

**First Session - Fortieth Legislature**  
of the  
**Legislative Assembly of Manitoba**  
**DEBATES**  
and  
**PROCEEDINGS**

**Official Report**  
**(Hansard)**

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Speaker*

**MANITOBA LEGISLATIVE ASSEMBLY**  
**Fortieth Legislature**

| <b>Member</b>            | <b>Constituency</b>  | <b>Political Affiliation</b> |
|--------------------------|----------------------|------------------------------|
| ALLAN, Nancy, Hon.       | St. Vital            | NDP                          |
| ALLUM, James             | Fort Garry-Riverview | NDP                          |
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| GOERTZEN, Kelvin         | Steinbach            | PC                           |
| GRAYDON, Cliff           | Emerson              | PC                           |
| HELWER, Reg              | Brandon West         | PC                           |
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| IRVIN-ROSS, Kerri, Hon.  | Fort Richmond        | NDP                          |
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| KOSTYSHYN, Ron, Hon.     | Swan River           | NDP                          |
| LEMIEUX, Ron, Hon.       | Dawson Trail         | NDP                          |
| MACKINTOSH, Gord, Hon.   | St. Johns            | NDP                          |
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| MALOWAY, Jim             | Elmwood              | NDP                          |
| MARCELINO, Flor, Hon.    | Logan                | NDP                          |
| MARCELINO, Ted           | Tyndall Park         | NDP                          |
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| MELNICK, Christine, Hon. | Riel                 | NDP                          |
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| WISHART, Ian             | Portage la Prairie   | PC                           |

**LEGISLATIVE ASSEMBLY OF MANITOBA**

**Thursday, May 10, 2012**

*The House met at 10 a.m.*

**Mr. Speaker:** O Eternal and Almighty God, from Whom all power and wisdom come, we are assembled here before Thee to frame such laws as may tend to the welfare and prosperity of our province. Grant, O merciful God, we pray Thee, that we may desire only that which is in accordance with Thy will, that we may seek it with wisdom, know it with certainty and accomplish it perfectly for the glory and honour of Thy name and for the welfare of all our people. Amen.

Good morning, everyone. Please be seated.

**ORDERS OF THE DAY**

**PRIVATE MEMBERS' BUSINESS**

**SECOND READINGS—PUBLIC BILLS**

**Mrs. Mavis Taillieu (Official Opposition House Leader):** Yes, Mr. Speaker, I wonder if you would canvass the House to see if there's leave to proceed to Bill 205, The Municipal Amendment and City of Winnipeg Charter Amendment Act, sponsored by the member for Agassiz.

**Mr. Speaker:** Is there leave of the House to proceed to bill—consider Bill 205? [*Agreed*]

**Bill 205—The Municipal Amendment and City of  
Winnipeg Charter Amendment Act  
(Defamation Protection)**

**Mr. Stuart Briese (Agassiz):** Mr. Speaker, I move, seconded by the member for Emerson (Mr. Graydon), that Bill 205, The Municipal Amendment and City of Winnipeg Charter Amendment Act (Defamation Protection), be now read a second time.

*Motion presented.*

**Mr. Briese:** And I am indeed pleased to rise today to speak to Bill 2000—or 205; we're not up to 2000 yet—The Municipal Amendment and City of Winnipeg Charter Amendment Act.

Bill 2000—205—I'm going to be stuck on that all day—is a bill that would grant privilege to municipal councillors, reeves and mayors across this province. It would prevent them from facing sanctions in litigation, rising from statements made in council or committee meetings.

This bill may not seem like a big issue to the government of the day, but it is a big issue municipal councillors and everyone, indeed, that's involved in municipal government. AMM passed a resolution unanimously in 2009 calling for this type of protection. And since that time, they and their membership have raised this issue many times in conversation with me and in their meetings throughout the province.

I previously presented this bill on May 10th, 2011, and the government of the day chose to prevent it from moving forward. Mr. Speaker, this side of the House represents approximately 75 per cent of all the municipal officials in this province. They live and work in our constituencies. These municipal people have repeatedly asked me to reintroduce this bill and this is how we arrived at today's debate.

It's my hope that the numbers—the member's opposite have now had time to reflect on their previous decision, realize this is good legislation and allow Bill 205 to proceed to committee hearings.

Mr. Speaker, the municipal level of governance is the grassroots level of government that's in this province, and, indeed, across Canada. They are the level of government that provides most front-line services to people in Manitoba and they occasionally asked for tools to improve that service delivery.

The member from Midland, in speaking to this bill previously, pointed out there are four components to this bill, and he did it very well. Number one encourages people to run for council. It's a little disheartening for people running to council that—to think that they might face litigation over some of the things that they might say in a council chamber. And, so, with—that's one of the things they have to face; some of them decide not to run, and we lose some very good people.

It enhances openness and transparency. And the NDP government passed a bill just about two years ago which was on the conflict of interest and on the transparency and openness of councils, and put in place legislation to address those type of things. This is a bill that would help to increase that transparency and openness.

The other thing it would do is cut down on the in-camera meetings. And if your municipal councils have the right to go in camera on delicate issues—but they can go in camera on almost any issue if they really wish to—and if they're—if they have any fear of litigation, they'll go in camera. They'll make their decisions; they'll come out with a decision made, pass the resolution, pass whatever they're doing, with the public getting very little information on how that decision was reached; who really supported that situation, that position in the first place.

The other thing this bill would do is save a lot of money and a lot of staff time to municipalities. I know the last time we discussed this bill, they talked—the members opposite talked about municipalities carry insurance to cover them for this. Yes, they do, but that insurance is at a \$2,500 deductible and that cost goes back to the municipalities; it goes back to the property owners; it goes back to the tax base.

The other things that enter into it—and I was told this by the councillors involved—they both, in the city of Portage situation, that had been—had litigation filed against them, they made several trips, took time off work, made several trips into Winnipeg on the legal aspects of their case. And their travel time and time off work really was not covered; it's extra costs. And along with that goes the mental anguish of being caught—put in a position of a lawsuit.

This bill would address those types of issues. As I said, the case that prompted the AM resolution, it did happen in the city of Portage la Prairie. The two in council—the two involved councillors were so disenchanted that they chose not to run in the following election, and then that litigation then followed them into private life. And, after all was said and done, all their resources spent, all the fuss that they had to go through, it took three years to complete, and then it was dropped—dropped out of court. Bill 205 would have prevented that painful process from ever taking place.

\*(10:10)

Bill 205 does all those things it—and it saves them harmless on frivolous litigation, and I think that's very important. That's the basis of this bill and that's why I am presenting it here today.

One of the other things that was in the previous discussion on this bill was the Minister for Local Government talked about going against a parliamentary system. Well, you know, it's simply

legislation that gives councillors, mayors, and reeves, another tool to do their job better without fear of frivolous charges. The municipal level of government really isn't based on a parliamentary system. A parliamentary system is multi-party; municipal government is a consensus government.

Municipal governments exist at the whim of the Province. They can—their proceedings can be dealt with with one stroke of the pen by the Province. The job is tough enough already, and I think we need to remove some of the roadblocks that might cause people not to take it.

You know, there's a number of members over on the other side of the House that did serve on municipal council, and one very recently was the Minister of Agriculture (Mr. Kostyshyn), and I'm sure, seven months ago, he was very supportive of this legislation. I'll be interested to see if he speaks to this because I'm wondering if his view on it has changed.

Another one that served on the board of directors at the AMM when I was there is the minister—the member for Brandon East (Mr. Caldwell). Once again, I think these previous municipal councillors—and I know last time we discussed this bill, the member from Interlake talked about his previous service on council too. And they should know these issues, and they should be supportive of this bill.

The member for Gimli (Mr. Bjornson) in debate suggested that he was some kind of super councillor who handled all types of municipal controversy with his usual calm and unflappable demeanour, and I congratulate him. Unlike the member for Gimli, most municipal councillors are mere mortals. They are dedicated. They're hard-working people who ran for office simply to give something back to their communities. They're proud of their communities and dedicated to making the jurisdictions a better place to work and live and play.

You know, times have changed. There's far more appetite for legal action today than there was in the past, and it's time we put in place some protection for our municipal officials. That's what Bill 305–205 does. Municipal people—councillors, mayors, and reeves—and I've said this before, are the forefront, the foremost, the finest level of government in this province. They do the job for very low pay. They do the job because they care about their communities and they make the decisions. They face the flak and they very seldom are told they are doing a good job.

In conclusion, I know that the government has put out a call for proposals to develop legislation similar to Bill 205. I'd encourage the members opposite to support this bill. We've had two years since I first introduced it. They've had time for sober second thought on it. It's a bill that goes a long way to addressing some of the issues municipal councillors have, and I encourage them to let us move this bill forward. Let us take it to committee. Let's get the public feedback. If there's amendments that need to be made, by all means, let's look at making them, but let's provide this protection now. Thank you, Mr. Speaker.

**Hon. Ron Lemieux (Minister of Local Government):** I thank the member opposite for making some of the comments.

No, we will not support what he's putting forward, and there's good reasons why we will not. Though the government is sympathetic to the intent of the bill, there are intractable reasons as to why the legislation is not suitable solution for the stated problem.

Mr. Speaker, the parliamentary system cannot be forcefully transplanted into the municipal setting. Parliamentary privilege works exclusively within the parliamentary system as per more than 300 years of history and precedent.

There is not—that's not to say that councillors aren't protected from frivolous accusations linked to their work. They are, under provisions in The Municipal Act. See division 4 of the act, indemnification of members of council.

The Province has discussed the issue with AMM and is willing to work to devise options to address the stated concerns given the existing municipal structure. The Province and AMM have asked an academic to review the issue as we continue to work with AMM on an informed basis to see what options there may be.

Now, Mr. Speaker, 197 municipalities, possibly less than a handful of lawsuits have come forward over the last while, none successful, at least I've been advised. If the member opposite has some examples of issues that are so distressing he may want to raise them, and we'll certainly work with municipalities that are encountering some real division within their municipalities to try to address the situation.

But how do you impose and put into what we have federally and provincially in our systems in our legislatures? Is the mayor or reeve going to act as the

Speaker? They have no one taking *Hansard*, no one taking minutes of the meeting on an ongoing basis like we have recorded here on *Hansard*. And members in this Chamber cannot say whatever they want. I mean, there's penalties for saying and going off and ranting and raving and saying defamatory things here. I mean, there are penalties that can be imposed on MLAs for doing that.

So The Municipal Act requires municipalities to establish rules for public participation at council meetings. That's through the bill. The opposition is proposing a system where only the council members would be free to say and write anything at a council meeting that they want. Members of the public would have no—would not have the same immunity. This is both unfair and inconsistent with the principle of public participation and decision making in local governments.

Often we hear how municipal governments and all governments want the public to participate. Well, if you have a system like this put in place where all the councillors and the reeve are protected, the public is not. The public comes in and you could have councillors saying and doing whatever they want and badmouthing the people coming forward with legitimate concerns.

And also, Mr. Speaker, municipal governments, like other governments, have—there's a report card at the end of a four-year term.

**An Honourable Member:** They're called elections.

**Mr. Lemieux:** And they're called elections. And the public—thank you—and the public can have their say. If the public does not agree with which way a council or a mayor or reeve is acting or the way they've gone, they can either run themselves or support someone else and have them removed and have them defeated.

This is not to say that some of the concerns that have been raised by AMM are not frivolous, let me put it that way. So that's why we've agreed to work with AMM. Resolutions have been passed. We want to work with AMM to see is there a way that we can identify that will protect not only the people bringing—having presentations and coming to council as a ratepayer or taxpayer, as their constituents, but also in a way that municipal councillors and Reeves or mayors also will feel a level of comfort when they're in the Chamber to do their job and to speak freely. And that's why they were elected to represent their ward or their area—the municipality.

Now, the City of Winnipeg brought forward a resolution that they wanted to move ahead and take a look at the idea of parliamentary privilege, but then they got a legal opinion and the legal opinion said no, you know, you're not—this is not going to be successful whatsoever. It's not going to work. The parliamentary system does not work in a municipal structure. So the City of Winnipeg now has backed off of that and they are no longer pursuing this avenue.

And even though the member opposite, I know he's been far removed from municipal politics now, but even though his heart might be in the right place, he's misguided, he doesn't understand what's going on today in municipalities. So, Mr. Speaker, even though he's a very nice guy, a real gentleman, his heart's in the right place, you know, he's misguided and he's—I'm not sure where he's receiving his information, but it's absolutely not correct.

So, no, we will not be supporting this, Mr. Speaker, and—but we will be supporting AMM in many, many different ways. The 1 per cent of PST which we agreed that they should receive, and that's very, very important for a lot of infrastructure, and that's something they've asked and we've come forward. But members opposite want us to increase the PST by 1 per cent.

**An Honourable Member:** Seven to eight.

**Mr. Lemieux:** To—7 to 8 per cent.

I attended the local regional meetings last spring, and at each one of those meetings I said, anyone here, would you please put your hand up? And in many of those meetings, seven meetings into 197, there were hundreds and hundreds of people at those meetings each and every meeting. And I said, could you please put your hand up, I want to see you. Please identify yourself if you want to see the provincial government raise the PST from 7 to 8 per cent. Not one single person put their hand up and they agreed with our position, Mr. Speaker.

\*(10:20)

So the opposition is totally out of touch with Manitobans with regard to the idea of increasing the PST. You know, Mr. Speaker, it's regrettable. I mean, many of the MLAs are rural MLAs and if they go out there and talk to their constituents, ask their constituents, do you want to see us raise the PST from 7 to 8 per cent? They will tell them flatly, no, forget it.

And you know, Mr. Speaker, members opposite, regrettably, are trying to use different tactics of diversion because they know how well we're working with AMM and how closely we consult them, and this issue is something that, yes, there are some municipal leaders that, if I can put it politely, don't—there's not an understanding of the way the parliamentary system works.

So when they think—when a person says, like the member opposite says to councils, we want to protect you. We want to protect you. Well, there's been less than a handful of lawsuits and a handful of accusations towards councillors, but I—we'd be pleased to meet with the member opposite anytime. If he knows of a municipality where there's huge problems and huge stressors that—with regard to the public and the animosity between the public and their councils, you know, Mr. Speaker, I would really want to hear about it because that would be, I think, helpful to going forward when we have an academic looking at this issue on, you know, well, I'm not sure where this academic is going to look because nowhere in Canada does this exist where councils have—municipal councils have parliamentary privilege as in the Parliament in Ottawa and in our Legislature here in Manitoba.

You know, Mr. Speaker, as I said, the City of Winnipeg, you know, put forward a resolution, then they got a legal opinion and they totally have backed off of that position, and I just want remind members opposite that this is very, very important and I know members opposite are—I'm not sure why they're looking at this issue as so hugely important. We've already agreed with AMM that we're going to continue to look at this issue and make sure that there's a—make sure that people have a right to have their say in Chambers and also that the elected officials have a right to have their say and speak their mind openly which they do.

I don't know very many councillors or reeves that are so shy and so reserved they're not going to speak out on any particular issue. Most of them are articulate, well-spoken and know all the issues with regard to their municipalities and I know that this has not restricted them in saying and doing what they think is right because someone might sue them. You know, Mr. Speaker, as I mentioned before, not only is the member opposite was on council and with AMM, but we have a few people on our side who also were members of AMM—municipal councillors or reeves and I hope people on our side will be able

to give some examples how well their councils have worked for years and years.

So, Mr. Speaker, the bottom line is, no, we cannot support this because it's not addressing any concerns that may be out there. We've hired someone to look into it, working with AMM to pursue it. Parliamentary system does not fit the municipal structure at all and we will continue to work with municipalities on all issues of the day and we know we have a very good working relationship with them and that—

**Mr. Speaker:** Order, please. The minister's time has expired.

**Mr. Cliff Graydon (Emerson):** It gives me great pleasure to rise today to support this well-thought-out and crafted private members' Bill 205.

The member from Agassiz has done a great job on this. It's his second opportunity to present it to this House and I'm sure, Mr. Speaker, you will agree that this House needs to start to pay attention to it.

The municipal act and the City of Winnipeg charter amendment act—that's the one that has been sponsored here today. It would've been nice also, Mr. Speaker, if the member from Midland would've entered the Chamber with a happy face—

**An Honourable Member:** No, not Midland.

**Mr. Graydon:** —with a co-operative attitude—what? Not Midland. With the—no, wrong. It's not Midland.

I'm sorry, Mr. Speaker, but it's—what is his riding?

**An Honourable Member:** La Verendrye.

**Mr. Graydon:** No, it's not; it's Dawson Trail—would enter the Chamber with a happy face, a co-operative attitude, and an open mind. Instead, someone must have done something serious to his porridge this morning.

As you know, the bill has been prompted by a request by the AMM in 2009. They passed a resolution that was duly debated and duly passed at an annual meeting.

Some personal background, I also had an opportunity to sit on a council for six years in the RM of Franklin and I've experienced many of the things that this bill is going to address, Mr. Speaker. The issues are clear in this bill. It's obvious that the member for Dawson Trail (Mr. Lemieux) was unable to glean them from the bill, but we'll try and point

them out to him, try to highlight them for him and if—perhaps then, after he does see them, that he'll change his mind and support this.

I know that there's many in—many of his colleagues on that side of the House that would like to support this, and we've heard from one of them before, a former reeve that thought this was necessary and, perhaps, as has been said earlier, that he might be willing to stand up and support it again today.

The first line of politics and representation, for all Manitobans, is the grassroots politics. That's municipal politics, they're the ones that have their ear to the ground. They're the first ones to hear of any issues that are out there and that's the one that we have to keep an open mind, but there's also no pension plans. There's a pittance for remuneration; basically, it's volunteer work.

The councillors, men and women, often—more often than not, also sit on church boards, hall committees and many of the local boards doing volunteer work, just to give you a bit of background on some of these people. That's what they do and, Mr. Speaker, the council work also comes in to these boards.

As a councillor, mayor or reeve, the responsibility is for more—is a lot more—or far more onerous, as they operate under The Municipal Act, or in the care and control of a budget that all taxpayers share in. There are delegations approaching council all the time and, invariably, when you make a decision, you make one party happy, another party is unhappy.

We all know that in the heat of debate things are said, and often taken out of context, which can lead to lawsuits. We, as MLAs, are protected from the type of charges and it is my contention, and that of the Bill 205, mayors, Reeves and councillors should be offered, or afforded, equal protection.

The honourable member from Dawson Trail is on record as agreeing that the members of Agassiz—that the member from Agassiz wants to make the system better. And he was okay with that as—and as is his government. The member from Dawson Trail says one thing, but his actions really say something different, totally different.

He goes on to say, and I quote: there are under provisions of Municipal Act, for example, see division 4 of the act, indemnification of members of council. The province had discussed this issue with

the AMM and, as mentioned before, it is willing to work to devise options to address stated concerns given the existing municipal structure. End quote.

That's what the member for Dawson Trail (Mr. Lemieux) said at the last opportunity that he had when this—the former Bill 230 was presented to this very House. It's clear that the member has made no move to address these concerns and voted against a bill that would have addressed this issue and, again today, Mr. Speaker, the first words out of his mouth is: we cannot support this. He says, I want to support the AMM, I want to work with them, I want to work with the people of Manitoba but I can't support it. I can't support Manitobans.

And it's obvious, Mr. Speaker, that that's the attitude of this government. It has been for 12 years. It's just got worse and worse. Arrogance, that's what it amounts to.

He also is quite well aware that municipalities have no parliamentary powers and he should be aware of that and why he keeps bringing up parliamentary powers, it's not asked for in this bill. They haven't asked for powers at all. What—all they all want is to be safe from lawsuits as they do their job as a councillor representing the best interests of those that elected them. Wouldn't that make sense to you? Obviously, it didn't, because you said you were going to oppose it from the beginning.

\* (10:30)

The object of any government should be openness and transparency, and today's society expects much more than that, much more than they did 50, 25 or even 10 years ago. If a municipal council is found to do most of their meetings in camera, and then only come out of camera with rubber stamps for resolutions, this certainly detracts from the democracy that we have fought so long to preserve and cherish.

I say to you, Mr. Speaker, that this smacks of socialistic communism. There have been changes made recently that deters qualified individuals from running in grassroots politics. And without proper protection, there are a lot more who will not put their name forward. Our local communities suffer over regional areas, suffer the provinces—suffers as a result of the inaction of the NDP government and failure to address the real concerns of the people.

The minister started out today by saying, we're not supporting the bill that's supporting Manitobans. It's supporting the very organization that represents

all of the grassroots politics in Manitoba. He started out by saying that. We don't care what you say; we are not going to support you.

I can say, Mr. Speaker, this Bill 205, brought forward by my good colleague from Agassiz, addresses the concerns outlined by the president of the AMM, Doug Dobrowolski, and I quote: A number of municipal officials are face—or forcing, for saying what is perceived to be the wrong word. Their types of legal games involved a great deal of time and expense for a municipality, not to mention a personal toll they take on the elected officials in question. End quote.

The goal of this bill is clear: it's to encourage participation in local government, it's to protect those that are involved from frivolous legal actions, it's to provide open and transparent government that is the basis for democracy, and perhaps this would translate into something the members opposite would want to participate in. They haven't for some time, and so this could be a model for them to follow.

It would save time and money as staff would not be tied up with unnecessary, frivolous actions. And, Mr. Speaker, it is interesting that the member from Gimli last year put on the record that the AMM had actually brought this forward and that the minister responsible was going to deal with it, that he wanted to work with everybody, but they've put nothing on the record.

There is an opportunity with this bill, Mr. Speaker, to make amendments to it, to participate, to co-operate. Come into the House with a smiley face, instead of coming in here with an attitude that, I'm not going to put any attention and pay any attention to this bill.

So, just to conclude, Mr. Speaker, many municipalities had one or more vacancy which had to be filled by appointments. And so, it just lends itself to the fact that this bill really is necessary. When there is a number of municipalities in the province that there is no one runs to fill a vacancies, in this House here where there is protection, there is competition. There's not acclamation; there's competition. But in rural Manitoba, at the grassroots political level, there are many vacancies that have not been filled by an election, but only by appointment. That just stresses the fact that this bill is important and it needs to be supported by the members opposite today. And if they don't, shame on those members.

**Mr. James Allum (Fort Garry-Riverview):** It's a honour for me to get to stand in the House today to speak to the bill presented by the member for Agassiz (Mr. Briese).

I think it's fair to say that the government hears what he's saying, but I think our position is quite clear that this is the wrong tool that is suggested in this bill. And consequently, what we need to do, as the minister has suggested, is to work with the AMM, to find a solution that is practical and makes sense, but at the same time, does not intrude or impose on years of parliamentary tradition—hundreds of years. I believe the member from Emerson was probably around when some of those parliamentary traditions were created.

I'm sure that now he should call on that long memory and recognize why we wouldn't want to go in a direction that he's suggesting, or the memory from Agassiz is suggesting.

And I might add, Mr. Speaker, during the 10 minutes that the member for Emerson (Mr. Graydon) had to speak, he didn't hear one word from me, and yet, during my one minute and five seconds so far, I've heard nothing but him buzzing in my ear, and I would ask him, as I would ask all of his members, to try to show some respect as they sometimes fail to do during the course of the day in the Legislature.

Now, Mr. Speaker, the reason why I'm up speaking on this bill is that I actually worked for the City of Winnipeg and I worked for the City of Winnipeg for 15 years, actually, and, in addition to that, in addition to a few years working in the city archives, I worked in the chief administrator's office, which, if you know anything about municipal government, is kind of the headquarters for the administration. During my time in the CAO's office, I started off as corporate projects officer, and then from there I was policy advisor and executive assistant to the CAO, and then I was acting environmental co-ordinator for the City. Then I was senior consultant in strategic management for the chief administrative officer, and then, finally, I was the manager of Aboriginal initiatives in the CAO's office for the City of Winnipeg.

And all of those things were profoundly important to me, profoundly important in my life as a professional, and I was honoured to work with a number of people in municipal government, all of whom respected the fact that municipal government was quite a different level of government—a senior

level of government, true—but quite a different level of government than that which exists at the provincial or federal levels. And that is the difference. A municipal council is not like a province and it's not like the government of Canada. It is not a parliamentary system and so you cannot impose parliamentary rules on a system designed for different purposes. And this is absolutely essential to the running of good and functional municipal government, often which provides services that are closest to the people, and therefore most relevant.

Now, what's a good example of this kind of cheapening of municipal government that we've had over the past few years? Well, there's a few good examples. One is the media's continued attempt to call Executive Policy Committee at city hall the mayor's Cabinet. Well, it's no such thing. It's not the mayor's Cabinet. That's the wrong terminology for the wrong level of government, and it leads to all kinds of problems at city hall that don't need to happen. It's as simple as that.

A municipal council is supposed to exist—in the City of Winnipeg we have 15 councillors plus a mayor—they're supposed to work as a unit. Sure, sometimes you're in and sometimes you're out, but, generally speaking, you're trying to build majorities from the councillors and the mayor is there for the provision of public services. Sometimes you win, sometimes you lose. That's the nature of municipal government.

But there's no party politics at a municipal government. It's not a legislative assembly, and so the extension of parliamentary privilege to a municipal council, again, would be the wrong tool for the wrong time. We don't need that.

Now, if the member was really interested in improving the functionality of municipal government, one would've expected him to get outside with the kinds of things we, on this side of the House, are doing to make sure our municipalities are strong. I think it's fair to say that the City of Winnipeg—I know in my time, and I know we knew this all the time when I worked at City Hall, it was no secret; we understood it that the City of Winnipeg gets a first-rate deal from the Province of Manitoba. Many other cities, virtually every other city across this country from coast to coast to coast would like to have the same arrangement that the City of Winnipeg has with the Province of Manitoba.

And so one would expect that members on this side of the House, if they were really interested in

improving the provision of municipal government, would get onside with the kinds of things that we've been doing since we've been in government in 1999 to improve the functionality of municipal government, to improve the way it works so that it improves the lives of citizens at those most basic levels. But, you know, members opposite, they don't support what we do. They don't work—they don't vote for the kinds of things that we've been doing to protect municipalities, to work with them, to ensure they work better.

\* (10:40)

And so let's just give a few examples of the kinds of things that we do on this side of the House to support municipal governments without getting into the nitty-gritty of government—governance that's not working effectively in some cases, in some municipalities, but overall, in the province of Manitoba, is working very, very well.

So what's an example of the kinds of things that we wanted to do to help the City of Winnipeg get along and to help municipalities get along in delivering their services. Well, we were told that we should give 1 per cent of the provincial sales tax over to municipalities in order that they should deal with their infrastructure issues. So that's exactly what we did. Municipalities asked for one point of the PST, and we responded by enacting legislation requiring the province to invest the equivalent of one point of the provincial sales tax each and every year in municipal infrastructure and transit.

Now that's a deal that municipalities across Canada would like to have, but it happens here in the province of Manitoba and with the City of Winnipeg because we work to ensure that they have the tools—financial, governance, administrative—to make sure that they can do the job, and if the member opposite was truly interested in ensuring that municipalities work to the best of their ability, then he would work with us to improve the functionality of municipal governments instead of imposing solutions that don't—to problems that don't really exist.

In my time at the City of Winnipeg, I can't remember—and I stand to be corrected; I stand to be corrected—I can't remember a municipal councillor being sued. Some of them have said many inappropriate things, probably shouldn't have said what they said, but I can't recall an incident in time when any of them were actually sued, were in court.

I can tell you that I was in many private meetings with them where it would have been helpful if they had just respected respectful workplace practices themselves and treated public servants with the respect and dignity that they deserve.

So rather than designing a system that says we need to impose a parliamentary system on municipal government, the wrong tool as I've suggested, as the minister has suggested, rather than doing that, we might ask councillors themselves to improve their conduct with public servants, treat them professionally, with dignity, so that we can serve the members of the public, so that we can serve the people of the city of Winnipeg or any other municipality across the province to the best of our ability.

And that's what we on this side of the House have always stood for. We've always stood for working with the City of Winnipeg and working with municipalities to ensure that the services that they provide are of the highest possible—[interjection] Yes, exactly. And that they don't—we don't want to see municipal governments crumble. We don't want to see municipal governments unable to function and so we've got in behind them. We've looked to support them. We've found different ways to do it, financially, administratively, politically, and this is the kind of relationship that we're continuing to do.

So on this side of the House, Mr. Speaker, with respect to the particular bill put forward by the members of Agassiz, our suggestion is that this is the wrong tool, the wrong idea, and that our commitment instead is to work with the AMM to try to improve the functionality of municipal government at every possible level.

Thank you, Mr. Speaker, for the opportunity to speak on this bill.

**Hon. Jon Gerrard (River Heights):** Mr. Speaker, I just want to briefly talk on this bill which would provide the absolute privilege to members of municipal councils in Manitoba.

I think with the experience, for example, that there was in Portage la Prairie, where there was—two councillors were under the gun, as it were, for about three years because of remarks, perhaps, but because also there was an opportunity for somebody to go after them, and I think that just as we have some significant immunity here from libelous action, in order to provide protection, so I think it would now

be appropriate to do this for municipal councillors, and so I'm in support of this bill. Thank you.

**Hon. Steve Ashton (Minister of Infrastructure and Transportation):** I look forward to speaking on this bill as a former minister responsible for Intergovernmental Affairs. In fact, I had the opportunity to talk to the current Minister of Local Government (Mr. Lemieux), and I do want to put on the record that I appreciate the opportunity to discuss this issue, because I certainly have a lot of respect for our municipal councillors throughout the province, our community leaders actually, Mr. Speaker. The one unique element about Manitoba is the degree to which we have democracy in action—197 municipalities—and I've always said that there's not too many other jurisdictions where you go to an AMM meeting and it's actually a statistically significant part of the population, because you look out at the room and there's 1,000-plus municipal leaders, and I think they do a tremendous job.

And I do appreciate debate in private members' hour as well too because, you know, you get a bit of a sense of members, their backgrounds, their outlook, and I must say, the member for Emerson (Mr. Graydon), I, you know, I'm looking forward to seeing him in question period later on with his smiley face. You know, I'm not quite sure what happens in Conservative caucus strategy sessions, but I'm just waiting to see if today they're all going to come in and sing "Kumbaya" in question period, Mr. Speaker, because quite frankly I find the debate and discussion in private members' hour is actually far less adversarial, even when we do disagree, than it might normally be. And now, you know, I know the member was resurrecting some rhetoric from the 1950s as well too, so I'm not sure how that fits in with a smiley face. You know, smiley red baiting. I don't know.

But, you know, in all seriousness, on an issue like this, this should be one where we could have a very upfront discussion, and I want to stress one thing, by the way, and that is that when people talk, as this bill does, and when the member that introduced this and other members who talked about this, about parliamentary procedures and in terms of parliamentary privileges, I think it's important to note that this didn't just happen. It didn't happen for no reason. And you, certainly, Mr. Speaker, will be the first, as our Speaker, to remind us, as you do in many of the rulings of the whole evolution of parliamentary procedures.

And it's important to recognize—and I've had the opportunity to play various roles in this House and I've often raised this, again, in participating in matters of privilege and points of order and many of the procedural issues, that there's a reason why we developed parliamentary privilege, and it was because very much in the original days of Parliament, which evolved from, I believe, the wigan [*phonetic*], which was a gathering of nobles, there's a whole tremendous development by parliament of ways of protecting the privileges of members of parliament in order that they can perform their duties.

And I say that, Mr. Speaker, because, as you will well know, there are many historical evidences prior to the development of what we have today, which is constitutional monarchy, where certainly members of the British House of Commons were subject to significant pressures and there was significant interference. There is still very much a historic reason why, when it comes to the reading of the Queen's speech, the Throne Speech in Ottawa, for example, which follows the parliamentary procedures, it's actually read in the Senate, and members of the House go to the outer part of the Senate, and it's because the monarch does not enter the House of Commons.

And I—you know, I don't want to get into a lengthy historical treatise about how it developed, but I think it's important to recognize that even prior to the development of the Charter of Rights and the more formal drafting of a constitution in Canada, when we are in a very similar situation to Britain, which has not had a constitution, that one of the key fundamental elements of a parliamentary democracy was the ability of parliament to have ability to function. When we use the term privilege, by the way, it's not any special treatment; it's simply the element that allows parliament to function. And yes, one of those elements, Mr. Speaker, is in terms of the protection in terms of members' ability to speak in this House.

\*(10:50)

Now, it's not an unfettered protection. The members of this House can and have been involved in lawsuits for statements made away from this House. The definition of slander or libel applies outside of this House. It's only in this House, and it's only within the rules of the Manitoba Legislature that we're able to do it. And at times, I do feel that even in the House there are some further restrictions that

we should apply, even within that privilege, because I do think it's unfortunate at times that people who are not part of this Legislature are sometimes subject to criticisms which they cannot respond to, and that might be considered defamatory if they were made outside of the House. But, having said that, I would not want, even for a moment, to suggest that we should have anything other than full functioning in terms of parliamentary privileges and procedures in this House.

Now I want to stress another thing, as well, and that is that municipal officials are protected against, you know, the standard type of liabilities that many will know often can occur to people who are corporate directors, school board trustees, but also municipal officials, under the indemnification of members of council. They are protected from frivolous accusations linked to their work. And that is important. I think that's a broader question than what this bill deals with, because it's, I think, in many cases, a bigger restriction on municipal councillors, potentially could be their ability to act because of potential liability. Not to do with defamation, but to do with what you might consider to be, you know, corporate director's liability. I mean, they're not corporate directors, but they do have a role similar to that.

And I want to stress that that is the case. I think it's also important to note that there's a very significant element in our councils, a very different process. And I'm not going to get into the legal arguments. I mean, municipalities don't exist constitutionally. They are under provincial jurisdiction. You know—I don't want to—I don't think that's really the fundamental issue here, but if you look at what happens in the meetings, you also have a very different functioning. And I'm not sure members opposite who have spoken, I'm not sure which municipal councils they're thinking of in terms of this. But I find that our municipal councils, in a way, they could teach us a few things about decorum.

I—you know, my city council—there's strong views. I don't see a lot of heckling. I don't see a lot of what might be considered equivalent to unparliamentary language, and I'm often wondering how we get into this place and we kind of lose sight of that. I'm—you know, I'm always struck when we have school groups visiting, Mr. Speaker, and, you know, I think we could all be reminded at times that the average person watching us often is very surprised in terms of that.

And I do believe we've made some significant progress. I've been watching what's happening in Ottawa, where the official opposition has adopted a no-heckling policy, and, you know, there's been various shifts—I mean, it was not that long ago in this Legislature that we pounded on our desks. There was much more of an adversarial nature than there is now. But I do think that we're misreading what happens, essentially, at municipal councils.

I don't know too many situations in which municipal councillors would come anywhere close to defamatory accusations. And, in fact, I think if the members opposite—I know the member is a—you know, that brought this in, is the former president of AMM, but I would have more faith in the 197 municipalities, and the hundreds, if not thousands, of councillors across the province. I don't think they're making defamatory comments on a daily basis.

And I say to members opposite, whether they have a smiley face on or not, I don't think this fits the reality of what's happening with municipal councils. Municipal councils, by and large, I would say, are virtually always, very much, focused on the business of the council itself. I can't think of any circumstance in the 50-year, plus, history of my committee in Thompson, where there's been anything close to a need to protect against defamatory comments. And I had to tell you, Mr. Speaker, I have greater faith in our municipal councillors than that.

I do want to put on the record, as the minister has, that we're more than prepared to make sure there are adequate protections in terms of the liabilities that they have—the 197 councillors. But, Mr. Speaker, with all due respect to members opposite, whether they try and put a smiley face on or not, I think there are better ways to deal with these kind of concerns than the bill that's before us.

**Mr. Cameron Friesen (Morden-Winkler):** And it's my pleasure just to take a few minutes and put a few comments on the record.

And I'm pleased to speak to Bill 205, The Municipal Amendment and City of Winnipeg Charter Amendment Act, the defamation protection, that would basically call that—would state that, any statement made or document used by a member of a council at a council meeting, or at a meeting of a council committee, is subject to an absolute privilege.

And this bill is, of course, introduced by the member for Agassiz (Mr. Briese), who, I would remind this Chamber, has expertise as a former municipal councillor. He, himself, was the president of the Association of Manitoba Municipalities, and I know that this bill is as a result of his considerable expertise and experience in these areas.

But, Mr. Speaker, I would just like to point out that this is an idea whose time has clearly come; that we need good people in municipal politics. We need people who have the expertise, the experience and the commitment to run for municipal elections, but there are many disincentives to that, and one of them, of course, is the threat of frivolous lawsuits being brought against them. And so, what this bill would do—very reasonably—it would be to protect those officials from those types of frivolous lawsuits.

And I would also want to remind this Chamber that this bill doesn't just come out of thin air, but it's because that there has been exactly experiences and instances in which frivolous lawsuits have been brought against municipal councillors. And I think it's important that we put in place adequate and reasonable protections to make sure that we aren't providing—or make sure that we aren't introducing disincentives to those who would want to run for these positions.

We know that there's no pensions; we know there's very little remuneration; we know there's very little praise or reward for these people who work so hard in these positions in local government, and we know that there are considerable barriers; there's time commitments.

But we can do something about the threat of liability against them, and that's why it's important to keep this in mind. We want to do whatever we can to not deter good people from running for municipal council. We need to stop creating barriers wherever we can. Otherwise we go in camera; otherwise, the proceedings be—go where the public can't have an interest, they can't have a say, and we want to make sure, Mr. Speaker, that that isn't the case.

It's important; I think it's a founding principle of democracy that we have transparency, and so, Mr. Speaker, just on that basis, that's why I'm supporting the passage of this bill to second reading, so the public can have the opportunity to contribute to this discussion on Bill 205.

Thank you, Mr. Speaker.

**Mr. Tom Nevakshonoff (Interlake):** And I welcome the opportunity to speak to this resolution. I represent a rural constituency. I have no less than seven municipal governments within the Interlake constituency, so, I, as much as anybody, appreciate the good works that municipal councils do. They are the absolute front line and the ultimate volunteers, so to speak, in that sense. So, I'd like to begin my remarks just by offering kudos to all people who serve on municipal councils, for the good works they do out of the kindness of their hearts. So that, first and foremost, I think, should be put on the record.

And I acknowledge members opposite, the person who put the resolution forward. I'm sure he had good intentions, being a former president of the AMM and all that. But still, this is somewhat misguided. And I know that members before me have put their thoughts on the record in that regard, but I'd just like to point out a few of the fundamental differences which make this resolution inappropriate.

First and foremost, of course, being that councils are already protected under The Municipal Act—not sure which clause it was—division 4 within the act that gives them immunity so they're not under threat of lawsuit or personal loss in that sense.

But, other things, for example, municipal councils are open to the public; people from the public can come into the council chamber, participate in the process, and yet, they don't—

\* (11:00)

**Mr. Speaker:** Order, please. Order, please. When this matter is again before the House, the honourable member for lake-Interlake will have eight minutes remaining.

The hour being 11 a.m.—oh, pardon me. The Official Opposition House Leader?

#### House Business

**Mrs. Mavis Taillieu (Official Opposition House Leader):** Just on House business.

**Mr. Speaker:** On House business.

**Mrs. Taillieu:** Mr. Speaker, in accordance with rule 31(9), I would like to announce that the private member's resolution that would be considered on Thursday, May 17th, is the resolution on Brandon University 2011 strike, sponsored by the honourable member for Brandon West (Mr. Helwer).

**Mr. Speaker:** It has been announced that, in accordance with rule 31(9), that the private member's

resolution that would be considered next Thursday is the resolution on Brandon University 2011 strike, sponsored by the honourable member for Brandon West.

The honourable Official Opposition House Leader, on House business.

**Mrs. Taillieu:** On further House business, Mr. Speaker.

**Mr. Speaker:** On further House business.

**Mrs. Taillieu:** I'm wondering if we can have leave of the House for all remaining departmental Estimates within this Chamber that the official opposition be allowed to have staff attend on the floor.

**Mr. Speaker:** Is there leave for the House to permit staff from the official opposition to participate in the House proceedings during the Estimates process? *[Agreed]*

### RESOLUTIONS

**Mr. Speaker:** Now, the hour being 11 a.m., it's time for a private member's resolution, and we have a resolution before us, the establishment of a stroke unit in Manitoba, sponsored by the honourable member for Charleswood.

#### **Res. 3—Establishment of Stroke Unit in Manitoba**

**Mrs. Myrna Driedger (Charleswood):** I move, seconded by the MLA for Morris:

WHEREAS stroke is the leading cause of adult disability in Manitoba; and

WHEREAS stroke is the third leading cause of death in Manitoba; and

WHEREAS over 1,150 people were admitted to hospital in 2009-2010 for stroke care; and

WHEREAS the chance of disability and death can be reduced by 30 per cent when specialized acute stroke care and post-stroke rehabilitations are established; and

WHEREAS a specialized stroke unit is a geographically defined hospital unit dedicated to the management of stroke patients; and

WHEREAS the provinces of Ontario, Alberta, Newfoundland and Labrador and Prince Edward Island all have realized the value specialized stroke units create for patients and established over 145 of these unique medical units; and

WHEREAS the Province of Manitoba should be focused on providing the best patient-focused health care in the country;

THEREFORE BE IT RESOLVED that the Legislative Assembly of Manitoba urge the provincial government to create a specialized stroke unit within a tertiary-care hospital.

**Mr. Speaker:** Is there a leave of the House to consider this resolution as printed? *[Agreed]*

*WHEREAS stroke is the leading cause of adult disability in Manitoba; and*

*WHEREAS stroke is the third leading cause of death in Manitoba; and*

*WHEREAS over 1,150 people were admitted to hospital in 2009/2010 for stroke care; and*

*WHEREAS the chance of disability and death can be reduced by 30% when specialized acute stroke care and post-stroke rehabilitation units are established; and*

*WHEREAS a specialized stroke unit is a geographically defined hospital unit dedicated to the management of stroke patients; and*

*WHEREAS the provinces of Ontario, Alberta, Newfoundland and Labrador and Prince Edward Island have all realized the value specialized stroke units create for patients and established over 145 of these unique medical units; and*

*WHEREAS the province of Manitoba should be focused on providing the best patient focused health care in the country.*

*THEREFORE BE IT RESOLVED that the Legislative Assembly of Manitoba urge the Provincial Government to create a specialized stroke unit within a tertiary care hospital.*

**Mr. Speaker:** It's been moved by the honourable member for Charleswood that:

WHEREAS stroke is the leading cause—dispense?

**Some Honourable Members:** Dispense.

**Mr. Speaker:** Dispense.

**Mrs. Driedger:** I feel very privileged to have the opportunity to bring forward this private members' resolution about establishing an acute care stroke unit in Manitoba, and my desire to see this to fruition has a lot to do with the fact that I was a neuroscience's nurse for many, many years. And

when I first graduated I ended up being a neuro nurse upon graduation and I ended up being in that particular specialty in nursing for many, many years.

And I cared for a lot of patients with strokes and it did make an absolute profound impact on me. The patient that goes through a stroke goes through a devastating life change and it is, indeed, a challenge for the patient, for the family. It's very frustrating. It affects somebody's quality of life. It affects every aspect of their lives, their family's lives, and it is a devastating medical condition. And it was always a challenge for me to care for the patients because you can feel their pain; you can feel what they're going through. And it—in order to be able to be a good nurse and to give good care, you really engaged with your patient. And it makes a big impact on a person deep inside when you see what happens to somebody, and it's—and you can see this happening in various ages in our population. It's not just the elderly. You can see it happening to somebody in their 50s, 60s, 70s. And my baba died of a massive stroke and it, indeed, left another profound impact on me.

So, Mr. Speaker, I feel very, very strongly that what we need to do in Manitoba is move towards the creation of a specialized stroke unit, because it is known that we could see improved care for patients if we did, indeed, have a specialized stroke unit. Because the people that would be working on that unit would be well trained, have a deep understanding for what people that have a stroke are going through, and they will be highly specialized, and, because of that, what you would see is a very focused treatment on what needs to be done.

And it has been shown in other areas that it could reduce, a specialized stroke unit could reduce, the chance of disability and death by as much as 30 per cent, but Manitoba does not have a single specialized stroke unit. I know there is a desire out there in the health-care community that we have one. I know that the Heart and Stroke Foundation, certainly, is a strong advocate for having one of these units in Manitoba. The research is there to certainly get behind it and support it. And when we see that it could reduce the chance of disability and death by as much as 30 per cent, it is a very compelling reason to do this. Again, when I look at the patients that I have nursed, when I look at the patients that I have cared for or my colleagues have cared for or that have been on the neurosciences unit or a medical unit, this 30 per cent is a significant number.

We know that other provinces have already done this. My sources in the community tell me that the stroke program here—the specialized stroke unit is going nowhere. And I would wish that was different; I would wish that there was a stronger leadership from this government to help that along to make that happen. It, you know, needs to be at a tertiary-care hospital because we know where—that that is where all of the, you know, needed resources are, and the expertise. And, certainly, I'm sure the government, in negotiations with the WRHA, could make that determination as to which tertiary-care hospital this should happen in, but it certainly makes a lot of sense for this to happen and to happen sooner than later.

We know with our changing demographics, with our growing older population we are, by virtue of that, going to see more people having strokes. The time to address this is now—getting in front of it before this bulge, this demographic bulge, is upon us. And this doesn't happen overnight. It, certainly, would take some effort, and so I think the government needs to put in that effort and they need to start doing it now.

Currently, only 20 to 25 per cent of stroke patients get access to that kind of needed treatment within the first few hours of occurrence, and that is the critical window for the treatment of a stroke. We know that time is brain when it comes to dealing with strokes, and, certainly, we know that the specialized stroke unit would provide focused treatment on recovery, prevention of complications, and prevention of a recurrent stroke. While having one stroke is devastating, Mr. Speaker, I think even the thought of somebody having two strokes is more than one could even imagine.

What many people don't know is that strokes cause higher incidence of death amongst women than men, so for the women in Manitoba, this is, certainly, something that I think they would find very, very important.

So the severity of brain damage resulting from stroke is dependent on the time that it takes to get treatment. So treatment needs to start very quickly. I think with our EMS system in Manitoba, and with the paramedicine that is now out there, we are seeing better things happening now with the ability of paramedics to deal with these situations.

\* (11:10)

From that point, we need a patient to be able to access a specialized stroke unit, because, again, it needs to happen quickly, and it will be much more beneficial to the patient when they can access a program like that.

So, Mr. Speaker, I don't see why making the decision to establish a specialized stroke unit should be as difficult as it seems to be, especially when we look at the statistics in Manitoba, because in 2009-10, 1,150 Manitobans suffered a stroke. That is a huge number. And, based on the calculations provided in the *Stroke* medical journal, Manitoba could save over \$5.5 million of taxpayers' money in a single year on hospital costs if we had a specialized stroke unit.

So significant savings to the health-care system would be achieved with the prevention of many long-term disabilities that would require further medical care. So, with the increased savings, the initial investment made to establish a specialized stroke unit would pay for itself in about a year and a half. And, Mr. Speaker, this investment would provide a huge benefit to Manitobans, who would receive the best treatment from medical and other health-care professionals, nurses, physiotherapists, occupational therapists, speech therapists. And they would all be there to give the patient the kind of support they needed.

In the 2011 election, we committed to establishing a specialized stroke unit in Manitoba. We had determined that the probable cost of this would be in the area of \$8 million and, at the time we made the commitment, we responded to the calls of the Heart and Stroke Foundation, who have been asking for a specialized stroke unit for years. I would note that in the election, the NDP did not make a commitment to this. They did not promise to establish this specialized stroke unit, and I would hope now that they might follow the election commitment we had made to establish one, and I hope that they would move forward to do that, because, Mr. Speaker, without any plan to substantially improve the treatment available to stroke patients, it's clear that the NDP are not committed to improving the lives of people who fall victim to stroke, which is the third leading cause of death in Canada.

So, Mr. Speaker, the—I think there's a compelling need right now to have a serious look at this, to move it forward. I know there's discussion out there, but, for some reason, it is being tangled up in something.

I hope the government could put some leadership into this, untangle whatever the issues are, and move forward to establish this specialized stroke unit because I think it is going to go such a long way to improving the lives of many, many Manitobans and their families who are impacted by this devastating disease. And if we can find any way to prevent it, deal more effectively with it, then we certainly should be doing it.

Thank you very much.

**Hon. Dave Chomiak (Minister of Innovation, Energy and Mines):** I welcome the opportunity to respond to the member for Charleswood (Mrs. Driedger), dealing with, obviously, a very significant issue in Manitoba. And it's useful—I'm pleased the member has indicated she was a nurse, and I'm pleased that she recognizes the role, the importance that nurses play in our province, and I would hope that, going forward, she would, perhaps, support our initiatives with respect to nurses as we go forward, although that hasn't been the case.

The member indicated, quote, according to her contacts, which I know from the past have not been very accurate, that, quote, the stroke recovery program in Manitoba is, quote, going nowhere, which is typical of—if one wants to accomplish, Mr. Speaker, some effective measures, one ought not to make a blanket, negative, inaccurate statement like that. But, unfortunately, in the course of this discussion, the member has thrown out the rhetorical flourish.

The integrated stroke program involves sending all patients with symptoms of stroke to HSC, St. Boniface or Brandon General Hospital. I suggest that HSC and Brandon and St. Boniface are tertiary-care facilities. I suggest they're tertiary-care facilities. Mr. Speaker, when we came into office, 3.5 people per thousand were getting strokes in Manitoba. This has been decreased by 25 per cent—by 25 per cent since we've been in office. That's hardly going nowhere, according to the member opposite.

We brought in the STARS helicopter to Manitoba to make sure that rural patients could get to our stroke centres faster. That's hardly going nowhere, Mr. Speaker. By getting these stroke centres—these patients to stroke centres faster, doctors can determine if the stroke has been caused by a clot, and quickly treat with tPA, an essential clot-busting drug. Our 28-day readmission rates for stroke patients are among the best in Canada, below the national average. That's hardly going nowhere.

We're also—the problem with the member, you know, specifying narrow areas is she forgets the pre and the post, Mr. Speaker. Granted, she finally admitted that we've improved significantly our paramedic service, but the idea of prevention of stroke is something that we've been very active on with our Healthy Living policy, with our Healthy Living Department, with our child health department, with our food prevention program, with our Healthy Living program, all measures opposed by members opposite.

So by cherry-picking one particular aspect of institutional care, and by saying we're going nowhere, instead of helping the process, I think the member for Charleswood (Mrs. Driedger) has missed the entire point of a multi-faceted approach to stroke.

Yes, a approach to stroke that deals with intensive work at the tertiary-care facilities is under way. An approach to stroke that sees faster responses is under way in the stroke recovery strategy. A process both urban and rural that sees faster transportation to and from and the use of clot-busting drugs is under way, Mr. Speaker. The fact that our stroke numbers have gone down, I think, is healthy. The fact that we have a healthy living and eating program on the prevention side is very, very important. The fact that we have a healthy living side is very, very important. The fact that—and this is significant—that our readmission rates for stroke is very—is one of the best in Canada, is significant because it is true that if untreated, if not monitored, if not rehabbed, subsequent strokes can occur in—very quickly and I'm sure all of us in this Chamber, because of family members and because of other matters and constituency matters are well aware of that.

But, Mr. Speaker, I suggest that the problem again by members opposite is, by focusing on a small portion—albeit significant—of the issue, and not focusing on the overall issue. The WHRA launched the home care program, Community Stroke Care Service, in 2005. That's hardly doing nothing. That's hardly doing nothing. That's—I've outlined a number of measures all surrounding stroke—stroke treatment, stroke recovery and stroke prevention—that are part of the stroke strategy, and to suggest that a \$1-million capital investment at a tertiary-care facility would solve all of the problems and reduce the number of strokes by 25 per cent, I think, is not accurate. And it's not accurate because the member, as usual, has taken a small portion and tried to make it into a—one silver-bullet solution in a rhetorical

flourish that's inaccurate. And so I—the notion of providing specialized services, as is being done under our stroke recovery program and our stroke action plan is the proper one.

I remind members opposite that I recall—wasn't that long ago—when there was something called Filmon Fridays, and I remember that—I believe the member for Charleswood was the assistant to the Minister of Health at the time, Mr. Speaker. And I remember that one of the really terrible things about that was that occupational and physical occupational health therapists weren't able to work on Fridays, so stroke patients—stroke patients were not able to get rehab Fridays, Saturdays and Sundays. Can you imagine that?

They cut away—not only did they lose the services by reducing the enrolment in the rehab programs, Mr. Speaker, and reducing the enrolment in the nursing programs, and reducing enrolments in all the health-care programs, but they took away the days that they provided the care in the very institution the member's talking about. So their track record—the track record for the member for Charleswood is not that great.

\* (11:20)

And so, Mr. Speaker, I only suggest to members opposite that we're welcome to hearing good ideas. We're welcome to hearing notions of how to improve care right across the board. But if you are going to put forward your facts, then put them together in a reasonable fashion. Talk about pre-stroke. Talk about prevention measures. It's much broader than just stroke treatment. Talk about post-stroke options and rehab. Talk about the impact home care can have on stroke care. Talk about the impact of rural and northern location and how that reflects on stroke care.

But to narrow the focus down to one singular part of the equation, Mr. Speaker, doesn't do justice to the entire system. It doesn't necessarily help when members opposite say, quote, my contacts say, quote, we're going nowhere, end of quote.

Mr. Speaker, you know, I suggest the member, as usual, in a rhetorical flourish has missed the mark by going over the top. The point is missed. By going over the top, I—we've heard this before. How many times did the member suggest that Grace Hospital was closing when, in fact, we expanded it.

How many times did the member bring papers to this Legislature that say one thing, and when we get

it presented to us, say something else. So it doesn't help the—if you want to help, Mr. Speaker, get the facts straight. Get them accurate. Put on the record the fact that the number of strokes in Manitoba's gone down significantly in the last 10 years.

I'm not saying that we're perfect, that we've done everything correctly. But surely the fact that there's a stroke recovery program in home care, surely the fact that we have our stroke recovery program in place, surely the fact that we've got STARS in, surely the fact that we've launched the integrated stroke project and are able, much able to read patients quicker with tPA drugs, has been helpful, Mr. Speaker, and has helped improve the situation.

And the fact that our stats are down and the fact that our readmissions are down, Mr. Speaker, is proof of that. Now that doesn't mean there's not room for improvement. We will never say that we've got it all done because the job is never done. The job is never done in health care. There's always improvements. There's always ways to move forward. But to blanket, make the suggestion that the member's statement is the only way that strokes can be improved and that nothing has been done is inaccurate and not helpful to moving forward on the very issues that we're—that we genuinely, I think the member genuinely and all of us obviously want to do is improve the situation with respect to stroke and stroke victims in Manitoba.

So with those very few words, Mr. Speaker, I'd like to suggest to the members that they work with us to look at on how we continue to look at better co-ordination, how we improve home support, rehab and the services that we offer in Manitoba.

**Mr. Speaker:** Order. Order. Thank you. The minister's time has expired.

**Hon. Jon Gerrard (River Heights):** Mr. Speaker, I rise to speak on this resolution and, indeed, to support the resolution.

I have long been an advocate for improved stroke care in Manitoba. And the fact that we have new options available—I say new but really they've been available for quite a number of years at this point with the tissue plasminogen activator, to dissolve clots and so on. That it is important that we have a highly organized system in this province for acute care of individuals with stroke. As it's often been said, time is brain. And the faster that we can treat people with a stroke, the better. And, indeed, it is urgent that we are able to treat people

within—wherever they are in Manitoba, within a certain length of time.

People used to use two hours. They're now saying four, four and a half hours. But clearly the quicker the better, but it is important that we treat this as an emergency for which there is treatment, which there's assessment, and that we have this highly coordinated effort throughout Manitoba.

It's fair to say that there has been some significant progress. But at the same time we're really quite far away from where we could be here yet in Manitoba and the ability to make sure that we are doing our best with regard to the provincial approach to stroke care and ensuring that wherever somebody is in Manitoba, they have access to high quality care. This is important. A stroke specialized unit can function not only to provide acute care for people who can get to that unit but, through, for example, telestroke care, can provide advice to people throughout the province, specialized advice.

I mean, I read from the Manitoba Stroke Strategy, which basically says the regional health authorities of Manitoba experience challenges and obstacles to achieving Canadian best practice for stroke recommendations, because this has not been on the highest priority for this government. Access to necessary technological infrastructure and human resources required for supporting diagnosis and neurological consultation is limited in Manitoba. This is the government's own document written or released just last year.

There is clearly a lot more that we can and that we should be doing. It's very clear from numerous studies that stroke unit care carries with it some of the strongest evidence for improved outcomes available in the stroke research literature and that this is an important aspect of how we deliver stroke care. And there are many randomized and various other trials which support this and show that it is not only important in reducing death but it's important in reducing poor outcomes. When you have stroke effectively treated, the likelihood of better long-run outcomes are considerably improved, and that is why this is really so important.

Telestroke, I should add, has been used with much success in British Columbia and Ontario and Alberta. It's an example of what can be done, but we need to move much farther and much faster in this area, as we do in the co-ordination and the ability to deliver good acute stroke care for people throughout Manitoba.

It's true that there are, you know, specialized equipment, CT scans, which are often needed and that we need to make sure that the co-ordination is there province-wide so people have access to—very quickly to specialized advice as well as to be able to get to where the technology, the relevant technology, is available quickly. It should be a significant factor in how we organize care for stroke in this province, and we should be moving forward as quickly as we can to have a more highly organized and effective stroke care.

A stroke unit can also work as an important function in helping to gather information as a source centrally of good advice in terms of stroke prevention as well as stroke care acutely. Part of the reason for this is that somebody who is treated acutely for stroke care then needs to go on to a preventive approach so that they are less likely to get a stroke again. We know that somebody who has a stroke or a TIA is a potential high risk if no intervention is taken, and so a stroke unit can be an important part of a preventive approach, understanding, proving and spreading the word around Manitoba of how we can best do prevention. It can be an important—in gathering statistics and making sure that accurate information is readily available to legislators here so that we can then improve step by step from there.

\* (11:30)

So there are important roles for a stroke unit, not just in initial care but in terms of a co-ordinated provincial strategy. And this, I suggest, Mr. Speaker, is one of the reasons why we should be making sure that we have got a really good co-ordinated provincial strategy which helps people throughout the province and is co-ordinated so that wherever you are, a stroke is identified quickly, and people have access to the expertise and the help quickly that they need to get the best at the optimum result.

Clearly, then, a specialized stroke unit can have multiple roles as a role very broadly in stroke care and not just narrowly, and that's one of the reasons why moving in this direction of having much better provincial co-ordination of stroke care can be very helpful. It should be one of the top priorities of the Minister of Health (Ms. Oswald) and the government. But as I've said that it's been slower than it could have been to develop and, you know, that is not good, and we should be moving faster and farther and better in terms of stroke care in this province.

With those remarks, I will wind up at this point just to re-emphasize my support for this resolution.

**Ms. Melanie Wight (Burrows):** Mr. Speaker, it is an honour as always to get a chance to speak in the House. I really find this whole process just extremely interesting, especially when we get to hear from some of the members that have been around for many, many years, and they're able to bring in the history as the member of Kildonan does and when the member of Elmwood speaks and the member from Thompson, it's just really a learning experience in every possible way.

And this particular topic of strokes is extremely close to my heart as certainly many people on my side of the—my mother's side of the family have experienced strokes and the terrible devastating effects of them. So I am extremely glad that we are not doing only one thing as the member pointed out from Kildonan. I'm just so grateful that we are involved in absolutely every possible aspect of care, and I'm also grateful that I am in a province where we are in fact absolutely committed to improving the lives of Manitobans by better health care. And I think we see that not only in strokes but in so many other areas where we're constantly trying to improve the care for Manitobans, such as in access centres and QuickCare clinics and insulin pumps and better care for infants. The list goes on and on, Mr. Speaker, and it makes me grateful, and I know that as I'm out knocking on doors, I know that that's what the people of Manitoba want is that kind of care and—from the very beginning.

And when it comes to stroke care, it's not like we're not—we're doing so many things, and the integrated stroke project which involves sending all the patients with symptoms of a stroke to the Health Sciences Centre, to St. Boniface or to the Brandon General Hospital where they will immediately receive a CAT scan is just so important, and I have a lot of relatives as well living in rural Manitoba and I am therefore also very grateful for the STARS helicopter. My mother lives out in Napinka; I have family in Wawanesa; I have family in Newdale and just all over the province, and I'm so grateful to having the helicopter that will be able to get them there because we know, as different members have mentioned, that getting to the strokes quicker can just make a tremendous difference, and although I don't have the personal knowledge that the member opposite has from nursing, you know, just even the little bit that we've seen from that clot-busting drug

is just almost miraculous the effects of that, and I'm again pleased to live in an age where that exists.

I really want to speak though a little bit about prevention. Just because as in every area that we work on the best—the best possible solution is to prevent, and we do that by starting with some of those very, very early-on programs that are coming out of Healthy Living with our Healthy Living Minister working on that. And programs and things where we're getting the kids, at the youngest possible age, to be thinking about things like, you know, what they're eating and vegetable programs in the schools and getting them active through all those years. Not starting with activity, you know, at 70, but starting with activity when they're, you know, two, and carrying it on through their life, so that it's a lifestyle choice that they are going to have just engrained in them. And I think that's just absolutely essential and I'm very proud to be in a government where that is one of the things that we're really concentrating on.

And I think one of the biggest things in that area is smoking. And having been a smoker myself, a confirmed, dedicated smoker, Mr. Speaker—I wasn't any kind of casual weekend smoker; I smoked all the time. People believed I could never quit, that it would be absolutely impossible for me.

**An Honourable Member:** No way. No. I don't believe that.

**Ms. Wight:** Yes, it's absolutely true. And I did it for, I don't know, 25 years or something. And it wasn't until they started bringing in—we saw all those, you know, other pictures of lungs and all those things. And I'd like to say they stop smokers. I'm not so sure they do; they didn't stop me, but as they continued to make it more difficult for me to enjoy my smoking, Mr. Speaker, that's what made an effect. When I couldn't smoke in the theatres anymore, when I couldn't smoke in the restaurants anymore. To be honest, I didn't even want to go out and eat anymore, I just ate at home so I could smoke. It's true. And when the prices started to go up, that made a tremendous difference on the number of people smoking, and that is one of the things that really affects our health in every area, including strokes.

So, when I quite in 2002, having read the book, an easy way to quit smoking, which I highly recommend to everyone who smokes, because, in fact, turned out to be a trick from the tobacco companies, Mr. Speaker, that it's hard to quit. If you

actually read that book, you'd be—people would be able to quit.

But, pushing those kinds of things, I'm just very proud to be in a government that is dedicated to doing those kinds of things that I think are really going to change things overall.

Some of the other things that the member from Kildonan spoke about, I really want to speak about as well, and that is in the area of home care and what we're doing afterwards, and the quality of life that is possible for people because of things like home care.

I think the other thing is working with seniors, and there's a tremendous amount of fabulous work being done with our senior population. And they're really finding—I was just, actually, at an event last night at the Fred Douglas Lodge was putting on for humanitarian awards, and I was talking to some people there about what really is working, Mr. Speaker, with seniors and in prevention. And they're not so interested anymore in seniors' groups that have, you know, something where you're just sitting there. The seniors themselves, they want programs where, you know, they're getting up and they're exercising and they're walking as much as possible.

And I was recently at a wedding, Mr. Speaker, where my brother—who happens to be a senior because he's incredibly, many, many years older than me—was complaining because the music was too slow. And when the jive music came on, he was so excited and he was on that floor jiving, and the next morning at 8 a.m., he was out running the half marathon, the one that the police, I believe, were sponsoring. And that's what we want to see with our seniors as well.

Maybe we could work on changing that name, seniors, because, you know, it's gotten so that—I don't know, it's not, maybe, the greatest title. Maybe that's just because I'm getting closer to being a senior and I want to call it something else.

But those are the things that, also, combined with the other work on stroke, are really going to change those rates. Not that there's anything wrong with, you know, having a 25 per cent fewer Manitobans suffering strokes now, that is phenomenal, but we always, of course, always want to be doing more in health care, and, working harder, there's no question about that. And I really believe that that's what we're doing now is exactly that, with many of these programs and with the health care that we're providing.

\* (11:40)

We have also, when it comes to the physical activity side, Mr. Speaker, there's a number of things that I don't know that we've talked about yet, and I wanted to mention that we've got \$1.7 million in 738 grants to communities in motion projects. And since that program was launched in 2005, there are now 165 registered communities and 615 schools in motion across the province. And initiatives like that are going to have the greatest effect over time, of course, in being able to lower these numbers.

And another thing that I think that we did that's going to help parents, is we extended the child's fitness tax credits to young adults, so that it's also covering ages 16 to 24, to help young people develop and maintain lifelong physical activity habits. And I, having a 15-year-old who's about to be 16 this August, am also very grateful that we have that in place.

We also have over 70 communities, Mr. Speaker, registered under the Age-Friendly Manitoba Initiative, supporting our seniors in leading active, socially engaged, independent lives, that contribute to healthy aging, and I think it's through programs like that that we end up like—with people like my brother who are jiving and running marathons.

So I'd just like to say that, of course, there's always more to do, Mr. Speaker—

**Mr. Speaker:** Order, please. Order, please. The member's time is expired.

**Mr. Blaine Pedersen (Midland):** I would like to just put a few comments on the record about this resolution brought forward by my colleague from Charleswood, and any comments that I would make would not be coming from a professional nursing standpoint—I've done lots of veterinary work in my days, but I haven't done work on people—so I will take my advice from her. But just a couple of basic things, Mr. Speaker.

First of all, members opposite have always talked about how much money they spent, how much money they've thrown at this problem, how much money they'll throw at that problem. It's not, necessarily, about how much money you put at it; it's the results that count. And to—and both the member from Burrows and the member from Kildonan mentioned home care. And to put home care and strokes in the same conversation is—I think, is quite scary, really, because—and I, again, from a—just from my knowledge of people who have had strokes—and

this is a specialized unit that would deal with people who have suffered a stroke; that's plain and simple—they need to go to a specialized unit because strokes are special—need special care.

And I know that from—because I had a customer of mine years ago, I think it was in the early '90s, he was 62 at the time he had a very debilitating stroke; he lost the complete use of his left side. And I visited him in the hospital, and I remember that just like it was yesterday. Visiting him in the hospital when he couldn't speak—he had a farm to look after, and you knew that everything was running in his head, but he couldn't speak; he couldn't get it out. And, afterwards, he did a bit of rehabilitation work in Deer Lodge hospital, but, ultimately, it wasn't the right kind of help, and he never did gain use so he was confined to a wheelchair for the rest of his days. And he just passed away here a couple of years ago, and a great person, but—and that was back in 1992, I believe, or something like that.

Obviously, we've made a lot progress since then, and, yes, there—the statistics come out from members opposite about how there's 25 per cent less strokes nowadays, but strokes continue to happen. Well, I'm glad the government's taking credit for less strokes. That's—I'll let them figure that one out, how they can take credit for that, but—because it's people lifestyles and that that determines that and their genetic makeup, as I understand it, too. But to have a specialized unit that could look after this—and a much more recent example I have is a friend of mine had a stroke, that's three years ago, and he ended up in St. Boniface Hospital. There was some questionable care at—back in the home community by the doctor that could've possibly prevented this, but, nevertheless, he ended up in St. Boniface Hospital, got excellent care in St. Boniface Hospital; they just did a wonderful job with him.

But at the same time, if this specialized stroke unit had been in place at that time, what a difference it would have made now. He was, actually—at the time of his stroke, this particular fellow was left-handed and the stroke affected his left side. He has no feeling in his left arm at all. He now writes with his right hand, and, on top of that, he's got some—he's actually legally blind, so it's been a challenge for him.

But we should be stopping and thinking about what a specialized stroke unit could have done in this example. And this is all this resolution is asking for, a specialized stroke unit to deal with people who

have strokes. Because no matter what, strokes will continue. You can count the statistics all you want, whether there's less, there will always be people facing strokes.

So, how are we going to approach this? Are you just going to say that, no, we won't care what other provinces are doing, what other units are doing in terms of specialized care. We won't do that here. As I said before, to say that Home Care is going to look after—this second example I gave, in fact, they—she has home care and the home-care workers are excellent, but they're in no way or shape form—first of all, they're not trained to deal with stroke—people who have disabilities because of strokes, and secondly, their time keeps cutting—being cut back. They don't have the time to deal with stroke—with people who have strokes or who have disabilities in their own homes.

The—our health care—our home care people are super people. They work very well. They are very compassionate. I visited with a number of them and been in the homes when they've come in to deal with their clients, and they're just super people. But they keep telling me, our time keeps getting cut back and we don't have time to deal with this. And when you're dealing with people who have—typically have had strokes, they have disabilities of some sort—mobility problem—it's usually speech problems, so—and it takes extra care. So to try and say that home care is going to look after stroke victims, that's a very unworkable solution there.

So, Mr. Speaker, I would just urge the government to—this is a resolution coming for—before this House. It's asking for establishment of a stroke unit in Manitoba. This is not something that's unreasonable to ask for. It exists in other provinces: Alberta, Newfoundland, Ontario, Prince Edward Island. You don't even have to be first in the country to do this, which this government doesn't like to be first in anything except in spending. But this is something that you could support and you could bring forward, and it would help.

And it's on the personal side, because it would help people. We all know of people who have had strokes. It would help those people, with a specialized stroke unit. And that's really the emphasis of this resolution; it's for the establishment of a stroke unit in Manitoba. It's not political; it shouldn't be political at least, because it would be up to the medical, the WRHA or health units in Manitoba to determine where this stroke unit would

be located and how it would function; that's not the emphasis of this resolution. The resolution says to establish one and to make it possible, so that it would be there.

And, Mr. Speaker, I would really urge all members of this Assembly to support this resolution. It is very functional. Thank you.

**Mr. Jim Maloway (Elmwood):** And I am very pleased to rise today to speak to the resolution. I want to thank the member for Charleswood (Mrs. Driedger) for allowing us the opportunity to speak about this very important topic today. And I have some sympathy for her disappointment, because—you know, that over the last dozen years, that she's been in opposition, on point after point, front after front, topic after topic, there's improvements to health care in Manitoba, unlike the dozen years that her—she and her government were in power in this province.

\* (11:50)

I recall back, during the years of the Filmon government, where, you know, story after story talked about how bad things were getting. You know, the doctors were leaving, there was less doctors being trained, the nurses were being fired and reduced. There was nothing but bad news—bad news—coming out of the government of the day, and so she is, as years—as every year progresses she is finding less and less things to complain about.

For example, we know that—well, you know, the member for Charleswood wants to take issue with what I've said, but the fact of the matter is, for every year that these Conservatives—and the Conservatives are not in office, my life expectancy increases, as does everybody else in this province.

And we have shown that since the—in the last 10 years, we have seen the amount of strokes decrease by 25 per cent over the last 10 years and the stats are that 2.6 people per 1000 suffered from strokes in 2009-2010 and that compared a 3.5 per 1000 in 2000-2001. So we're seeing an improvement here, a trend to the positive, and there's a number of reasons why that is. The fact of the matter is that this government approaches the problem in a broad, very broad fashion and does a number of things to get the outcomes that we want. For example, we have the STARS helicopter in Manitoba to make sure that the rural patients can get into our stroke centres faster. Mr. Speaker, the fact of the matter is, that if we have—that we have—*[interjection]* Well, the members

are getting excited here. The Conservatives are getting excited here.

The fact of the matter is that this government has launched the integrated stroke project which involves sending all patients with symptoms of a stroke to the Health Sciences Centre, to St. Boniface, or the Brandon General Hospital where they immediately get a CT scan. These are measures that are very helpful in determining and—better outcomes for people with strokes.

At the end of the day, Mr. Speaker, perhaps we have to put more effort into informing people what the signs are, what the symptoms are of a stroke in the first place because there are millions of people who have had premature deaths because they didn't recognize the symptoms of what—of the—of a stroke, for example.

I know in my own case, 20 years ago when I had my first blood clot in Germany—actually, after going out on the town with a former MLA from this Chamber, Mr. Marty Dolin, who a lot of you know here—you know, my leg was swollen up the next morning and I thought, well, maybe I just slept on it wrong, and I went another whole day, a day and a half before I went in to the hospital in Germany. And the fact of the matter is that I could have easily been, you know, not here. And the recurrence of a stroke—of the blood clot 10 years later actually happened right over here in—beside my chair, and I didn't—I noticed it. I went to the doctor and the doctor—they did a false test, and it was only when it didn't go away that they checked it later on that we found out that what it was.

But the fact of the matter is the outcomes proved—prove successful, but there could have been not a good outcome in both cases. So no matter how good your system is, you know, the patient has to be able to recognize that there's a problem to begin with. And all too often that does not in fact happen or you find yourself maybe out at the lake and far away from medical services. So you could have all the systems in place that you want, you can have all the helicopters you want, but if the patient doesn't recognize a problem until it's too late, then, of course, you're not going to have a, you know, a positive outcome there.

So, you know, I know it's the role of the opposition to criticize the government and they're—you know, we have to recognize as much as it makes us pretty disappointed and angry at times to

hear some of the nonsense that we hear coming from some of the members here; I mean, the fact of the matter is it's their job. They're members of the opposition and they are supposed to do what they're doing. And I know it's kind of frustrating, we've been there before, a number of us, and we know it's frustrating, the job that they have. So they're simply doing what they're paid to do.

But the fact of the matter is they should take a little bit of time and sit back and listen to the responses and realize that this government is actually doing a tremendous job, has for the last 10 years, improving on some things that their government was unable to do. Maybe things aren't developing as fast as they thought they would like, but the fact of the matter is that we've made—and they have to admit that, that the public are quite happy with the initiatives in health care that the NDP has done over the last 10, 12 years, and the fact of the matter is when it comes to budgets, unlike them, we didn't try to crush the deficit over a couple of years by spending \$4 million on a contract with an American, Connie Curran, to come in here and hack and slash just so the numbers look good for their books. We have made a point of keeping our trust with the public in this province by making certain that the front-line health services have been expanded, have been maintained, and have actually been increased, whether times are good economically or times are bad. And the public trust us in that and they have good reason to continue to trust us.

Their history with the Conservatives, on the other hand, is not quite as good, because their experience with Conservatives, whether it was Sterling Lyon—any Conservative government. As a matter fact, you don't have to look just at Manitoba. You look at anywhere in the country. Whenever Conservatives come in, it's the—the accountants seem to take over in their caucus and they start looking at balancing the books, and one of the easiest places to start cutting would be things like health-care system.

Look what happened in Saskatchewan. The Conservatives in Saskatchewan went and shut down all sorts of rural hospitals and rural facilities. Even the Conservatives of Gary Filmon—they were talking about—they wanted to shut down the Misericordia Hospital. There was a plan on—they were looking at whacking Concordia at one point. I mean, these are the kind of plans—the member for Kildonan was the critic, the Health critic for most of that period, and I want to tell you that he's a very hard-working critic, a

hard-working MLA, and did an excellent job as the Health critic, but, boy, he sure had an easy target with these guys. They provided him—they kept him hopping for 10 years there because they were—really were. They were out of control. They were hacking; they were slashing; they were planning to cut down—you know, it wasn't just enough for them to deal with a couple of wings in a hospital. They want to shut the whole hospital down, you know. And then when the people revolted, got excited about it, they wondered why—what's the problem.

You know, we don't need all these hospitals. So they set up the regional health authorities; another great idea, right? They were supposed to cut costs and rationalize the system, set up a computer system that would follow through all the hospitals and centralize purchasing—these all great ideas.

But what happened with their plan? It ended up didn't reduce any civil servants. As a matter fact, where we, the NDP, have to come in and try to come in and clean up their mess by reducing these regional health authorities that they set up from 13 to 11 and now down to five. And, you know, where are the Conservatives? They should be standing up in their speeches and talking about how great the NDP is in reducing bureaucracy in the province. We've taken the liquor commission and the lotteries commission—we've melded them together. I haven't heard a word; not a word from any Conservative in this Legislature. Not one word saying what a great job we're doing.

**Mr. Speaker:** Order. Order, please. Member's time has expired. There are other members that wish to speak.

Honourable member for St. Norbert has the floor.

**Mr. Dave Gaudreau (St. Norbert):** Thank you, Mr. Speaker. I just want to take a few minutes here to recognize the front-line workers in all this, the ones that we've supported as a government and have pledged to not cut. All of the nurses, the doctors, nurse practitioners, midwives. Some of those positions didn't even exist in the '90s when we had them. I want to take a minute to recognize them and all the staff that works in the hospital as support. All of the people that do all of the—the orderlies, the health-care aides—everybody who even maintains the facilities. I think it's important to remember that all of those buildings require a lot of infrastructure in behind them. So I want to take a minute to thank all of those people.

Based on the member from Elmwood, his comment about how we're going to live longer, since I'm 40 right now, I guess if we keep the Conservatives out I will—

\*(12:00)

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

The hour being 12 noon, this House is in recess until 1:30 p.m. today.

**LEGISLATIVE ASSEMBLY OF MANITOBA**

**Thursday, May 10, 2012**

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