.

Having said that, my understanding of the situation is that Mr. Sinclair goes to the hospital. He's sitting in the emergency area; 34 hours after sitting there, he dies. Then sometime–and it's been estimated about 36 hours later–the Minister of Health is notified. I'm not too sure exactly how she was notified or what sort of information was provided to her, but I understand it to be 36 hours. Now I'm not 100 percent clear on that, but I believe that to be the case.

If I was the Minister of Health, that would be the first area that I would be looking at–the time lapse, when Mr. Sinclair had actually passed away and it was noticed, and how much time it took for me to find out as the Minister of Health, because I do believe it's about accountability. When you spend $4 billion, someone has got to take accountability on the issue, and it has to be the Minister of Health.

I found an interesting article. It was in the *Winnipeg Free Press* in August of 1996. It was an interesting article, but I want go to a specific quote, where I was quoted, Mr. Speaker. It was in regard to regional health care and creation of these regional health-care authorities. I said back in 1996 and I quote: I am concerned that the management of health-care services will fall to a handful of government appointees who cannot be held to account to the people of Manitoba.

Mr. Speaker, there was a great of concern even back then of how we were going to ensure accountability. Even back then, that was one of the primary concerns that I had. Now when I look at what has taken place over the last week, I believe that Manitobans do need to be aware that something did go wrong here.

What would I have expected? If I was the Minister of Health and this incident would have occurred, I would have been expected to know at the earliest possible time. I would not have been upset if I would have been called at 6 o'clock in the morning on Monday or even late Sunday evening. If the situation is serious, I would like to know about it as soon as possible. I would have the faith in the bureaucracy that I've put into place to ensure, when a crisis of this nature does occur, that I would find out.

Why is it important for me to know? In this particular case, if I was the Minister of Health, I would have been up on Monday in a ministerial statement and I would have said, right then and there, what took place. I would have indicated that I would have been looking into the issue, and here are the actions that I have taken since I found out about it, Mr. Speaker. I believe that is how and that is the role that a minister has and a responsibility that they have.

Mr. Speaker, the politicians are responsible in terms of holding our bureaucrats accountable. The public as a whole is responsible to hold the politicians accountable. Members of the opposition are responsible for holding the government of the day accountable when they drop the ball.

I believe that the Minister of Health should have known a lot earlier, and she should have reported it to the House. She could have done that on Monday;

that's what should have happened. I'm interested in knowing why the Minister of Health didn't come forward. The Member for River East (Mrs. Mitchelson) talked about if an accident occurs on the highway, we find out and the public find out in a relatively quick fashion. It doesn't take anything away from the tragedy in informing the loved ones and the next of kin and so forth, Mr. Speaker. You don't have to release the name. But it is important that we find out. Why it's important, at least in part, is because then it shows that the minister is on top of the department and what's happening within the health-care system. It's an issue of public confidence.

I believe, because of the time that appears to have elapsed, people such as myself can legitimately question to what the degree the minister is holding the bureaucracy to account for the things that are happening within the department of health care. This has always been a concern for me. It's not the issue of money because I believe the money is there. It's how we manage the money and make and improve our health-care system, spending smarter if I can put it that way, Mr. Speaker. That's the greatest threat to healthcare in the province today, is the way in which we manage change in health care. When we get a report, what do we do in order to implement the report? How are we going to maximize the bedside care, providing direct support to our emergencies throughout the province? It saddens me when I hear that we have rural communities that are losing emergency care. That should sadden a lot of us.

I believe that what we have witnessed over the last number of years is a huge growth in bureaucracy. You know, is it *Star Wars*, they have that evil empire, or this huge, this empire–the word escapes me right now. I believe that we've got to be very, very–

Some Honourable Members: Yoda, Yoda.

Mr. Lamoureux: Yoda. Well, I'll stay away from that, but the point I'm trying to get across is that we do have a bureaucratic empire that's there, and I'm not too sure whether or not we as politicians actually have control of what's going on within that empire. Mr. Speaker, I do think we need to find out. I do think that we need more accountability in that area.

And that's the reason why, ultimately, my concern is, when did the Minister of Health (Ms. Oswald) find out? She needs to tell us very precisely as to when because I believe that the Minister of Health should have made the ministerial statement on Monday. That's what I believe, and that would have showed that the Minister of Health was on top of what's happening within the Department of Health.

Thank you, Mr. Speaker. I appreciate the manner in which the emergency debate has been put forward. Thank you.

Hon. Nancy Allan (Minister of Labour and Immigration): Mr. Speaker, it's a privilege to put a few comments on the record today in regard to this matter of urgent public importance. I don't believe there is anyone in this House this afternoon that doesn't believe that this is a matter that is urgent. I thank my colleagues on this side of the House for their comments in regard to the actions that we have taken in the tragic death of Brian Sinclair, and I thank them for their condolences to the family and all of the friends of Brian Sinclair.

You know, I don't think there's anybody in this Chamber that has spent more time at the Health Sciences Centre in the last couple years than me because of the simple fact that my husband was diagnosed with acute lymphoblastic leukemia two years ago. He was transferred from the St. Boniface Hospital to the Health Sciences Centre to a ward called GD6. It is a leukemia-lymphoma ward that is unique in Manitoba. It is the only one of its kind in this jurisdiction, and it is also unique in Canada because it is the only leukemia-lymphoma ward in Canada where patients can leave their rooms.

***** (16:20)

The nurses on that ward, Mr. Speaker, are highly trained to deal with life and death every day. There are 215 patients that attend that ward, and many of them are repeat visitors because of the simple fact that the treatment for this disease is so incredibly invasive that many things quite often go wrong. It has been an incredible experience to get to know those individuals on that ward. I have a great deal of admiration for many of them, and I have a great deal of admiration for the ward because one night I had to go with Neil to the emergency ward because, at the time I didn't know it, but he had a serious, serious infection. It was in May during the election campaign, and it was one of the first times I'd ever been to the emergency ward at the Health Sciences Centre.

It was a phenomenal experience. I have to tell you I had never been to that particular emergency ward before because I usually go to the St. Boniface emergency ward because that ward is close to my

home, but because of what we were dealing with, I was told that if Neil ever got sick, we had to go to the HSC emergency ward. I have the utmost respect for the staff who work in that emergency ward, and I know that they are there because they are passionate about the job that they do.

They deal with life and death issues every day, Mr. Speaker, and I just hope that, as we walk this journey to figure out what happened in this emergency ward over the weekend, that we would always be respectful of the health-care providers in our system, particularly the health-care providers that work in the kinds of situations that they work and they experience when they're working in those emergency rooms at the Health Sciences Centre. I know I could not do that job, and I have an incredible admiration for those individuals who choose that kind of work. I think it is a calling.

You know, I want to congratulate the Minister of Health (Ms. Oswald) and the department for the leadership they have taken in regard to this incredible tragedy that occurred on the weekend, and our Premier (Mr. Doer). I think the most important thing that we can do as politicians is take responsibility, and I think we have done that. I think that we have taken responsibility, that we want to learn from this tragic, tragic death that happened on the weekend. I think we have to know the facts and that is absolutely critical. If we do not know–this was such a unique situation because the individual was transferred from a community health centre and then transferred to HSC emergency, and I think it's so important that we know all the facts so that we can learn from this experience, and we can continue to make our health-care system work for all of the individuals who live in Manitoba. I think that's what we want our public health system to do, it's not there for the privileged few. Our health-care system has to be there for everyone, Mr. Speaker.

I want to thank the previous Minister of Health, who's in the House with us today, for the work that he has done in making our health-care system more accountable because it was some of the work that he did in making our system more accountable when we had some previous situations where we had some deaths that were very tragic, and very difficult, and it was some of the work that he did. I think that we're going to continue on in that vein so that we can make sure that we have legislation in place, regulations in place, and policies in place to make sure that we never have these kinds of incidents again.

It's a very, very difficult thing when you're making public policy, I think, to have those kinds of policies in place because, at times, we're going to be accused that these kinds of things are our fault or somebody's fault. Everybody's playing the blame game across the way in regard to whose fault this is.

Sometimes mistakes happen. That is the nature of the human world that we live in, and we must learn from what has happened this week at the Health Sciences Centre. Our government is committed to that. We will do that. We have taken a lot of time with the Emergency Care Task Force report, to look at those 46 recommendations. Those recommendations and the implementation plans and strategies that go into those recommendations, they just don't happen overnight. We have to work with our health-care providers and the health-care services that are in our communities, all across this province, to make sure that we have a health-care system that meets the needs of everyone who lives in this province.

You know, Mr. Speaker, prior to the Sinclair report on the pediatric-cardiac program in the '90s, medical errors were swept under the rug. We put legislation in place around patient safety, and the new way of managing patient safety is to put everything in the open, so that we can learn from mistakes.

We need to continue to work with our health-care stakeholders, and we need to implement the recommendations in the Emergency Care Task Force report with our stakeholders. I would ask members opposite to not continue on with this blame game and making almost crass political comments about whose fault this is, Mr. Speaker.

This is everyone's responsibility, every one of us in this House, to have a public health-care system that we can count on, that everyone in our society can count on.

We have launched an investigation into this and, Mr. Speaker, I think, at the end of the day, this is going to be a very, very important journey but one that we are committed to, so that we can have a health-care system that we are all proud of. I believe in my heart that we have done a lot of work in that area, and it's been difficult work. We know we have more work to do. Thank you.

Mrs. Heather Stefanson (Tuxedo): I'm pleased to stand here today and put some words on the record with respect to this very tragic situation that has

occurred here in Manitoba. This is a situation that is not only deemed to be tragic by people in Manitoba but, indeed, all across Canada and, in fact, in the United States and around the world. This is an unbelievable incident that has occurred and it is extremely unfortunate, Mr. Speaker.

I think what's very important here is that, in focussing on the issue at hand, we believe very strongly that there needs to be an independent external review of what transpired during this process. While internal reviews are important to find out basic details of what happened and what occurred and the events that led up to the tragic death, it's very important that it will take into consideration when the minister found out about this, what actions did she and the Premier take immediately upon learning of this.

I think what's unfortunate is that there are two situations here. There's one situation, that the minister was informed immediately upon the critical incident occurring or shortly thereafter. That is her policy–

***** (16:30)

Mr. Speaker: Order. As previously agreed, the time now is 4:30, and that will conclude the matter of urgent public debate. Now, we will deal with House business.

Mr. Chomiak: Mr. Speaker, I want to thank you and all members of the House–

Some Honourable Members: Orders of the day.

Mr. Chomiak: Yes, orders of the day. I want to thank–

Mr. Speaker: I have to go through the schedule. We just agreed to do the MUPI. I have to ask for grievances first. Are there any grievances? No? Okay, now, orders of the day.

ORDERS OF THE DAY (Continued)

GOVERNMENT BUSINESS

House Business

Hon. Dave Chomiak (Government House Leader): I want to thank all members of the House for the co-operative efforts and, again, exhibiting the fact that most of what we do in here, Mr. Speaker, we do a pulling together as one team.

Mr. Speaker, I'd like to request leave of the House, firstly, to distribute three new report stage amendments to Bill 37 and to deal with them immediately; secondly, to withdraw the report stage amendment of the Leader of the Official Opposition to clause 12 of Schedule C, which is already under debate; thirdly, to withdraw the second–the report stage amendments of the honourable Member for Inkster (Mr. Lamoureux) to clause 6 of Schedule B, which is already under debate; and fourth, after three new report stage amendments are moved and debated, to deal with the amendments from the honourable Member for Inkster, which deals with clause 8 of Schedule B.

Mr. Speaker: Okay. I'm asking leave of the House for the House to distribute three new report stage amendments to Bill 37 and to deal with them immediately, then (2) to withdraw the report stage amendment of the Leader of the Official Opposition to clause 12 of Schedule C, which is already under debate; (3) to withdraw the report stage amendment of the honourable Member for Inkster to clause 6 of Schedule B, which is already under debate; and (4) after the three new report stage amendments are moved and debated, to deal with the amendment from the honourable Member for Inkster which deals with clause 8 of Schedule B.

Is there leave? *[Agreed]*

DEBATE ON REPORT STAGE AMENDMENTS

Bill 37–The Lobbyists Registration Act and Amendments to The Elections Act, The Elections Finances Act, The Legislative Assembly Act and The Legislative Assembly Management Commission Act

Mr. Speaker: Could we please distribute the amendments? Three report stage amendments to Bill 37. Okay. We'll deal with the first amendment.

Mr. Hugh McFadyen (Leader of the Official Opposition): I ask the House for leave to introduce an amendment to Bill 37.

Mr. Speaker: Does the honourable member have leave? *[Agreed]*

Mr. McFadyen: Thank you, Mr. Speaker. As agreed, I move, seconded by the Member for Lac du Bonnet (Mr. Hawranik),

THAT Bill 37 be amended by replacing Clause 12 of Schedule C with the following:

12 Subsection 56(1) is amended by replacing everything before clause (a) with the following:

Government advertising and publications in general election
56(1) No government department or Crown agency shall publish or advertise any information about its programs or activities in the last 90 days before polling day, and on polling day, in the case of a fixed date election, or during the election period for any other general election, unless the publication or advertisement

Mr. Speaker: It's been moved by the honourable Leader of the Official Opposition, seconded by the honourable Member for Lac du Bonnet,

THAT Bill 37 be amended by replacing Clause 12 of Schedule C with the following:–dispense?

An Honourable Member: Dispense.

Mr. Speaker: Is there leave for this? There's leave, okay. Dispense.

Mr. McFadyen: Mr. Speaker, this amendment simply extends the so-called blackout period for government advertising to 90 days prior to an election from the 60-day period that had been proposed in Bill 37. We believe that it is a positive amendment that would ensure that tax dollars used in a lead-up to an election campaign are focussed only on the narrow requirements of government to communicate with Manitobans and not for any other purpose.

We believe it's a positive step in terms of a level playing field for all parties in the lead-up to an election campaign, knowing that there has been a tendency by parties and governments in all provinces of all political stripes to, from time to time, make use of government advertising leading into elections that might be viewed by the public as inappropriate. I encourage all members to support the amendment.

Mr. Speaker: Is the House ready for the question?

Some Honourable Members: Question.

Mr. Speaker: The question before the House is the amendment moved by the honourable Leader of the Official Opposition.

Is it the pleasure of the House to adopt the amendment? *[Agreed]*

We'll now move on to the next amendment.

Mr. Gerald Hawranik (Lac du Bonnet): Mr. Speaker, I seek leave to amend Bill 37, and, as previously agreed, I would move, seconded by the Member for Lakeside (Mr. Eichler),

THAT Bill 37 be amended in Clause 11(1) of Schedule C, in the proposed subsection 54.1(1), as amended at Committee,

(a) in clause (a), by striking out "$150,000.*" And substituting "*$250,000.*"; and*

(b) in clause (b), by striking out "$5,000.*" and substituting "*$6,000.*".*

Mr. Speaker: Is there leave to move this amendment? *[Agreed]*

It's been moved by the honourable Member for Lac du Bonnet, seconded by the honourable Member for Lakeside,

THAT 37–dispense?

Some Honourable Members: Dispense.

Mr. Speaker: Dispense.

Mr. Hawranik: Mr. Speaker, again, I would suggest that this is a somewhat of a positive amendment. It's important to increase spending limits for political parties in the year of the election and for a number of reasons. It allows the message to get out so that voters have an informed choice on the vote during in the election. I know the Premier (Mr. Doer) has complained that not enough Manitobans are coming to the polls on election day. A limit on party spending may lead, in my view, to a lower voter turnout and voter apathy.

While it's not exactly where we wanted it to be, we believe that there really should be no limits on

party spending on advertising prior to an election campaign. It's not government money that's being spent here. It's not public money, and the government, in our view, shouldn't interfere at all with the ability to restrict and the ability to stop political parties to get their message across.

While we agree there should be no spending limit, we've reached a compromise in this amendment, and we agree to support it as opposed to leaving the amendments the way they were. Thank you.

Mr. Speaker: Is the House ready for the question?

Some Honourable Members: Question.

Mr. Speaker: The question before the House amendment moved by the honourable Member for Lac du Bonnet (Mr. Hawranik).

Is it the pleasure of the House to adopt the amendment? *[Agreed]*

***** (16:40)

We'll now move on to the next amendment.

Mr. Kevin Lamoureux (Inkster): Mr. Speaker, if necessary, I would ask for leave in order to introduce an amendment to Bill 37.

I would move, seconded by the Member for River Heights (Mr. Gerrard),

THAT Bill 37 be amended in Clause 6 of Schedule B

*(a) by replacing the section heading of the English version of the proposed subsection 49.1(2) with "*General election on first Tuesday in October*";*

(b) in the proposed clause 49.1(2)(a),

*(i) by striking out "*Tuesday, June 14, 2011*" and substituting "*Tuesday, October 4, 2011*", and*

*(ii) by striking out "*June 13, 2011*" and substituting "*October 3, 2011*"; and*

*(c) in the proposed clause 49.1(2)(b), by striking out "*second Tuesday in June*" and substituting "*first Tuesday in October*".*

Mr. Speaker: Is there leave to move this amendment? *[Agreed]*

It's been moved by the honourable Member for Inkster, seconded by the honourable Member for River Heights,

THAT Bill 37 be amended–dispense?

Some Honourable Members: Dispense.

Mr. Speaker: Dispense.

Mr. Lamoureux: Yes, Mr. Speaker, just very briefly and just to acknowledge that it's, I believe, a very positive amendment, and I applaud the government in terms of responding to what I believe was the right thing to do. We saw that in committee, and it always gives me hope when I see a government responding to what is in the best interests in the public.

That's clearly what they've done by postponing the election to October, as opposed to June, in particular for our young people to ensure better participation and in order to accommodate a wide variety of other Manitobans. Thank you, Mr. Speaker.

Mr. Speaker: Is the House ready for the question?

Some Honourable Members: Question.

Mr. Speaker: Okay. The question before the House, amendment moved by the honourable Member for Inkster.

Is it the pleasure of the House to adopt the amendment? *[Agreed]*

Okay. I'm going to resume debate on one of the amendments, the amendment that was moved by the honourable Member for Inkster, and it's standing in the name of the honourable Minister of Intergovernmental Affairs (Mr. Ashton).

What's the will of the House? Is it the will of the House for the bill to remain standing in the name of the honourable Minister for Intergovernmental Affairs?

Some Honourable Members: No.

Mr. Speaker: No, that's been denied.

Any other speakers?

Is the House ready for the question?

Some Honourable Members: Question.

Mr. Speaker: Okay. The question before the House is the amendment moved by the honourable Member for Inkster.

Is it the pleasure of the House to adopt the amendment? *[Agreed]*

Hon. Dave Chomiak (Government House Leader): Through you, I want to thank all members of the House, and perhaps we should call it 5 o'clock.

Mr. Speaker: Is it the will of the House call it 5 o'clock. *[Agreed]*

The time being 5 p.m., this House is adjourned and stands adjourned until 1:30 p.m. on Monday.

LEGISLATIVE ASSEMBLY OF MANITOBA

Thursday, September 25, 2008

CONTENTS

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