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Fortieth Legislature

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LEGISLATIVE ASSEMBLY OF MANITOBA

Thursday, May 1, 2014

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 and 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

Mr. Speaker: Are we ready to proceed under second readings of public bills? Are we ready to proceed with Bill 203?

Some Honourable Members: No.

Mr. Speaker: No. Are we ready to proceed with Bill 204?

An Honourable Member: No.

Mr. Speaker: No. Are we ready to proceed with Bill 209? *[Agreed]*

Bill 209–The Lymphedema Awareness Day Act

Mr. Speaker: Yes, okay, we'll call Bill 209, The Lymphedema Awareness Day Act.

Mr. Wayne Ewasko (Lac du Bonnet): Mr. Speaker, I move, seconded by the member from Riding Mountain, that Bill 209, The Lymphedema Awareness Day Act; Loi sur la Journée de sensibilisation au lymphoedème, be now read a second time and be referred to a committee of this House.

Motion presented.

Mr. Ewasko: Mr. Speaker, it gives me great pleasure today to rise and put a few words on the record in regards to Bill 209, The Lymphedema Awareness Day Act. But first, I would like to welcome a few people joining us in the gallery, Ms. Kim Avanthay and Sherry Normandeau from the Lymphedema Association for Manitoba. So welcome to both of you here today.

Mr. Speaker, with this bill we're proclaiming that March 6th in each year as lymphedema awareness day, whereas lymphedema is an accumulation of lymphatic fluid that causes swelling of the arms, legs and other parts of the body and can lead to severe infection or the loss of use of limbs; and whereas persons with lymphedema must endure a variety of hardships and challenges; and whereas there is currently no cure for lymphedema; and whereas March 6th in each year is set aside as lymphedema awareness day in order to increase public awareness of this serious medical condition.

And with that, Mr. Speaker, today we're going to be debating again a very important piece of legislation and, again, it's all about education. And I know that the government–I'm hoping that the government is going to support this bill and see it go forward to committee and then, of course, be proclaimed as a bill later on. I know that they have supported lymphedema awareness day in the past by proclaiming.

And, Mr. Speaker, the education is actually working, because over the past few years we have seen that there's various other municipalities all across the province has been basically proclaiming March 6th as lymphedema awareness day and those numbers have grown. Last year March 6th, 2013, there were 34 municipalities and this year March 6th, 2014, there was 42 municipalities that proclaimed March 6th as lymphedema awareness day.

So, basically, I'm just–we're speaking today on lymphedema awareness and bringing that awareness and further the education to all Manitobans and–so that we can actually proclaim it here in the House the lymphedema awareness day for March 6th each and every year.

Now, I know that the Manitoba association is putting–been putting in a great deal of effort and time with their–with building up their association and building awareness. They have teamed up, of course, with the magazine Pathways, Canada's lymphedema magazine which also brings awareness throughout the country. They have now come up

with a new brochure, do you have swelling? Is it lymphedema?

Mr. Speaker, I'm going to go over a few of the symptoms of lymphedema, and then, basically, I'm going to allow other people to get up and debate as well.

Basically, Mr. Speaker, national lymphedema awareness day is a day to share information about lymphedema, a condition of chronic swelling that affects a limb or other body parts due to an accumulation of lymph fluid. Symptoms of lymphedema are numerous and varied and can include pain, numbness, a loss of mobility, a loss of skin elasticity, hardening of the skin, increased susceptibility–pardon me–to infection, chronic ulceration of the skin and swelling that can make an arm, leg or any other body part as much as two, three or four times its natural size. The potential intensity of symptoms can affect every aspect of a person's life. People who have lymphedema can have trouble fitting into their own clothing, be distracted at work from the pain and have trouble moving doing day-to-day activities.

Lymphedema is a hidden epidemic affecting approximately 150 million people worldwide. In fact, lymphedema is recognized as one of the most feared side effects of cancer treatment affecting approximately 25 per cent of breast cancer patients sometimes decades after they have received treatment for cancer. However, it is not only cancer survivors who are susceptible for developing lymphedema. Anyone whose lymphatic system has been damaged whether through accident, surgery or any other means are also at risk for contracting this debilitating disease.

Lymphedema can also be a condition that the patient is born with. It may show up in infancy, adolescence or adulthood, but the result is still chronic swelling that often–that will often progress until it is treated. People with lymphedema can face a life of daily expensive treatments to alleviate the pain and swelling of this disease. It can affect anyone at any age, yet most people are not aware of this serious medical condition and how to treat it.

In closing for this morning, Mr. Speaker, I'm hoping–I'm hopeful that the government sees fit to see this bill go forward. I'm going to sit and listen to the debate from their side of the House as well as ours, and I hope that we can come to a unanimous decision to move Bill 209 forward to committee and then also to third reading and see that this bill is passed.

***** (10:10)

I would again like to thank the hard work of the Lymphedema Association of Manitoba for all their efforts and I know that they had their second symposium early March. They tried to have it on a weekend close to March 6th, and they had it this year at St. John's College at the University of Manitoba, which had quite the list of speakers and experts, Mr. Speaker. They had Dr. Anna Towers, Karen Dobbin, Candace Myers, Lyle Bauer, Sarah Michaluk, Lisa Shearman and many others. I know this was their second annual, but I can only see the awareness campaign growing and growing and then, of course, with that, their symposium getting bigger and stronger as the years move on.

So with that, Mr. Speaker, I wish them all the best and all the luck in the future, moving this very important information and education awareness day forward, and I look forward to hearing what the government side, as well as other speakers have to say.

Thank you, Mr. Speaker.

Hon. Erin Selby (Minister of Health): I thank the member for bringing this forward. I think that he makes a really good point, that this is a hidden epidemic and perhaps not a lot of people are aware of it, if they haven't gone through it.

I'd also like to, of course, welcome the folks from the association here with us today. I know that they know the importance of this. I know that the Department of Health has worked with them many times to proclaim this day, as we did just this past March 6th, but anything we can do to bring more awareness to the consequences that a family may suffer after going through cancer treatment or, as the member pointed out, other things as well, is always a good thing.

I certainly, as I've been in this portfolio for a few months, have been learning more and more about different things and different ways that people are affected in our health-care system, and I had noticed, certainly in the past, that quite often you see breast cancer survivors wearing a cuff on their arm and, to be frank, I didn't really know what that was about. But as I've learned more about it, once you get through your treatment, once you find out that you're–but you're on the road to recovery, there still can be some other issues that you have to deal with,

and 'lymphenema'–lymphedema, rather, is just one of those issues, and I think it's important that we recognize and learn how important it is, how serious it can be and whatever we can do to try to help people with it.

I think the member across has done a great job of explaining exactly what happens with people and the fact that it does happen with people who may not have cancer, but that is when we often see it, people particularly who have undergone breast cancer. As I mentioned, you often see them wearing the brace in order to try to prevent this sort of build-up.

We know that people in Manitoba receive two types of drainage: there is an electric pump manipulation as well as a manual drainage, which is publicly funded in hospitals across Manitoba. Again, I'm not sure how much people are aware of the situation, if their own family or friends haven't gone through it. Certainly, we know in Winnipeg that the breath health centre and the Health Sciences rehabilitation program helps people with lymphedema to receive these effective treatments. We also know that it provides the electric pump manipulation for patients who are going through this.

I don't think I can speak without, of course, saying that everyone in Manitoba, I can probably say with confidence, as well as probably everyone in this House, has been affected by cancer, either personally or through friends or for family. It's why we've been working on building the best system in Canada to deliver the fastest screening, diagnosis and treatment but, of course, also, to make sure that we're being–giving people the full coverage that they need in order to get back to wellness, and whether that's directly related to their cancer treatment or to some of the symptoms and things that maybe they need to follow-up on afterwards that also affects lifestyle.

According to the Canadian Cancer Society and the Public Health Agency of Canada, our survival rate has increased by about 10 per cent since the 1990s, but we need to do more. We would love to get to the point where we don't have to talk about finding a cure. We'd love to be at the point that we're there already. But, unfortunately, we're not. We can do more, we will do more, but I think we're headed in the right direction. We are working to have the shortest cancer wait times in the country and are covering 100 per cent of the cancer drug patients for people at home and offering new supports for people in rural Manitoba, who we know often have to face long distances in order to get their treatments. It's why we're bringing in cancer hubs around the province so that people can get chemotherapy closer to home. It's why we now have radiation treatment in Brandon, to make that journey a little bit easier for people because we know the cancer journey is tough, not just on the patient, but on family and friends as well, as they support the person going through it.

Mr. Speaker, we brought in the patient–cancer patient journey, brought in under the now-Minister of Jobs and the Economy (Ms. Oswald), former ministry of Health, who brought in the most aggressive first-in-kind Canada cancer strategy. Our plan is going to see that people get everything that deals from the first suspicion of cancer 'til they begin treatment under two months or less. Now, I have to say, two months still feels like an awful long time if you're the person who's been diagnosed, but at least we're doing what we can to speed that difficult time up. That would include all the referrals, all the testing and all the diagnosis, because, as many people know who have faced this disease, probably the most difficult part is the thinking you have cancer, not sure if you have cancer and not knowing what the treatment is going to be after. Once you have a plan with your doctor, sure, there are still some more scary days and maybe some painful days as well, but it always feels better to have a plan in place and to know where you're going and to know what it is that you're dealing with than those nights of–sleepless nights of trying to reconcile with what you might have with what you do have.

Our plan includes all the recommendations that the Canadian Cancer Society brought to us and a 19 million–$19.5-million commitment. As I said, it's to fully cover cancer treatment and support drugs for all patients, making all of the 16 provincial rural chemotherapy locations full cancer hubs, which includes having–staffed with a cancer patient advocate who will help people with scheduling their appointments and co-ordinating faster times for them in rural Manitoba.

I certainly saw–just recently my father went through some cancer treatment and had to drive into Winnipeg for his radiation, and he raves about the treatment that he had. He raves about the care that he received and the people that took such good care of him. He actually said he's going to miss them after he did his six weeks of radiation. Although when they offered for him to come back and have a coffee a couple of times, he turned them down on that. He was happy to be finished with it and everything is going well.

But certainly they were very understanding of the fact that my dad had to drive in from Pinawa five days a week for six weeks. And it was during January, February, where we didn't have very good weather, and it sometimes makes the roads difficult. And people were very flexible about understanding that if my dad was driving in from Pinawa, he needed a little later appointment in the morning, but if he stayed at my house he was able to get his appointment first thing the next day so he could drive home sometimes during the week as well. The treatment he received was fantastic and it was really helpful to have somebody scheduling his appointments. But I have to say, even sometimes when he showed up maybe an hour before an appointment that he was supposed to be there, they always did their best to fit him in.

So I understand the difficulty it can be for families when they have to travel to receive their treatment as well. Certainly know that getting your treatment–your screening done quicker and, of course, getting those test results back quicker is really important to families. That is the most difficult time, when you know there's something wrong but you don't quite know what it is. It's why we've hired eight more pathologists and more cancer testing co-ordinators and are expanding the Breast Health Centre, so that people can get in and get those tests. And we hope that those tests come back negative and everything's good, but if it's not, you do want to know that as soon as possible so you can get a plan in place and treatment can begin.

We're also supporting Manitobans who want to quit smoking. We know that that can be a very difficult thing to quit smoking on your own, but we also know that it improves your chances of not getting cancer, by not smoking, quite significantly.

We have committed, in 2011, over $70 million towards a new cancer-care building to complement the existing site at Health Sciences Centre. We know the folks there do good work. It would be, actually, wonderful if we didn't have to see an expansion of our cancer-care services in this province, if there was a cure and we no longer had to do that. But we're not there yet, Mr. Speaker, and until we get there, we're going to do the best we can to support people as they go through this journey.

We are trying to develop a rapid diagnostic network for 'pancer' patients to better link and speed up the diagnostic imaging and pathology so that, again, people can get those results quicker. No one wants to hear that they have cancer but they do want to know as soon as possible if that's what's going to happen.

It's certainly important that we also recognize, as we have been doing, the great work of people who are in our cancer-care facilities. We recognized, in 2013, Oncology Nursing Day. We also announced that 500 additional chemotherapy treatments will be conducted every year by nurses who work on statutory holidays. That's really what's remarkable, the dedication that the people who work in our cancer hubs around the province have for their patients. And I hear it time and time again from patients who've been through the system what fantastic care they got, and I hear from people who work in the cancer-care system. They are passionate, they are dedicated and they go above and beyond the call of duty to provide the best care.

***** (10:20)

We've also opened, of course, the Urgent Cancer Care Clinic in November; it's already seen 1,266 cancer patients in the first five months which, of course, helps people by allowing them not to have to go the regular waiting room in an ER where they may be exposed to more germs. And at a time when somebody's immune system is compromised they are trying to avoid that sort of thing as much as possible. And, of course, they're going to receive that specialized care when they get there as well. We know that people who are undergoing cancer treatment, sometimes the treatment can be just as hard as the disease is on the body and quite often some of the things that result in that do require a doctor with that expertise to figure out how to treat them.

I know that there are many members in this House who want to talk about it. I am proud to be part of a government that is doing what we can to make that journey a little bit easier for families, and I certainly think that the more we can do to bring awareness to people to have an understanding of some of the things that cancer patients have to face, the better it is for all Manitobans.

So I thank the member for bringing this forward.

Mrs. Leanne Rowat (Riding Mountain): I would be honoured to put a few words on the record with regard to this bill that is bringing awareness to lymphedema, the illness of lymphedema. I want to congratulate the member for Lac du Bonnet (Mr. Ewasko) for the work that he has done in bringing

this issue to the House and educating members on both sides of the House with regard to the significance and the importance of awareness.

I also want to recognize Kim Avanthay and Sherry Normandeau, who are here in the gallery today. I want to thank them for the work that they're doing with regard lymphedema and the association that they've put together. I think it's not only about just creating a day for awareness. Mr. Speaker, it's about the work that is done 364 days of the year outside of the day of awareness. I know that they do a lot of work with regard to having workshops and symposiums. I understand on Saturday, March 8th, they had a symposium and had a number of speakers from different organizations come forward and talk about how lymphedema affects their organizations or their rehabilitation programs and how foundations have taken an interest and a role in buying in on the significance of creating awareness. So I want to congratulate the women for the work that they do. And I identified that these are fairly young women who have taken on this task. And I know when I was there age which–a few years ago you were so busy with your own families and running around trying to just manage your own families–to see them take on an issue like this and to be so committed to it, I want to congratulate them for the efforts that they've put forward.

Now, a little bit about national lymphedema awareness day, what we're wanting to do–and I want to say that the member for Lac du Bonnet (Mr. Ewasko) has been good at doing that–is providing information on the condition, which is a chronic swelling that affects a limb or other body part due to an accumulation of lymph fluid. Now, lymphedema can occur on its own or be caused by another disease or condition, and it is a hidden epidemic affecting a significant amount of people worldwide. By last estimation, there were 150 million people worldwide affected by this affliction and I believe that by creating an awareness day it will help in assisting Manitobans in identifying that this is something that they may and to seek assistance.

In fact, lymphedema is recognized as one of the most feared side effects of cancer treatment, affecting approximately 25 per cent of breast cancer patients, sometimes decades after they have received treatment for cancer. However, it is not only cancer survivors who are susceptible to developing this lymphedema, anyone whose lymphatic system has been damaged, whether through accident, surgery or any other means are also at risk for contracting this debilitating disease. So it is something that can affect many people in very, very different ways, Mr. Speaker, and it is my understanding that there is no known cure for lymphedema at this time.

But there are ways that you can help educate and assist people who are afflicted with this disorder. And part of that is by educating them and referring them to a support group and also to medical supports that could help them lessen the condition pain and outcomes.

It's great to hear that municipalities have come on board in providing information through proclamations in their municipalities, because this is a way of getting out the message, getting out the information to the grassroots. Often in, you know, rural communities or northern communities, the message doesn't always get there with regard to what may be happening in an urban centre. So by having 42 municipalities prepare and support a proclamation, that is showing that communities across the province are engaged, they're interested, they're listening to what the association has put forward. And when you build and strengthen that promotion and awareness, it does help the organization in providing more information, more literature that will assist Manitobans with information on how to deal with this issue and also to help them diagnose if they are presenting with those types of conditions.

So you know, I just want to recognize a couple of information pieces that have been put together by the Lymphedema Association of Manitoba. There's the issues of Pathways that they provide–it's a Canadian publication that is published by the Canadian association of lymphedema–and also Manitoba's publication, Swelling with Emotion, which is a quarterly newsletter. So by creating awareness, by having municipalities support this, by having medical professionals buy in and participate in symposium days like were recently hosted, you become a stronger organization, and what it does is it creates options for better health for people that are afflicted. And I encourage others to support them.

So in closing, Mr. Speaker, I just–I am very supportive of this bill. Our caucus is very supportive of this bill. And I believe that the member for Lac du Bonnet should be congratulated in fostering this awareness proposal. And I believe that lymphedema should be declared an awareness–lymphedema illness should be declared an as awareness day on March 8th–or March 6th, I'm

sorry–and each year going forward, because I believe that what this organization has done thus far can only be complemented and enhanced from this recognition.

Thank you, Mr. Speaker.

Ms. Melanie Wight (Burrows): I just wanted to take a moment just to put a few words on the record. I'd like to thank the member from Lac du Bonnet for bringing this forward. Of course, March 6th is awareness day, but we have to proclaim it each year, so it's–I think it's an excellent idea to be putting it into an act and getting that on the record and–as well as the support from each side–all sides, I'm sure, on this issue. And I'd like to thank the people that are here with us today for all of the work that they are doing, as well.

I would have to say, Mr. Speaker, that I am one of the people that most needs 'lymphedemia' awareness day. Although I, you know, have certainly heard of it, if somebody had asked me to describe in detail what it meant, I would not have been able to do so today. So I am really just learning that it causes the swelling in arms, legs and other areas of the body; that it affects, you know, men, women, children, all ages; and that it can come years later–I had no idea that that was part of the–part of 'lymphedemia'–and I'm not sure I'm managing each time to get that word out properly, but I hope so–and especially those who have undergone breast cancer surgery. So, in that case, when the lymph nodes are removed, the drainage pathway is disrupted, which can trigger lymphedema. And radiation, of course, also aggravates the condition, so it just seems so sad to me that you fought cancer, and maybe won, and then it's still not over. You still have another possible huge concern that can occur, which has no cure. So it can be very devastating to families.

***** (10:30)

I'm grateful that we do have such amazing care providers in this area in the province and such dedicated people also working around increasing the awareness across the country–well, across Manitoba anyway. And I just wanted to let them know that.

We've all been touched by cancer, Mr. Speaker. I don't think there's anyone here who hasn't experienced that fear that comes when you hear. And I know as I go door to door, I'm always amazed by how many people at the door tell me, you know, that they're going through cancer right now. And, you know, they've never met me and they often share how incredibly amazing the people at CancerCare Manitoba are as well. So I did want to just get that on the record for those folks, because I know they're just doing a tremendous job in a really difficult field and helping people through some of these issues. And so I'd just like to put on the record a thank you to them.

You know, we have introduced the cancer patient journey, and it's a pretty comprehensive, aggressive and first-in-Canada cancer strategy that is going to reduce the time from when cancer is first suspected to the start of effective treatment. So including all referrals and testing and diagnosis, it will be down to two months or less. And as the minister was mentioning, even that, you know, seems long when you're the one with cancer. But we're certainly always working to make these things better for the families that are going through them, knowing how incredibly difficult it is.

And one of the things I also want to mention, having a lot of family in southwestern Manitoba, is I'm really grateful to the addition in Brandon that we put in in western Manitoba cancer treatment centre. Because before that, you know, people had to come to Winnipeg, really, for a majority of their treatment. And now a majority of the cancer treatment is available in Brandon, which is, I know for my family, way closer, and all the people out in that area, way closer. So I'm very grateful for that as well.

And I guess the truth, Mr. Speaker, is I'm glad that I didn't know what this was, to some degree, personally, that I hadn't had to experience this particular thing in a close family member. But I know it's something that we do want to get out to everyone, so that we are all aware of what this disease can–does it fall under a disease?–can cause.

So thank you so much, Mr. Speaker.

Mr. Cameron Friesen (Morden-Winkler): It's my pleasure to be able to rise and put a few words on the record with respect to this bill that has been brought forward. I welcome our guests in the gallery this morning and I'm pleased to have this issue raised in this context and allow us as members to be able to speak on this.

It's good to know that my colleague is, you know, bringing this forward to create awareness around this issue. Mr. Speaker, I confess that when I was first elected just in 2011, it was in 2012 when the first constituency correspondence came into my office alerting me to the path of one of my constituents on a cancer journey and bringing issues

to my awareness having to do with lymphedema. And I had to say, at that time, I was somewhat unfamiliar with this condition and with this disease and I had to do some research.

And it's funny how–it's peculiar sometimes how we come to a knowledge of things. And as I read more and more about this condition that was suffered by my constituent and read more and more about the symptoms and read more about the treatments, I realized that my mother, as a cancer patient, someone who had journeyed through the system and three separate times went into cancer treatments–the first time when I was probably around 14 years old, again when I shortly left for university and sometime after that–I realized and started thinking that my mother would have had lymphedema. And she complained about the swelling of her leg and she was very, very–she was very sensitive about it. She was the kind of person for whom that would have been very, very, you know, important.

And she did what she could, but there was a very uncomplete–incomplete knowledge at that time as to what it was she was experiencing or how to treat it. And I think back now, we lost Mom five and a half years ago, but I think back now and I think, yes, that's exactly what was going on.

And so it is so important that efforts are being made. It is so important that a bill like this is coming forward to say, we need an expanded awareness around lymphedema and, indeed, as we know, it's a hidden epidemic, one that is affecting as much as 150 million people worldwide, not just worldwide but right in or own backyards.

Mr. Speaker, just to briefly come back to that same letter, that first correspondence that I received, that first point of contact in my role as an MLA. It was a woman who lived in the city of Morden. She contacted my office with concern because she said, here is what my condition is. She was a person who had had cancer, that cancer had been treated. She was in remission, but she indicated that there are–you know, although lymphedema cannot be cured, it can be controlled and that she was receiving treatments that were giving her some alleviation of those symptoms.

Now, those treatments had to be regular. They were expensive. One of them she referred to at that time was MLD, manual lymph drainage. And along with things like compression therapy and remedial exercises this can go someplace in terms of alleviated the symptoms for people who suffer from lymphedema.

The problem she was bringing up is that what she had discovered as she began to seek out these treatments is that there was not one solution being indicated by the Department of Health and by the Minister of Health (Ms. Selby) in this province. It depended where you lived what kind of compensation or coverage for these treatments you would receive. And what she discovered that–is that if you were in the WRHA, those treatments, those MLD treatments were covered. There was no cost incurred by the cancer patient. If she lived in Brandon–the member for Burrows (Ms. Wight) just put comments on the record saying she was very pleased with things that were being done in the Brandon area, and, of course, we are pleased with what's being done there–in that case, the MLD would be covered. However, in living in the south of the province and in that regional health authority, those procedures or that treatment was not covered. And she said, how could that be the case?

In just two months when she wrote to me she had spent over $1,100 out of pocket. It is a necessary treatment for many people, but a very expensive treatment. And, Mr. Speaker, when a government like this one is promising things like a health-care system that is current, that is accessible and is responsive to the needs of all Manitobans, then we have the ask ourself the obvious question, why would that same system then not say, across the board, yes, if you need this treatment that treatment will be covered.

I met with the Massage Therapy Association of Manitoba numerous times when I was the critic for Health. We talked about the kinds of products that are available for people who have lymphedema and things like compression therapy where you have special compression bandages that need to be professionally assessed and applied. These are expensive treatments; they are effective to a certain degree, but they are not cheap.

And so, clearly, when I have a constituent of mine saying, listen, what is needed is not a patchwork of approaches across RHAs. It needs to be one approach, and, certainly, as Manitobans, we would all say that. We'd say, well, yes, I mean, if it's an issue in Winnipeg and if it's an issue in Brandon, if it's an issue in Fairford, if it's an issue in Lac du Bonnet or in Waskada and an issue in Winkler, it needs to be the same approach by a Department of

Health, and a minister of Health needs to give one consistent approach to that. We should not accept–my constituent should never have to accept that simply because she moved to the city of Morden that somehow now she is out of pocket.

And so, Mr. Speaker, I did bring this issue to the minister earlier. I think it's a tremendously important one, simply this: that treatment for lymphedema should be available to all patients who could benefit from MLD at no cost to them. As I mentioned, if–in most cases if not all, the financial burden is overwhelming for this necessary treatment. And so I continue to press this government to have in place one approach, to have in place one consistent message to people with lymphedema to say, yes, we see the value. We see how this can alleviate treatments.

***** (10:40)

And I know that the Minister of Health (Ms. Selby) will understand that whatever we can do, in terms of putting money on the table early on in this kind of thing, will actually reduce cost to the overall system. That is so often the case in the health-care system. That's the reason why only days ago we debated about seniors, and in this province the idea that if we can get seniors into personal-care homes with a bed cost per day perhaps around three or four or five hundred dollars, that is a far preferable outcome than having those same seniors waiting for placement in a full hospital where the bed costs per day could be 13, 14, 15 hundred dollars. So I'm sure the minister acknowledges that and I'm sure the minister will intend to look into this.

I'm going to use this opportunity of the bill brought forward by my colleague to make sure that I reconnect with this constituent, to see how her journey is going, to see where she is in this province and to see whether our actions together, my office and her and interfacing with the government, has been effective in making sure that she can have these treatments covered. So I look forward to connecting again with my constituent.

I thank my colleague for bringing this bill forward, and I call on all the members of this House to stand unanimous in support of this bill and in support of lymphedema awareness day and Bill 209.

Hon. Theresa Oswald (Minister of Jobs and the Economy): Mr. Speaker, it's my privilege to speak today to Bill 209, lymphedema awareness–The Lymphedema Awareness Day Act.

I like this bill. I think that it adds to the work that is already being done by advocates that are in the gallery today–welcome, it's good to see you–and work that's being done by health-care professionals to make people more aware of the second story that comes for some individuals after cancer.

I think members opposite have done a fine job, as well as members on this side of the House, of describing the fact that it's not exclusively cancer patients who have to live with lymphedema. There are other circumstances, damage to the lymphatic system and so forth. And, certainly, we acknowledge that people that live with lymphedema don't always have cancer but often have had cancer, and it's on that subject that I want to speak today. Members have done an excellent job of describing the circumstances of the illness. I commend them for that, and shall endeavour not to speak of that in the short time that I have.

I actually want to talk about these ladies in the gallery. I'm not best friends with them or anything. And, at the risk of speaking about their personal health information–which is against the law, by the way, so I shan't be doing that–I am going to predict, Mr. Speaker, that one or both or all of them have had a journey with cancer, whether it's personal or whether it is with a loved one. Because, in so many ways, this is what motivates people to get involved in advocacy and activism, and the member for Riding Mountain (Mrs. Rowat) made a really good point before, when she said that often people have so many other things going on in their lives, like, for example, caring for themselves or a loved one who has cancer, to actually take that extra step and become an advocate so that it can be better for somebody else is a tremendous gift to other people in our community, and so I really want to commend you for that.

I spent some time being Minister of Health in Manitoba. I've been told, not before the fact, but after, that it's a difficult gig. It can be challenging, and that's not untrue. But what you don't hear people say very often is what an unbelievable privilege it also is when people who are arguably having the toughest time in their lives come to you and share their stories and share their ideas about, you know, this is what I think could help. And if once in a while you're able to work together in bipartisan ways, you know, with government officials, what have you, to actually get something done that's going to change the path for somebody else, it's undescribable really to be able to have that feeling of change. And that's

what you're doing today and what the member for Lac du Bonnet (Mr. Ewasko) is doing today, taking some extra time out of busy lives to make it different for somebody else down the way.

My brother is one of these guys, actually–probably shouldn't brag about your brother in the Legislature, so I throw myself on your mercy for the next two minutes.

An Honourable Member: No, you can.

Ms. Oswald: You can? Okay, whew, what a relief.

So everybody in this Chamber, regrettably, has a connection to somebody that has had cancer or has had cancer themselves. And for me, most closely it is my brother, a prince among men, I will say. He was diagnosed with cancer more than five years ago and it was devastating, it was so shocking, as all of you that have loved ones with cancer know.

And, you know, it was stage 1, it was okay, it was going to be fine, we're going to get it, and then he got a phone call from his doctor who said well, actually we've taken a sober second look and it's stage 4 and it's really bad. And they gave us some statistics and numbers and I did the thing that Dr. Dhaliwal told me not to do and went on the Internet and looked up all the devastating prognoses, and it was bad.

But he beat it on the journey. But on his journey, you discover that not only do you have cancer, which is bad enough, but there are the subindignities that one has to endure. My brother had to have an ileostomy–not super fun, as you would know–and there were times when it didn't go so great and it was messy and it spilled, and he felt awful and he was having chemotherapy and radiation. These are not the moments when you want to be wiping up your bathroom floor, but he had to. And it was awful, but he got through it. And now he serves as an advocate for raising money for colorectal cancer and he's good at it and I'm proud of him.

If it were me, Mr. Speaker, I think I would want to close the door on that chapter of my life and never think about it again, like Joe Aiello, whom we all know and love, who lost his wife, went on this horrendous journey with her and ultimately had Alanna stolen from him. But what does he do in the face of that? He takes me out for dinner and he says you know what we need, Minister of Health, we need to have a special ER or urgent-care centre just for people with cancer because, darn it, cancer is bad enough, they shouldn't have to be in the emergency room with people hacking and coughing on them and compromising their immune system.

And we worked like crazy and that urgent-care centre is open now, just for a few months now, already seeing, you know, thousands of people so that they didn't have to go through the regular ER.

But that didn't have anything really to do with anything else other than a guy who suffered an unspeakable loss–his love, his wife–who had the intestinal fortitude to pick himself up after and say, I saw something with my own eyes and we can do better and we can change this. And that centre at CancerCare will ever be known in my mind as Alanna's centre because Joe made that difference.

Just like my brother is making a difference for raising funds for an unsexy cancer, thank you–colorectal cancer, not great on the posters, Mr. Speaker, but he's out there and he's doing that work. And these splendid women today, who, I know in my heart of hearts, though I haven't spoken of these intimacies with them–and the member for Lac du Bonnet (Mr. Ewasko), who's bringing this bill forward, I haven't any doubt has an intimate connection to this story, I just know it; that's what you learn seven years plus being a Health minister, you know it.

I want to say to the women in the gallery today, I want to say to him, I want to say to the members of our health-care system who are advocating for people to know more about lymphedema, to Joe and to Brad, my brother, and people who somehow have this unbelievable courage to do something to make life better for other people when you yourself may have a tank that is empty–they're heroes among us, Mr. Speaker, and I count these women in the gallery to be them today, I count the people that I've mentioned and any of those people that can find the strength within them to do right by others when it seems you have been among the unluckiest. I think that that should inspire us all.

Thank you, Mr. Speaker.

Hon. Jon Gerrard (River Heights): Mr. Speaker, I rise to speak briefly on this bill which would create a lymph awareness–lymphedema awareness day.

***** (10:50)

This is an important issue. For a number of years, we've–patients with lymphedema have not been able to get as much access as they should to medical care. And when we look at what's happened,

I would think about 10 or so years ago, this was a major problem for people with breast cancer. And I and others raised this in the Chamber, and women with breast cancer are now mostly, I think, covered in terms of lymphedema.

But there are others who have lymphedema, primary lymphedema, for example, who are not covered. Austin, who's a poster boy for lymphedema in Manitoba is eight years old, has had from birth primary lymphedema, but it's not covered. And there's no reason that he should be selected out for not being covered, and it's time that he is covered and he is fully covered and helped under our health-care system.

And I think it's really important that we've got advocates here today who are helping to bring awareness not only to the issue of lymphedema, which is not all that well understood, quite frankly. Where does it come from? What does it mean? It essentially–the fluid in the blood traverses not just in the arteries and veins, but it goes out into the tissues from time to time. And so the lymph system is very important for bringing back that fluid and putting it back into the blood system and circulate it in the arteries and veins. And when it's not working properly you get lymphedema, or when it is blocked. And that can be as a result of cancer, it can be as a result of a primary lymphedema.

And it's about time that we have equitable treatment for all and equitable coverage for all with lymphedema. And I hope that this bill will be supported all the way through. We will get it enacted, but I would also hope that the government will look at the change that's needed to make sure that children like Austin get the coverage that they need. Thank you.

Mr. Speaker: Is there any further debate on this matter?

Hon. Dave Chomiak (Minister of Mineral Resources): Mr. Speaker, I want to thank the member for bringing this bill forward. I'd also like to thank the visitors in the gallery for their work and all the members who've spoken.

I think it's very clear–two things are very clear this morning, Mr. Speaker. One is that there's a commitment from this House that this bill will be passed and will be passed this morning, and we will be able to realize the value of the work that's been done in the past and going forward. The second issue is that I'm losing my voice again and I should probably not speak much longer in this Chamber.

So I'd just like to say that I've been quite moved by all of the comments that I've heard during the course of the morning. And I also agree that the issue of fairness and the issue of treatment and the issue of kindness have all come up, and I think it's very much a manifestation of the fortunate circumstances we have in this province to have a health-care system that's flexible and understandable and is actually responsive.

And it is an illustration and an example this morning in the Chamber of what I've often stated, is that the majority of matters that come before this Chamber are agreed on unanimously by members in this Chamber, and that is not often known by the public. And I think it's something that we all should be conscious of and conscious of because in that sense and in so many senses the parliamentary system works. It works to deal with all sides of an issue, but it also works to provide for a forum where you can have debate, perhaps have some agreement and still move forward in terms of legislative–legislation in terms of matters that need to be passed expeditiously, and sometimes not as expeditiously as many of us would like, but certainly allow for a forum, in contrast to other jurisdictions and other parliaments, most notably south of us, where very often the gridlock is such that matters cannot achieve the kind of consensus and agreement that we have been able to achieve in this Chamber. I'm very proud of the health-care system that we have. I'm very proud that Manitobans can feel they can come to this Chamber, MLAs can feel they can come to this Chamber, raise an issue, and the matter can be legislated and passed by all members on all sides of the House.

I'd also like to thank you, Mr. Speaker, for providing me with the–as you have on many occasions–with throat lozenges to permit me to continue, and you've done that many times. I don't know if I've thanked you publicly, but you've permit me to continue my few comments in this Chamber.

Mr. Speaker, the comments that I have heard–there's very little that I can add to it, in terms of advice that I could offer to the Chamber. I don't think there's anything I could add, in terms of the issue of what the advocates in the gallery have brought forth to this Chamber, or not nearly can I speak–not nearly as passionately about these issues as had been said by many members of this Chamber, and I'm always

humbled to follow my colleague the member–the former minister of Health because I'm one of her biggest fans, and I'm always touched and impressed by both her passion and her knowledge and intelligence.

Having done all that and having praised everyone, which I think rightfully ought rightfully–be–to be done, from my understanding, and as acting House leader of this House, I think that we're probably in a position, Mr. Speaker, to move this matter forward, notwithstanding as I look at the clock that it's three minutes to 11, but having said that, I don't believe there are any more speakers. I think there's a sense in this Chamber that I've gathered that this matter is going to pass. It's going to pass unanimously in this Chamber, and with those few words, I will rest my voice and I'll allow the House to proceed with its business. Thank you.

Mr. Speaker: Is there any further debate on Bill 209, The Lymphedema Awareness Day Act?

Is the House ready for the question?

An Honourable Member: Question.

Mr. Speaker: Is it the pleasure of the House to adopt the motion? *[Agreed]*

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Mr. Speaker: So now, we'll now–the honourable acting Government House Leader, honourable Minister of Mineral Resources.

Hon. Dave Chomiak (Acting Government House Leader): Mr. Speaker, I wonder if you might call it 11 o'clock.

Mr. Speaker: Is there leave of the House to call it 11 a.m. so we can proceed with private members' resolutions? *[Agreed]*

RESOLUTIONS

Res. 15–Establishing a Dedicated Stroke Unit in Manitoba

Mr. Speaker: All right. We'll proceed, now that it's 11 a.m., to deal with the private member's resolution, and the resolution under consideration this morning is Establishing a Dedicated Stroke Unit in Manitoba, sponsored by the honourable member for Charleswood.

Mrs. Myrna Driedger (Charleswood): Mr. Speaker, I move, seconded by the member for Riding Mountain (Mrs. Rowat),

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

WHEREAS circulatory diseases are the most common cause of death in Manitoba, with stroke being the third leading cause of death; and

WHEREAS at least 1,475 Manitobans had a stroke in 2011-2012, representing a rate of 2.5 strokes for every thousand residents, and 612 Manitobans died from suffering a stroke in 2012; and

WHEREAS a stroke always constitutes a medical emergency and hospitals in other parts of Canada that have a dedicated unit with specialist staff and services for the treatment and management of stroke patients improve their care and outcomes; and

WHEREAS the Canadian Best Practice Recommendations for Stroke Care recommends stroke patients should be treated on a specialized stroke rehabilitation unit that is geographically defined; and

WHEREAS dedicated stroke unit care reduces the chances of death and disability for all people regardless of the severity of the stroke by up to 30 per cent; and

WHEREAS every other province in Canada has realized the value dedicated stroke units create for patients and has established these unique medical units; and

WHEREAS Manitobans have been left at a disadvantage when receiving stroke care as citizens of the only province without a dedicated stroke unit; and

***** (11:00)

WHEREAS the provincial government has promised Manitobans the right care at the right time with the right health-care providers.

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

Mr. Speaker: It has been moved by the honourable member for Charleswood, seconded by the honourable member for Riding Mountain,

WHEREAS stroke is the leading cause of adult disability in Manitoba–

An Honourable Member: Dispense.

Mr. Speaker: Dispense? Dispense.

The resolution is in order.

Mrs. Driedger: Mr. Speaker, I am very, very honoured to be able to stand here and bring this private member's resolution forward. This is something that I also brought forward a few years ago, and I was very, very distressed at that time when the government refused to pass the resolution. And instead, since that time they have not been in support of creating any prioritization of stroke patients to the level that is needed to make a difference here for all patients.

It is very, very distressing to know that, again, we are dead last in Canada for having a dedicated stroke unit. Even the tiny province of Prince Edward Island has a dedicated stroke unit, and we are the only one of all the provinces in Canada not to have one. And for those of us that have been involved in a number of different ways in caring for stroke patients, we have a very, very strong commitment to seeing that we have such a unit developed in Manitoba. And there are a lot of good reasons for this.

Mr. Speaker, I was a neurosciences nurse for many, many years, and that was my specialty after I graduated from nursing. And looking after acute-care stroke patients is one of the most challenging jobs and one of the ones that really tug at your heart because there are so many problems for the patient and the family. And it is a very hard, hard health condition to address, and the family goes through a lot, the patient goes through even so much more. And if the government would just understand the ramifications, the effects that happen to a patient when they have a stroke, I think this government might be much more aware of the need for this dedicated stroke unit.

And the one aspect of this that I think is critically important and I wish the government would focus in on it, and that is that you reduce the chances of death and disability for all people regardless of the severity of the stroke by up to 30 per cent. For some patients that could mean, because of the extensive rehabilitation that a patient would get on this unit, care, physiotherapy 24-7, speech therapy, all of the types of specific treatment programs that a stroke patient needs, it's intense treatment. It's in one unit and it could make a significant difference to a patient walking, being independent, having ability to talk, having an ability to communicate with their family, their children, their grandchildren. It is a significant number when we see that we can make a difference for 30 per cent of patients.

Now, the government has already indicated that we have good care up and to the time from stroke to needle, and that may be true. What they are missing, though, in a huge way, is what happens after that. And after that is what we are talking about here by having a dedicated stroke unit. Could you imagine, Mr. Speaker, if all the patients that had heart surgery were scattered around a hospital and cared for by nurses and aides and, you know, others throughout a hospital? They would not get the kind of care that would have the best recovery because they aren't in one dedicated unit where people develop wonderful expertise; that is their major focus in caring for a patient and that stroke patient would get such excellent calibre of care.

So imagine, you know, what would happen if the heart patients that had surgery were scattered around? I think that really makes the point that this care does need to be specialized. It does need to be intense. And you don't get that by scattering patients all over a hospital. You need the staff that are dedicated in one unit to make the difference.

And why this government has not moved in that direction when at least almost 1,500 Manitobans had a stroke in 2011-12–that is a significant number, and it affects families beyond those numbers. That is a lot of people. If we could take 30 per cent of those and give them a better quality of life and give their families, you know, a better quality of a family life, why would we not make that a priority of care and not move this forward?

I think the government should be ashamed of themselves, frankly, that we're the only province not to have it. Every Maritime province has a dedicated unit. I'm–you know, I am really struck at why this government would not go that route and I don't know why they wouldn't do it.

The Heart and Stroke Foundation, certainly, is very, very supportive of this. They are the ones–they are the experts in this area that know very well the value of this, and I would like to today acknowledge the presence of representatives from the Heart and Stroke Foundation who are here in the gallery. And they are here to also put their voices forward on this resolution because they have been requesting something like this for a very long time and they also feel that it is well past due.

You know, Mr. Speaker, what the Heart and Stroke Foundation will say is that patients that are taken to this unit following a stroke, following that first initial period of time, and once they're admitted to a hospital and go to a stroke unit that is dedicated, these patients have shorter hospital stays, they have reduced disability and they are less likely to die from stroke.

Of those patients that have a stroke in Manitoba, 612 of them died from a stroke in 2012. I think we can do better than that, Mr. Speaker. I think we have a responsibility to do better than that. And for this government not to prioritize this area, I find very, very upsetting. And once these patients get the quality and intensity of care they need, they can return home more often instead of going to long-term care. Why would we not make that happen if we have the ability? And we have got excellent people in the system that if we put them all in one place, we could make a significant difference.

Why can't we work on this to ensure that these patients can go home instead of having to go to a long-term care facility? Why can't we stand up for them and say we want to give you the best quality of life? You're already going to be dealing with enough challenges post-stroke. Why can't we go that extra step and do the right thing for those patients?

And I think this government really does need to have a closer look at this. I think the Minister of Health (Ms. Selby) needs to step up on this issue, I think, needs to make a priority of this issue and say that we will do in Manitoba what every other jurisdiction in Canada is doing and we commit to providing the best care possible for patients that have had a stroke.

Why can't we, in this province–you know, we talk about best practices. Why do we not implement them right now because this is best practice for stroke patients. And I think stroke patients deserve it and their families deserve it, and why should we be dead last in Canada? Why should Manitobans not have the best care possible that other provinces are getting? Why are we dead last in this area of not having a dedicated stroke unit?

***** (11:10)

Yes, there are other aspects ahead of this that have been rolled out as part of a strategy. This is the one big part missing. And this is, really, what I would like to ask the government today is to focus on this one part and to agree to this resolution, and I hope that this resolution will pass unanimously at the end of this hour.

So with those few comments, I would again like to thank the members for the Heart and Stroke Foundation that are here and to their board member that is here, and I would really urge the government to seriously consider passing this resolution. Thank you.

Mr. Speaker: The honourable Minister of Health, and before I get to the honourable Minister of Health, I'd like to remind our guests and welcome them here in the gallery this morning.

But we have a standing practice and rule in here that the guests while they're here are not to participate in any way in the proceedings here, and that includes applause. So I'm asking for your co-operation.

Hon. Erin Selby (Minister of Health): I, too, would like to member–welcome the folks in the gallery joining us here today to listen to this debate.

Certainly, we know that families want to know that if their loved one–they, themselves, a loved one, a close family friend, anyone suffers a stroke–that they want timely, high-quality stroke care available wherever they live in this province. We know that the moments after a stroke are most crucial. Timely stroke care, including direct access to those clot-busting drugs like tPA, can make all the difference in somebody's outcome. When it comes to that rapid access to this life-saving drug we know that Winnipeg has been recognized by the Canadian Stroke Network as having the best, what they call, door-to-needle time, the best in the country, in fact. For people who need this drug from the time they show up at the hospital to the time they get it, we are the best in Canada and we're the best by quite a bit, actually.

It shows you how good the people on the ground are at hospitals like our Health Sciences Centre, the dedicated professionals who work there. Health Sciences Centre has a time of 15 minutes. The national average is 74 minutes, Mr. Speaker, and the recommended time is 60 minutes. So that does show you just how good the people on the ground are, and we do what we can to support them in order to be able to give that timely service that is so, so vital to outcomes of people who may have had a stroke.

We have brought together a number of resources in order to help people both at that end and also in the recovery as well. We launched the integrated

stroke project which involves sending all patients with symptoms, people who might be having a stroke to either Health Sciences, St. Boniface or Brandon general hospital where they can get a CT scan immediately because, of course, the quicker that someone can get a diagnosis, the quicker that we can treat them, and we know that that makes a big difference on their recovery afterwards as well. We know that they will be able to get their treatment quicker if a doctor can determine that it's being caused by a clot and can treat them with tPA, which is considered an essential clot-busting drug.

I have to say, Mr. Speaker, we've also done a lot of work in the prevention side, which I think is equally important, maybe more so when we can prevent people from having to have a stroke in the first place or many other chronic conditions.

We know that we've seen–due to our Healthy Living programs that, of course, the Minister of Healthy Living is promoting in prevention programs–we've seen a large decrease in the number of Manitobans who are suffering stroke. In fact, over the past decade we've seen a 25 per cent decrease in the number of people in Manitoba suffering a stroke. It's a significant increase–decrease, of course, but we want to do more always.

And we do know that that still means there are people who are suffering from stroke, and we need to do the best that we can to support those folks both when the stroke happens and also to help them on the road to recovery. It's why in 2011 we launched the Manitoba Stroke Strategy which helps us prevent disability and improve the quality of life for people who have suffered a stroke, as well as their family as well. The stroke strategy is a five-year plan to focus on primary health care, innovation, of course, and a wrap-around rehabilitation service that will help people get back to feeling how they were before.

We know that other provinces have had success with stroke centres. It is something we're investigating. We've worked with the heart and stroke association closely on many things, including bringing in our defibulator legislation. We were the first in the country to do that.

We've been recognized nationally as being leaders on getting timely care to people having a heart attack. And we also know that the heart and stroke association considers a stroke unit the best practice, and we are actively looking at that and we'll continue to be looking into it to see that we are doing everything that we can to support people in Manitoba.

Right now we are, of course, working with our regional health authorities and our regional stroke co-ordinators to make sure that we're developing better ways to ensure that people are getting the right post-strike care at the right time, at the right location, no matter where they live in Manitoba.

We know that caring for somebody who's had a stroke doesn't end just when they leave the hospital. It's why the WRHA has launched the home-care program Community Stroke Care Service back in 2005. It does help people who've had a stroke maximize their recovery and find their way back to independence. One of the–some of the things it does is provide case co-ordination from hospital to home, knowing that that can be a challenging transition for some people. It also offers home care for support for people who may need more assistance with some things than they did before the stroke and in-home rehabilitation for all discharged patients, including occupational therapy, physiotherapy and speech-language pathology. And I think it's important that we're able to offer in-home rehabilitation for people to make that a little bit easier for people to get the care that they need.

I spoke a little earlier about some of the other work that we have done with the Heart and Stroke Foundation. We've done excellent work together, along with their input and guidance, to provide access to defibrillators in public places. Certainly we know that a cardiac arrest can strike anyone at any time, and 85 per cent of those cardiac arrests happen outside a hospital setting, often in a place where there a number of people around, whether it be a school, a community centre or, of course, a major destination like a stadium or an arena. As I mentioned, we were the first government in Canada to bring in legislation to require public places to have a defibrillator available onsite, and we have already heard from Manitobans who have been able to access this life-saving device and to be able to make a very different outcome than what might have been.

We are working with, of course, an expert advisory group with experienced paramedics, folks from Heart and Stroke Foundation of Manitoba and, of course, people from Manitoba Health. We are always working together to see that we are putting in the best that we can to support people. But, again, more importantly, that–what we can do to prevent things from happening in the first place. We've seen

good numbers in terms of prevention but we know we have a ways to go and we're always looking for better ways to support all Manitobans in every area of health, including in stroke as well. We are certainly looking to encourage the healthy lifestyle. As I said, we've seen a 25 per cent decrease in the last 10 years of people having strokes in Manitoba. We want to continue moving in that direction so that we have less people being affected by this. We know that if we can prevent strokes from happening or if people are living a healthier lifestyle it also helps their recovery as well, Mr. Speaker.

Of course, in 2003, we were the first province to create a ministry dedicated to healthy living, and it's not surprising that over the last ten years we have seen our health outcomes improve for Manitobans. We are seeing less numbers of people being diagnosed with diabetes and less people suffering from stroke as well. It's a move in the right direction but, of course, we've got more to do on that as well. We're doing what we can to encourage people to increase their physical activity, encouraging healthy eating, reducing barriers for people who are looking to quit smoking, and, of course, to promote mental wellness as well. We're doing what we can, of course, to educate people on how to prevent injury and about the risks of chronic disease. Part of our family-doctor-for-all promise, our commitment to everyone in Manitoba who wants a doctor to have one by 2015, is so that people can better manage chronic diseases and learn first-hand from the doctor how to prevent disease in the first place.

Certainly smoking is another large contributor to many chronic problems that people have, whether that be cancer, whether that be heart attack, whether that be stroke. Manitoba was the first to bring in an indoor smoking ban in 2004, and we saw because of that our smoking rate in teenagers has dropped significantly since 1999. We've also recently introduced legislation to ban candy- and fruit-flavoured tobacco products, again, to help youth from ever starting smoking in the first place. And, as of this summer, we will be prohibiting smoking on playgrounds and beaches in provincial parks so Manitobans who want to get outside and enjoy some fresh air will be able to do that without having to worry about second-hand smoke.

More importantly, we know how much that smoking has cost the health-care system, and that is why Manitoba is suing the tobacco product manufacturers to recover some of those health-care costs incurred by treating smokers who became addicted to a product that they put out. We certainly have also had some very successful programs working with youth. One such one, the review and rate that's been in place for about 9 years and has reached–reaches about 15,000 to 20,000 students each year. My kids included have been through this program. They've come home and told me all about being able to touch the difference between a lung that is healthy and a lung that has smoked, and if that doesn't turn you off smoking and ever starting, Mr. Speaker, I'm not sure what would.

***** (11:20)

But, of course, we do know that some people have already started smoking and need some assistance to quit, not an easy thing to do, from what I understand. And each year we know that 15,000 Manitobans–1,500 Manitobans, rather–sign up for the Manitoba Quits program, helping people and encouraging people to quit smoking, which we know goes a long way towards prevention of not just heart disease and stroke, but many, many other illnesses as well.

We've also found that some of the work that we've done to do things like placing the 1-800 number for the smokers' helpline on cigarette packages means that more people are reaching out. We know that a number of smokers are looking for help to quit smoking which is why that we've included anti-smoking and drugs on our provincial drug formulary list as well.

So, again, I appreciate the work that the folks do, and we're always happy to work with them.

Mrs. Heather Stefanson (Tuxedo): I am pleased to rise in the House today and put a few words on the record with respect to this resolution introduced by the member for Charleswood (Mrs. Driedger), and I want to thank her for bringing forward–

Audio system failure

Mr. Speaker: Test. Okay.

I regret to have interrupted the honourable member for Tuxedo (Mrs. Stefanson), but we'll start the clock over so she'll be starting her comments fresh.

Mrs. Stefanson: It is, indeed, an honour to rise in the House today and put a few words on the record with respect to this resolution, Establishing a Dedicated Stroke Unit in Manitoba, brought forward by the member for Charleswood. And I want to

thank her for bringing this forward for debate in the Manitoba Legislature today.

I think this is a very important debate for us to have and I actually don't think it should be much of a debate. This is something that Manitoba–we're one of the last provinces in Canada to receive this, Mr. Speaker, and to go this route. It is a bit of a no-brainer and it is puzzling as to why members opposite–I hope that they do get together and join with us and that we do pass this through today, and I'm still hopeful that that will happen.

But I do want to just say welcome to our friends in the gallery today from the Heart and Stroke Foundation of Manitoba, welcome here today to all of you. And we know that–I know the Stefanson family has worked very closely with members of the Heart and Stroke Foundation over the years with their–my–our uncle Dennis used to–he started an annual golf tournament in Gimli many, many years ago and it was in honour of his father, my husband's afi, his grandfather, Eric Stefanson Sr., who was the member for Selkirk-Interlake area. And he passed away of a heart and stroke-related issue and so we have had this annual golf tournament out in Gimli for many, many years now in honour of him, but also run by the very dedicated and capable volunteers from the hark–the Heart and Stroke Foundation of Manitoba. So I want to thank them for everything that they do for our community because we know it does make a tremendous difference in our community. So I want to thank them for being here today in support of this very important resolution brought forward, again, by the member for Charleswood (Mrs. Driedger).

Mr. Speaker, I did want to say just that I have my own personal–and as I know probably many members of this Chamber and, indeed, many members across, many people across this great province of ours have had personal experiences when it comes to either heart- or stroke-related deaths or disability–debilitating experiences. And I for one, I know it goes back in my family that my grandmother actually passed away of a stroke, which if this kind of thing were in place, I tend to think that it, you know, it probably would have been something that indeed saved her life at the time. Now, of course, that was many, many years ago and we have come a long way in terms of technology and the things that, you know, it's organizations like the Heart and Stroke Foundation that push us all as legislators for–legislatures–legislators forward and bringing forward new technology and making sure that we're keeping at the forefront of what we can be doing for heart and stroke victims in Manitoba and across the world. So, again, I want to thank them for what they do in pushing technology forward and pushing all of us forward and making sure that we stay at the forefront of what needs to be done and the technology to help save lives.

And I know that my father also suffered a stroke. Now, he also suffered from Alzheimer's disease which is a very debilitating disease as well, Mr. Speaker, but it was very difficult. I know when he received–he had several strokes–but the first one ended up putting him a care home.

***** (11:30)

And it was very–you know, it's difficult to see and it's difficult to see, but I will say that the caregivers within the system were wonderful. He did get, you know, later on to get the care that he needed in order to rehabilitate and try and rehabilitate part of his–you know, what he was able to do. And so I want to thank those caregivers because they are a tremendous part of our system and they do help.

But it is very difficult for loved ones to watch and see what happens to their family members. In my instance, it was my father. And to watch how he deteriorated over the years because mostly of Alzheimer's, but also the strokes that he had to endure were a part of that. And so we know this runs in our family, obviously, and this is something why, I believe, it should be, because this–heart and stroke runs in many generations in our province, as well as across the board. And for those families that have many generations and history within their families of strokes and heart-related issues, it's very important for them to have this kind of a technology available for them as we move forward.

And I think the fact that we were–are dead last in Canada is very unfortunate. This is something that we need to move on. We need to move on it today, Mr. Speaker. We need to make sure that we join with the rest of the provinces across this country, that we need to join with the rest of the people across the country who have access to those services–and who don't in Manitoba.

Manitobans deserve to have the same access to care as every other citizen does across this country, and so that's why I believe we need to move forward with this. We need to pass this resolution today. It sends a great signal to Manitobans who are suffering with stroke and health–and heart-related issues, and

it sends a strong message to the Heart and Stroke Foundation, to all Manitobans, that this government, that we are all very serious about moving forward and doing what is the best interest of our citizens here in Manitoba.

Thank you, Mr. Speaker.

Hon. Dave Chomiak (Acting Government House Leader): Yes, Mr. Speaker, on House business.

Mr. Speaker: On House business.

Mr. Chomiak: I'm wondering if, with leave of the House, because of the time delay due to the sound system, that we might not see the clock until 12:05.

Mr. Speaker: Is it the will of the House to catch up on the time that we lost due to the sound system problems and we'll add five minutes onto the time? *[Agreed]*

Now the honourable Minister of Finance.

Hon. Jennifer Howard (Minister of Finance): I also want to welcome the folks in the gallery here today from the Heart and Stroke Foundation. I know that they have been leaders, in many respects, in promoting healthier life styles, in coming to us and other governments to get us to look at changes in policy and legislation to deal with things like high smoking rates that we know puts people at a greater risk for strokes.

What I want to do with this discussion is talk about, sort of, my own family experience with stroke, and talk about my grandfather. Now, my grandfather was–my remembrance, anyways, as a child, is he always was the one with more health problems of my grandmother and grandfather. My grandmother was a very fit woman. She ate Special K every morning, she ate grapefruits, she did all the things, she went for walks, all the things that they tell you supposed to do. Now, they also both smoked, of course, because in those days most people did, and certainly most people in my family did.

My grandfather had a heart attack when he was fairly young, I think he was in 50s, which led to bypass surgery and led to him giving up smoking and my grandmother giving up smoking. Now, he had a substitute for that was snuff, which he had right up until his death. Even when he was in a personal-care home at the end, he had his snuff box there next to him, that was his substitute.

But he outlived my grandmother, and in–towards the end of his life, did suffer a stroke. And it did totally change his enjoyment of life and his capacity to be active in those remaining years to him. Now, I know when you're–you know, he, I think, was in his 70s at the time, and while it was a big effect on him, it was probably not as tragic a change in his life as it would be when you would be in your 40s or 50s and suffer a stroke. But still, for him, it radically changed his life. He'd been fairly active, had been able to go–well, he went to the States for many years in the summer and then, when they got older and had more health challenges, they went to BC every year so they could continue to enjoy the benefits of a universal health-care system, as well as warmer weather. But the stroke changed all of that for him. And I think also, you know, like many people now and certainly many men of his generation, having to use a wheelchair to get around meant that he really wanted to stay in his home. He didn't want to go out in public, he didn't want to go and meet people, so that drastically affected his life.

But he also had excellent care in that time and one of the things that he really relied on was home care. The ability for him to have care in his home meant that he was able to live independently in his home with his wife, after my grandmother had passed away, with the provision of home care–people that came not only to look after his physical needs but made sure that he had food to eat, that he had meals prepared, that he had a clean home, as well as members of my family who came to help out. And that meant that he was able to live independently in his own home, right up until the last couple years of his life, when he moved into a personal-care home. And that–we were, as a family, extraordinarily thankful for the ability that he had to continue to live the way that he had always lived, with his belongings around him, being able to have some control over his life, because he had the provision of home care.

Now, you know, Mr. Speaker, the other things about my grandfather–I was talking about how my grandmother was a very fit person–my grandfather was the antithesis of that. He was very physically fit, because most of his life, like most, I think, of our grandparents, he engaged in extremely physical labour. That's how he made his living. But he also–you know, his favourite–one of his favourite lunchtime meals would be to take the bacon fat that was in the coffee can in the refrigerator and spread a generous thickness of that over a good piece of homemade white bread and wash it down with some whole milk, and that was good eating to my

grandfather. He never met a vegetable that he liked and would claim to his grandchildren that he actually had a deadly allergy to anything green and that's why it wasn't on his plate.

So, you know, we know a lot more now than we did. Now, I personally think that probably the fact that he was also extremely physically active meant that he could maybe tolerate a higher fat diet than many of us could today, but we know a lot more. We're better educated.

And a lot of that work, I think, has come about from organizations like Heart and Stroke, as well as changes, where possible, in government policy. And I think, you know, there's a recent Manitoba Centre for Health Policy report that shows that that kind of education, some of those changes, have actually resulted in Manitobans becoming healthier over the last 20 or 25 years–not all Manitobans. There are still significant gaps, particularly when it comes to the Aboriginal population. There's a significant–we all know there's a significant wellness and health gap between the Aboriginal population and other populations in Manitoba. But I think that kind of education and those kinds of changes have made a difference in many of us enjoying healthier and longer lives. And a big part of that–certainly for our government–has been the work that we've done together with the community on tobacco reduction–smoking reduction.

And none of that–you know, always every move, I think, that we were–made on that, none of it was unanimously endorsed everywhere. I can remember when we first started talking about an indoor smoking ban and the many, many debates and discussions that we had about that and, in this Chamber, that we had about that, but also we were able to, I think, craft cross-legislative, cross-party support to do that. That has changed the way we all live. My son will never know that you can smoke indoors. That will never be part of his life. He'll also never be confronted with a wall of cigarettes when he goes to a convenience store. He'll never be confronted with in-store advertising of tobacco products when he goes to a convenience store or another store, because we made changes in the law to prevent that.

***** (11:40)

And, Mr. Speaker, those changes, at the time, were controversial. I remember, at the time, many businesses and small convenience store owners being concerned about that, because the tobacco companies paid those stores to put the advertising in their stores. And the tobacco industry is insidious. They know that in order for them to sell their product, they need to get more people to use their product. And I think the most recent thing that we have put forward in dealing with fruit-flavoured tobacco, other tobacco products that are very clearly targeted at getting kids to smoke, that is another step along the path that we've been on. And all of those things, I think, combined both legislatively, but also the work of education, has resulted in what, you know, is called the denormalization of smoking.

Now, when I grew up, smoking was considered a pretty normal activity. I watched all the adults around me smoke. I was sent to the gas station on my bicycle as a seven-year-old with only a note from my mother that allowed me to buy her cigarettes for her. Those things are unthinkable today, and it is a better world because of that.

So I know there's much more that we need to do to improve stroke care. I do also, I think, as we've talked about in the House before, want to reference the incredible work that is done in our health-care system, work that has resulted in a finding–sorry–in a finding from the Canada stroke network that in Winnipeg you have the best what they call the door-to-needle time to get that kind of life-saving intervention in stroke care, that Health Sciences Centre had a time of 15 minutes to get that kind of care compared a national average of 74 minutes when the recommended time is 60 minutes. So I know there are people in our health-care centres that are working very hard to deliver that care and are working hard to do that not only in one centre in the province, but in many hospitals in the province and, of course, they deserve our support and they deserve our thanks for that.

So I think there is more work to do, but I think what we also need to say is that our approach, not only to stroke but other chronic health problems, has been multi-faceted. It's focused on prevention. It's focused on treatment. But it's also focused on helping those people who suffer from these kinds of health conditions, be it stroke or other chronic health problems, with the best quality of life possible by providing things like universal access to home care so people can live independent lives, providing rehabilitation and providing personal-care homes where they can live in their final days with dignity.

So more work to do, absolutely, Mr. Speaker, we would always say that. We look forward to

continuing to work with community partners on that. But also, I think, over the last decade and a half–

Mr. Speaker: Order, please. The honourable member's time has–minister's time has elapsed.

Hon. Jon Gerrard (River Heights): Mr. Speaker, you know, I, too, have a personal story. My mother had a stroke, and after the stroke she had–was not able to read in the way she had before. And it was one of her favourite pastimes, one of her favourite activities, because she loved to read and to learn, and it actually made life very, very difficult for her. So I have a personal interest in making sure that we get in Manitoba not the worst care for stroke, but the very best care for stroke.

As a physician, when I was involved in medical research, my own research dealt with bleeding and clotting conditions. And I could see the direction that treatment was going in the 1980s, treating heart attacks with clot-busting drugs, and that it was apparent in the late '80s and early '90s that a similar approach was going to be coming and was going to be effective for treating stroke, and that that's where we were heading.

Now, it took a number of years to have a really good, high-quality study which showed that tissue plasminogen activator to bust up the clots was effective, and that was shown in a study which was published in 1995 in the New England Journal of Medicine. And I suspect that that study probably started in around 1990 and then ran for a number of years and then took a while to get published. So, I mean, the story here is that for 19 years there has been published very good evidence that this is the direction that we should be going in terms of treating stroke.

Now, Manitoba has been a very slow adopter in the 1990s, in the 2000s and now in 2010 to 2014. In 2005, there was some progress in Brandon with the set-up of the ability to treat stroke in Brandon. And that was good, but it was interesting that Winnipeg really was getting behind Brandon, which was kind of odd, and there was a difficulty in getting it fully organized and coherent and done as well as it should be. And so today, nine years later in 2014 after 2005, you know, there's not been nearly enough progress. It's really apparent that you need to get somebody with a stroke to a centre where you can get treatment very quickly.

We don't have a centre in the North, and that's a shame. The government should be embarrassed that there's nowhere in the North, because it just takes too long to fly people down. You need to have a centre in Thompson and maybe even one in Flin Flon or The Pas to be able to treat. Now, going beyond being able to give the initial treatment and to provide high-quality care, it's really, really important to have a dedicated stroke unit because you can build the expertise and the personnel around that dedicated stroke unit, and that dedicated stroke unit will deliver this critical and often complex care which happens after the initial needle is given. And that dedicated stroke unit can also then be a central focus, right, for helping other centres around Manitoba where you can treat stroke effectively in this way. And, if you don't have a dedicated stroke unit and you don't have that focused expertise, you're in trouble.

A big difference between treating heart attacks and treating strokes is that looking after strokes after you give them the tissue plasminogen activator is a much more complex thing. You're dealing with a brain and you need to be very careful in terms of how things are handled to have the best possible effect. And so today in Manitoba, our death rate for people with strokes in the first 30 days when they come into hospital is higher than almost every other province. It is more than twice as high as the death rate in the United States, Korea, Japan, Denmark. They've been able to achieve a level of co-ordination far beyond what we've been able to do. In Florida, for example, there are 50 to 100 places where you can go for treatment of stroke. And we are–you can imagine the difference in the ability there to be able to treat stroke effectively compared to what we are, where we have Winnipeg and Brandon where you can get treatment, but you don't have–we don't even have this dedicated stroke unit for the care after the tPA is given.

So we clearly need to be moving in this direction. It is very frustrating, as a physician and a politician, to have a government which has shown so little leadership in this–such a critical area. This is the third highest cause of death in Manitoba. People should not forget that, and so I would expect that this government will support this resolution and work as fast as they possibly can to implement a dedicated stroke unit.

Thank you, Mr. Speaker.

Hon. Stan Struthers (Minister of Municipal Government): Mr. Speaker, I appreciate the opportunity to talk about an issue as important as this to my constituents in the Dauphin constituency and

not just in Dauphin but throughout the province of Manitoba. Health-care issues are, I think, No. 1 on the minds of people in our province, and–as well they should be, Mr. Speaker. It's–in my view that's what does matter the most.

I also want to welcome the folks who have come here to listen to this debate and to see our Manitoba Legislature in action as we debate something as important as this resolution.

***** (11:50)

I remember quite vividly–and I know the member for River Heights (Mr. Gerrard), who just spoke ahead of me, remembers him and I and a number of others from this Legislature doing 13 meetings around the province. We were the group that was tasked with the job of coming forward with a second-hand-smoke strategy. You know, there was a bigger, more proper title for it, Mr. Speaker, but I always remember it as the second-hand smoke committee that we had.

And I remember being struck by the number of people who didn't see the world the same way that our committee eventually ended up seeing it. I thought that was a very good group of MLAs who put their partisan politics to the side and went out and listened to Manitobans.

Coming from that, those hearings that we did, we moved forward with a ban in 2004. And I can say there were some bar owners and there were some folks in the restaurant business that weren't real happy with that. And quite–you know, quite understandably, they were worried about their businesses. They were worried about putting food on their families' tables. I get that, and the members of the committee got that too. But we also understood that there was something bigger at issue here, and that was the health of Manitobans.

We heard from a lot of different people. I was just saying that the very first meeting we went to–I won't say the town that we were in, but somebody came to the microphone that was really angry about it and referred to me as Hitler and was pretty disparaging with our committee. The very next evening–the very next evening–in another community, I was referred to as Stalin. And the same kind of stuff was said about our committee.

Now, obviously, that was an over-the-top kind of a reaction to what it was that our committee was trying to do. However, it did point to the kind of vested interests, I would say, that did come to that committee.

The other group that came to that committee to talk to us about second-hand smoke was a number of doctors. I remember one doctor coming forward and saying he wasn't going to meet with patients who wouldn't take on the–make decisions themselves, who wouldn't quit smoking. His point to our committee was why should I be concerned about your health if you're not concerned about your health, and he was very clear on that. He was in the press at the time, I remember, and he came to our committee and made a good presentation.

I also remember when the doctors were there. This is where the member for River Heights comes in. I can remember, as chair, sitting and listening, and a doctor was presenting. And I'll be honest, Mr. Speaker, he might as well have been speaking in an–in Greek to me. It was a lot of doctor–doctorese, a lot of medicalese, a lot of words that, given my background as a school principal, I did not understand. I very quietly leaned over to the member for River Heights and he quite graciously translated much of this–much of the information that a couple of doctors were giving to us.

And once I understood what they were saying, you know, thanks to the member for River Heights, it was pretty clear to me that there was some very scientific, very medically based principles that we needed to consider as we went forward with our recommendations, which we did in 2004.

I was very proud of the work we did with that committee. I thought it was really something tangible that we had done and contributed to. The Canadian Cancer Society understood that and actually had presented our committee with an award the following year for writing the report that caused that legislation to come forward. And they showed, especially with youth–that youngest cohort–a substantial drop in the number of young people taking up the smoking habit. It was–I think it was based on the fact that many weren't smokers, but when they went out to the bar on a Friday evening, in that atmosphere, with a–maybe a drink or a cocktail in their hand, they were more apt to put a smoke in their other hand. And it was one of the things that the Canadian Cancer Society said that really had a positive effect on smoking outcomes.

So I've always been very proud of the work that myself and the member for River Heights and others

in this Legislature did to move that file forward, Mr. Speaker.

And nobody on that committee did those hearings in–with the attitude that we're going to attack business or we were going to demonize anyone. We did it because we understood that would have, more than anything else maybe, a preventative measure to it. It would get to people, in this case especially young people, get to them before cancer and stroke and the–and those got to those people.

I'm a firm believer that we have to continue to take measures that prevent illness. We always worry about how much health care is going cost, and it's 41 or 43 per cent of our provincial budget in all of this. There's not a level of government that's not worried about that. There's not a political party that's not worried about preventing. We want to take steps to prevent, and that's always what I think of when I think of the work that our committee did back about 11 years ago, I guess.

The other part of this, Mr. Speaker, what I'm thinking is a bit more family related. I was very interested in hearing what the Finance Minister had to say about her grandfather. I almost thought we shared a grandfather as you were speaking, my long, lost cousin, the Minister of Finance (Ms. Howard). My grandfather in the 1970s went through the same kind of a story in the 1970s, and it had a–he farmed. He ranched in the Sprague area all his life. He was very active, very fit, very good shape. He ends up with a stroke, and it was devastating for my grandfather. He had talked to me about, you know, facing mustard gas in World War I and all of these kind of things, and he lived through all of that. And now here was this very vibrant guy, very energetic guy, the guy, in my view, who you would think would never get sick. I always thought my grandfather was indestructible, especially if I did something that warranted his ire. But he was all of a sudden not that same guy.

But you know who else it had a big impact on, was my grandmother. We–today I think–this would have been the mid-'70s. Today I think my grandmother would have had more supports in terms of home care. Home care was part of the solution back in the mid-'70s, but it's not to the point where it is now. This was a big–I was going to say imposition, I guess, for lack of a better word, an imposition. My grandmother certainly didn't see it as an imposition. She was there for my grandfather the whole time. My grandmother lived to be almost 98, and she was fit herself as well. But my grandfather, the rock of the family, the guy who slaved and worked hard and put bread on the table, he was a guy now who was incapacitated because of the stroke that he had.

He–so the other part of this that I think is really very important is, you know, we take measures to prevent. I think there's things we can point to from our side of the House that we've done in terms of the–of needle-to-door kind of things that we do to improve the time, because the time after a stroke is absolutely crucial to get help to people who are in that situation. But, Mr. Speaker, on the rehabilitation side I think we have to understand that we need to be there to support people with stroke–who have strokes who–people like my grandfather who ended up being really very dependent on my grandmother, and she needed those supports as well, along with my grandfather.

So I'm very happy that this–

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

Mr. Matt Wiebe (Concordia): I'm very, very pleased to be able to rise today to discuss this very important PMR that's come before the House, and often, you know, it seems like the hour gets away on us here, so I appreciate the opportunity to stand up.

And I also appreciate the fact, Mr. Speaker, that the discussion in this House this morning, I found has been very respectful and I think it's been very constructive. And I just wanted to say that in a place where we don't always have such bipartisan discussions or a tone in this House, I felt that the–there was a respectful tone this morning, and I'd very much like to put some words on the record to add to that tone and speak of my own personal experience with stroke and how it's affected me in my life.

***** (12:00)

I'd also like to join with others in welcoming our guests to the Legislature. And this is another part of what we do here that is not always taken advantage of as fully as I think it should be in that–and we can discuss things in this Chamber, and of course there's a lot of work that happens behind the scenes on–particularly on issues as important as this, and there's a lot of work that happens between both parties, and we come together in a lot of ways to move things forward.

But, Mr. Speaker, when we come together in this Chamber, sometimes we're very much talking amongst ourselves. So when we have guests and we have people, folks who are really passionate about these issues and can come and be a part of the debate in the sense that they're here joining us listening to the words that are being spoken, I think that's an important part of the debate that we don't often get.

So I just wanted to thank the folks that have come out. And for all of your hard work in these issues, it's very much appreciated.

You know, stroke is one of those just unbelievably nefarious diseases we sometimes think of maybe as a disease of the elderly or an affliction of the elderly. And that is the case, of course, but I think it's especially nefarious in the fact that it does affect young people as well, and it's one of those things that can come completely out of the blue in some people's lives.

And as a young person, as somebody who is certainly not in the age bracket where one would think stroke would be affecting people of my age, I've just in the past year actually experienced folks who've had–acquaintances of mine or friends of mine who have actually dealt with this personally. And it's incredible to see how just out of the blue and completely without warning that this can change a person's life and can affect their entire life going forward.

It's sad and it's something that–you know, sometimes I feel like I don't have the heart for this kind of stuff because it just–really, it's tough.

And I can certainly respect the Minister of Health (Ms. Selby) and the words that she put on the record and of course the opposition critics and others in our caucus who have felt this pain, have felt the–seen the effects of it and try to work through this stuff on a day-to-day basis. So I appreciate that we are having this discussion and are moving forward on this.

This is exactly what I think we need to be talking about in this House, Mr. Speaker. We've done a lot in Manitoba. We have moved forward in this regard.

Mr. Speaker, there's certainly a lot of important information that's been put on the record by the Minister of Health and others, and I think there's been an acknowledgement I heard from the member for Charleswood–*[interjection]* Charleswood (Mrs. Driedger), thank you, thank you very much–in that–the sort of initial first stages after a stroke and how critical that time is and the strides that we've made in Manitoba.

You know, we've sought to seek out, you know, those centres of excellence, those hospitals and places where we can see that we can find experts and build centres of expertise, and I know that Health Sciences Centre is certainly one of those; St. Boniface is another. And those places are where we can actually address that–that initial first point of issue. Get people the medication that they need immediately, but also to start getting a CT scan and looking at the long-term effects.

So I appreciate that the–as I said, the member for Charleswood put that on the record; the member of–the Minister of Health put that on the record as well and the acknowledgement that that is where we're at.

However, I do appreciate also that there's been a lot of discussion this morning–and I heard the Minister of Health say this herself–that, you know, there is a five-year plan, there is a focus on primary health care but that we need to do better, and I think that's exactly where the member for Charleswood is coming from. So I appreciate that she's working with us in that regard and, you know, continues to put this at the forefront, which is where I think we all want to make sure that we see, you know, some progress on this, that we actually see some good work coming out of this.

And, as I said, you know, it–some of this happens in this Chamber and that's why I appreciate–

Mr. Speaker: Order, please. Order, please.

When this matter is again before the House, the honourable member for Concordia (Mr. Wiebe) will have four minutes remaining.

The hour being past 12 noon, this House is recessed and stands recessed until 12–1:30 p.m. this afternoon.

LEGISLATIVE ASSEMBLY OF MANITOBA

Thursday, May 1, 2014

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