

Third Session - Thirty-Ninth Legislature
of the
Legislative Assembly of Manitoba
DEBATES
and
PROCEEDINGS

Official Report
(Hansard)

*Published under the
authority of
The Honourable George Hickes
Speaker*

Vol. LXI No. 73A - 10 a.m., Thursday, October 1, 2009

ISSN 0542-5492

MANITOBA LEGISLATIVE ASSEMBLY
Thirty-Ninth Legislature

| Member | Constituency | Political Affiliation |
|--------------------------|---------------------|------------------------------|
| ALLAN, Nancy, Hon. | St. Vital | N.D.P. |
| ALTEMEYER, Rob | Wolseley | N.D.P. |
| ASHTON, Steve | Thompson | N.D.P. |
| BJORNSON, Peter, Hon. | Gimli | N.D.P. |
| BLADY, Sharon | Kirkfield Park | N.D.P. |
| BLAIKIE, Bill, Hon. | Elmwood | N.D.P. |
| BOROTSIK, Rick | Brandon West | P.C. |
| BRAUN, Erna | Rossmere | N.D.P. |
| BRICK, Marilyn | St. Norbert | N.D.P. |
| BRIESE, Stuart | Ste. Rose | P.C. |
| CALDWELL, Drew | Brandon East | N.D.P. |
| CHOMIAK, Dave, Hon. | Kildonan | N.D.P. |
| CULLEN, Cliff | Turtle Mountain | P.C. |
| DERKACH, Leonard | Russell | P.C. |
| DEWAR, Gregory | Selkirk | N.D.P. |
| DOER, Gary, Hon. | Concordia | N.D.P. |
| DRIEDGER, Myrna | Charleswood | P.C. |
| DYCK, Peter | Pembina | P.C. |
| EICHLER, Ralph | Lakeside | P.C. |
| FAURSCHOU, David | Portage la Prairie | P.C. |
| GERRARD, Jon, Hon. | River Heights | Lib. |
| GOERTZEN, Kelvin | Steinbach | P.C. |
| GRAYDON, Cliff | Emerson | P.C. |
| HAWRANIK, Gerald | Lac du Bonnet | P.C. |
| HICKES, George, Hon. | Point Douglas | N.D.P. |
| HOWARD, Jennifer | Fort Rouge | N.D.P. |
| IRVIN-ROSS, Kerri, Hon. | Fort Garry | N.D.P. |
| JENNISSSEN, Gerard | Flin Flon | N.D.P. |
| JHA, Bidhu | Radisson | N.D.P. |
| KORZENIOWSKI, Bonnie | St. James | N.D.P. |
| LAMOUREUX, Kevin | Inkster | Lib. |
| LEMIEUX, Ron, Hon. | La Verendrye | N.D.P. |
| MACKINTOSH, Gord, Hon. | St. Johns | N.D.P. |
| MAGUIRE, Larry | Arthur-Virden | P.C. |
| MARCELINO, Flor | Wellington | N.D.P. |
| MARTINDALE, Doug | Burrows | N.D.P. |
| McFADYEN, Hugh | Fort Whyte | P.C. |
| McGIFFORD, Diane, Hon. | Lord Roberts | N.D.P. |
| MELNICK, Christine, Hon. | Riel | N.D.P. |
| MITCHELSON, Bonnie | River East | P.C. |
| NEVAKSHONOFF, Tom | Interlake | N.D.P. |
| OSWALD, Theresa, Hon. | Seine River | N.D.P. |
| PEDERSEN, Blaine | Carman | P.C. |
| REID, Daryl | Transcona | N.D.P. |
| ROBINSON, Eric, Hon. | Rupertsland | N.D.P. |
| RONDEAU, Jim, Hon. | Assiniboia | N.D.P. |
| ROWAT, Leanne | Minnedosa | P.C. |
| SARAN, Mohinder | The Maples | N.D.P. |
| SCHULER, Ron | Springfield | P.C. |
| SELBY, Erin | Southdale | N.D.P. |
| SELINGER, Greg | St. Boniface | N.D.P. |
| STEFANSON, Heather | Tuxedo | P.C. |
| STRUTHERS, Stan, Hon. | Dauphin-Roblin | N.D.P. |
| SWAN, Andrew | Minto | N.D.P. |
| TAILLIEU, Mavis | Morris | P.C. |
| WHITEHEAD, Frank | The Pas | N.D.P. |
| WOWCHUK, Rosann, Hon. | Swan River | N.D.P. |

LEGISLATIVE ASSEMBLY OF MANITOBA

Thursday, October 1, 2009

The House met at 10 a.m.

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

ORDERS OF THE DAY

PRIVATE MEMBERS' BUSINESS

Mr. Kelvin Goertzen (Deputy Official Opposition House Leader): Mr. Speaker, I ask that you call for second reading of Bill 229, The Manitoba Public Insurance Corporation Amendment Act (Justice for Victims of Serious Automobile Accidents).

SECOND READINGS—PUBLIC BILLS

Bill 229—The Manitoba Public Insurance Corporation Amendment Act (Justice for Victims of Serious Automobile Accidents)

Mr. Cliff Graydon (Emerson): Mr. Speaker, I move, seconded by the member for Carman (Mr. Pedersen), that Bill No. 229, The Manitoba Public Insurance Corporation Amendment Act (Justice for all Victims of Serious Automobile Accidents), be now read a second time and referred to a committee of this House.

Mr. Speaker: It has been moved by the honourable member for Emerson, seconded by the honourable member for Carman, that Bill No. 229, The Manitoba Public Insurance Corporation Amendment Act (Justice for Victims of Serious Automobile Accidents), be now read a second time and referred to a committee of this House.

Order. For information of the House, the next item before the House is Bill 22–29, The Manitoba Public Insurance Corporation Amendment Act (Justice for Victims of Serious Automobile Accidents). As some members may be aware there is some duplication in subject matter between this bill and Bill 36, The Manitoba Public Insurance Corporation Amendment Act (Enhanced

Compensation for Catastrophic Injuries), a bill which has recently gone through second reading stage and committee stage.

There are certain provisions in *Beauchesne*, as well as the Manitoba rules and practices which come into play when there are two bills in the same session that have similar content and intent.

Beauchesne citation 624(3) provides that there is no rule or custom which restrains the presentation of two or more bills relating to the same subject and containing similar provisions. But if a decision of the House has been taken on one such bill, for example, if the bill has been given or refused second reading, the other is not proceeded with if it contains substantially the same provisions and such a bill could not have been introduced on a motion for leave. But if a bill is withdrawn, after having made progress, another bill with the same objects may be proceeded with.

Our rule 41 states: No member shall revive a debate already concluded during the session or anticipate a matter appointed for consideration of which notice has been given.

In addition, there are five rulings from Speaker Rocan from 1990 which indicate that it is procedurally improper to proceed with a bill on the Order Paper if a bill with similar subject matter and intent has already been dealt with by the House.

As Speaker, I have made two similar rulings on June 25th, 2005, and on November 24th, 2005. I am raising this because of apparent similarities between Bill 229 and Bill 36, which has completed second reading in the House, and has also completed committee stage and is now listed for report stage.

In addition, consultation has been undertaken with the Clerk's office and with the Legislative Counsel office to further verify whether the bills have similar content, and it was determined that, yes, the bills do have similar content, particularly regarding sections pertaining to reimbursement when injury is catastrophic and with regard to limitations on regulations.

Therefore, it is procedurally improper to permit debate on Bill 229. The honourable member for Emerson (Mr. Graydon) has two course of actions open to him: Bill 229 can remain on the Order Paper and not be proceeded with further. Alternately, he

may seek the unanimous consent of the House to withdraw it.

Mr. Kelvin Goertzen (Deputy Official Opposition House Leader): I wonder, Mr. Speaker, despite the procedural shortcomings, if you could canvass the House to see if there is leave of the House to have the bill debated.

Mr. Speaker: Is there willingness of the House, regardless of the bill's shortcomings, that members still wish to debate it? *[Agreed]*

It's been agreed, so we will proceed with the bill.

Mr. Graydon: I wasn't aware that I could speak to the bill. I just spoke to it once before. I apologize for not being up and ready, Mr. Speaker. But, at the same time, the bill is pretty self-explanatory and it certainly is necessary as we go forward with modifying the act, the Manitoba Public Insurance act.

Mr. Speaker, as it stands today, the compensation that is afforded to any of the catastrophically injured individuals is certainly inadequate, and that has been pointed out more than once but, more especially, the other night in committee where we had people who were catastrophically injured, were also in wheelchairs and/or with brain injuries.

It was pointed out in committee, Mr. Speaker, that the compensation was so totally inadequate, and it was also acknowledged by the Minister responsible for MPI that, and I'll quote, actually, from the *Hansard* of committee: that I am in my personal opinion in the area of both psychological damage and in the cause of brain damaged injury would be called psychological damage. I think that we are quite behind in recognizing the symptoms, et cetera, as a society in whole, and obviously, as this, we can and should do better across the spectrum.

This, Mr. Speaker, bill addresses a good portion of that going forward. The section 131 is to amend—to provide the reimbursement of personal assistants' expenses, including attendant care to allow the victim to function and contribute to society or the labour market in a meaningful way, Mr. Speaker. And so what we have today is a pittance that is allowed for the personal care and doesn't cover near, near the costs that the victims incur. It doesn't allow them the flexibility to move around.

* (10:10)

Under the system today, the WHRA, for example, in the city of Winnipeg, if this is where the victim should live, the WRHA is obligated to pick up

a number of the costs associated with home care and the personal care of these individuals but if, for example, that these individuals were to move outside of the WRHA area and outside of the city of Winnipeg, they would again, have to apply on their own and try and get this assistance from say, for example, the Central RHA which they may not get or it may run for a long period of time getting the decisions from MPI to deal with the shortfall.

Mr. Rob Altemeyer, Acting Deputy Speaker, in the Chair

It's a big inconvenience and you have to understand the situation that this puts the many families in. The individuals, if they have a family, it puts them in a bad situation where they need to finance or to help the catastrophically injured overcome this type of an obstacle, Mr. Speaker—or Mr. Deputy Speaker.

What we are seeing obviously, as well, in committee the other night was that it's a challenge. It's a challenge steady. Every, every person with a catastrophic injury has to make application to MPI; not all of the applications are accepted. They are challenged at every step of the way, and perhaps after a number of challenges and after a lot of time that has passed from the time the application was through the denial process to the acceptance process, if that's what does take place, Mr. Deputy Speaker, that time is a very stressful time for the families. But you have to understand, those who are catastrophically injured are the most vulnerable in our society and at—the way things are set up today, we are bullying these people.

We are bullying and taking advantage of the most vulnerable, vulnerable people in our society who bought insurance, who bought insurance from the only provider in the province. They had no obligation, or no opportunity to do anything but buy from MPI with the expectations that they would have a coverage that would cover them in the most catastrophic injuries that we could imagine. Unfortunately, that hasn't and doesn't take place.

And so this bill has been brought forward to deal with those types of situations, Mr. Deputy Speaker, and I would suggest that a good percentage of the people, the members opposite who were at committee the other night, that sat there with a tear in the corner of their eye as Mrs. Stevens presented her case to committee, that really understand the impact that these particular people go through, the stress that

they go through, the stress to their families, and I believe that Mrs. Stevens's presentation was one of the best presentations I've seen in committee at any time. She articulated well and it was well put together, well documented and I would expect the minister responsible for MPI to bring forward in his bill, Bill 36, an amendment.

However, Mr. Deputy Speaker, we—in this private member's bill that we have before the House today, and which I would certainly hope that we gain the support for this bill from the members opposite, because I believe that they do have a heart and that they don't want to take advantage of the most vulnerable in our society—and they do believe that these people bought the insurance with the idea that they would have full coverage—that this bill here will pass today, but section 138 is amended to allow the victims to receive assistance by any measures that facilitates their functioning and contributing to society or the labour market after rehabilitation, and you have to understand that the rehabilitation process is a long process.

It's a process that involves, first of all, deciding or determining what the restrictions the individual has and what the—what the mobility or the capacity that these catastrophically injured people, injured victims have going forward. You have to decide and determine what they have to work with and then do the rehabilitation.

At some point with some individuals, they can be rehabilitated to a certain level and that is the end of the rehabilitation. We don't want that determination to be only at the discretion of doctors and rehabilitating people that are in the employ of MPI. The treating physicians, the treating rehabilitation people should have a say in what is the individual capacity can be or is.

And so we don't want to restrict this. If, in fact, a person has—they have been rehabilitated, and we find that there's—that they have an opportunity to go into contributing to society in a field other than what they were in before or the rehabilitation allowed them to, we want that opportunity for them to go forward and be able to be rehabilitated to a higher level. We don't want that taken away and, at present today, that is not available.

So this bill, Mr. Deputy Speaker, has addressed a number of the issues—not all of the issues—that are facing the catastrophically injured, but, certainly, it has addressed some of the issues that are very, very important to them.

And, with those few words, Mr. Deputy Speaker, I want to put those on record. Thank you.

Mr. Daryl Reid (Transcona): It's my pleasure to rise to add comments to Bill 229, The MPIC Amendment Act, brought forward by the honourable member opposite, Mr. Speaker.

I listened very carefully to his comments, and I was, indeed, in committee just this week, Mr. Speaker, as this Legislative Assembly participated in the committee process with respect to Bill 36, and we had the opportunity to listen to the members of the public that were able or could attend the committee hearings this week.

In fact, Mr. Speaker, on Bill 36, there were two presenters that came out, and I listened quite intently to their presentations. And I commend them for taking the time and the effort, and, obviously, the emotional impact that it has to come forward into a committee and to share their personal experiences with members of the committee, and with other members of the public that were present, about their experiences having a loved one that—or, in fact, there was one particular presenter that herself was catastrophically injured in a motor vehicle accident.

And, obviously, I think every member of this Chamber will agree, it's very, very unfortunate that we have members of our province that, from time to time, become catastrophically injured in motor vehicle accidents, Mr. Speaker, but we do know that there are certain safety provisions that have been put in place in the manufacturing of our automobiles that have preserved the life, and these individuals in—when, in past decades, might not have survived such a horrific crash, are now survivors of these crashes and, of course, survive and go on to lead, in many cases, productive lives in our—in our society.

Our obligation under Manitoba Public Insurance—and I listened to the comments by the honourable member opposite with respect to the bill that he has brought forward, and it seems very clear to me, Mr. Acting Speaker, that the honourable member opposite wants to provide choice.

Now this is, perhaps, a code word that they use to getting rid of Manitoba Public Insurance Corporation in this province. Now we—*[interjection]* If that's not the case of the honourable members opposite, let them stand up and say that on the public record. But, the member opposite said that he wants to provide choice for Manitobans and open it up to full competition and, perhaps, abandon Manitoba

Public Insurance Corporation that has been put in place now for 30-plus years for the benefit of all Manitobans, Mr. Speaker.

I do know that that's not something that we support on this side of the House. The government side of the House does not support abandoning Manitoba Public Insurance Corporation and all of the people that it works to help in the province of Manitoba, whether you're catastrophically injured or you're only involved in relatively minor automobile collisions, Mr. Acting Speaker.

* (10:20)

But we have a role, a continuing role, to play in the evolution of Manitoba Public Insurance Corporation and how it interacts with Manitobans that are unfortunate enough to be involved in motor vehicle accidents. And our Premier (Mr. Doer) has said, on March 7th of this year, Mr. Acting Speaker, that our government would move to bring in improvements to the Personal Injury Protection Program, something that is under way, and a piece of legislation that's currently before this Assembly and, I believe, is now moved into third reading of the bill.

But we have said, and our Premier has said that we want to make improvements, recognizing that—and I have to ask the question as well, if we had—the PIPP program was—legislation was brought in by the previous government back in the 1990s—early 1990s, I must add. I have to ask myself, why did they not review that legislation throughout the 1990s to address the shortcomings of the PIPP program at that time and, of course, the coverage that was provided for those who were catastrophically injured? Perhaps it wasn't a priority for them at the time, but they seem to indicate that we should be taking the steps necessary now, and that is what our government is doing by way of Bill 36.

But in discussion with, about this bill that we have before us, Bill 229, we know that the definition has been made very clear through this legislation that was tabled in Bill 36, something that seems to be missing from Bill 229. Now, I don't know what the intent is of not having a definition in Bill 229 with respect to catastrophic injuries, but I do know that, as a result of Bill 36, and doing the side-by-side comparisons, Bill 36 will provide additional benefits, significant benefits for over 120 Manitobans that are considered to be catastrophically injured, Mr. Speaker, and we saw one young lady appear before committee this week.

We're putting an additional \$14-million worth of enhanced benefits. An additional \$35 million will be set aside for improving ongoing benefit payments over the course of the lifetime of the catastrophically injured person. And of course, Mr. Speaker, what goes with that is also assistance to the families for those that are so affected.

We've also put in place, through Bill 36, lump-sum maximum permanent impairment benefits have been increased significantly, Mr. Speaker, improved by \$80,000. And it's also indexed year by year. We've increased the amount of personal care expenses by \$800 a month, above and beyond what it was before. And this will now improve—the monthly personal care benefit will increase to over \$4,800 a month for personal care attendants, et cetera.

We've increased—we recognize that the—that, as a result of the original PIPP legislation that was brought in in 1993 by the Conservative government of that day, didn't recognize that there was a requirement to have significant improvements as the cost of living in this province increased. And, of course, our government has recognized and made the changes necessary through our legislation. And we've increased those benefits from the current \$18,000 per year for income replacement and we've increased that to some \$37,000 a year and tying that to the average industrial wage of the province of Manitoba, Mr. Speaker, I think which is a positive step.

And I'm not saying that we've addressed all of the issues. No doubt that there will be ongoing evolution of this process and we'll have to revisit these decisions in the future to make sure that we keep pace with the medical improvements that are made necessary. And that's why we put in place a fund of a million dollars through the Bill 36 legislation that will recognize that there are possibilities in the future to allow for ongoing and improved care for individuals and to make sure that we have the flexibility in place to address those needs.

And we have put in place a program that will obviously co-ordinate the care. And Manitoba Public Insurance will make sure that the claimants, the catastrophically injured claimants, will get the care necessary, and then the various agencies throughout the province of Manitoba will put in place the requirements about who's going to pay for those, that level of care. But it will provide the care for the claimant first and make sure that they don't have to

go through the battle necessary to find out who's going to take care of them with respect to their condition.

Bill 229 includes, as I said, no definition of catastrophic injury. It provides no provision for a minimum payment for those that are unable to work. Bill 229 includes no provision for a lump-sum payment for a permanent impairment. Bill 229 makes no mention of co-ordinating services for the catastrophically injured claimants, which I think is something that's important, Mr. Speaker, because we want to make sure that those claimants don't have to fight with the various agencies throughout the province of Manitoba here for the care that they feel that is necessary.

Bill 229 is only retroactive to January of 2004, and I have to ask the honourable member opposite who introduced the bill: Why would you only make it back to January 2004? Bill 36 makes this retroactive when PIPP became law in the province of Manitoba, back to 1994. So, why—I'm lacking an understanding here of why the member only took his legislation back to 2004.

Bill 36 of the government, Mr. Acting Speaker, is fully costed, and I've indicated that the claims reserve will be impacted by about \$80 million. And on an ongoing-going-forward basis there are \$7 million ongoing costs associated with that. Bill 229 does not—is not fully costed. So there's no provision here or understanding of what the cost is going to be to the premium—insurance premium ratepayers of the province of Manitoba.

Are their premiums gonna go up significantly as a result of the proposals for the member opposite? And until you provide that clarity or understanding, I don't know how you can come forward with a bill like this, because you're not providing what your intent is and what the ongoing cost associated with that. But I suppose if your intention is to abandon Manitoba Public Insurance and turn it back to the private sector, then maybe you're not worried about it. You would leave that to others to determine that.

Bill 229 removes all caps on personal assistance and this bill does have cost implications, Mr. Speaker. And I know my time is running short with respect to this bill, but I think this Bill 229 is unnecessary because all of the provisions necessary are addressed under Bill 36 that our provincial government has introduced and has moved to third reading. And I can assure the member opposite—

The Acting Speaker (Mr. Rob Altemeyer): Order.

Mr. Reid: —as we go forward as a government we will continue to review the—

The Acting Speaker (Mr. Altemeyer): Order.

Mr. Reid: —Personal Injury Protection program—

The Acting Speaker (Mr. Altemeyer): Order.

The honourable member's—

Mr. Reid: —of the catastrophically injured in our province. Thank—

The Acting Speaker (Mr. Altemeyer): The honourable member's time has expired.

Mr. Larry Maguire (Arthur-Virden): Mr. Deputy Speaker, it's my privilege to be able to stand and speak to Bill 29 as brought in from my honourable colleague from Emerson as well.

And it's a pleasure to put some words on the record in regards to this particular bill. And notwithstanding the fact that some of the words that the member from Transcona just indicated about Bill 36, Bill 36 is a step forward. It doesn't go far enough, Mr. Deputy Speaker, but we look at Bill 29 as an opportunity. And I will just explain to the minister, or to the member that just spoke, as well, when he says that it's an indeterminate value, I'd just like to point out that there's considerable determination in the fact that Manitoba Public Insurance already has the statistics in regards to those that have been catastrophically injured over those periods of time, and we've used the numbers back to 2004 as the statistics.

If he wants to amend this bill to go back further, that'd be fine as well. I guess, so we were trying to be, you know, I guess, somewhat responsible from an economic perspective and also go further than Bill 36 does in regards to providing future financing for these people as they need to continue their lives with the objective, as many do, of trying to get re-incorporated back into the regular routine of life and be productive in their homes as well as the labour market again, Mr. Deputy Speaker.

And I think it's only responsible to consider removing the cap from catastrophically injured individuals such as Bill 20—229 looks at because, and I'll give an example, Mr. Deputy Speaker. Since 2004 there have been 16 new quadriplegics and

42 new paraplegics in Manitoba. So there is a definitive value to this. It's not open ended. It is in the regards to the fact that if we had a major bus accident tomorrow and there was 50 people that became quadriplegics out of that accident, and they all lived, in that circumstance it would be a huge catastrophe but, therefore, one that I think we have a responsibility as individuals to provide an opportunity for those citizens to get back rehabilitated and into society as much as we possibly can.

So I don't think that the members opposite want to vote against the cap removal which is part of Bill 229. I think that they would like to see as well these people become productive citizens again, back to as much as they can, their normal lives that they had before becoming quadriplegics, because I made a little notation here, Mr. Speaker, that Bill 229 is put forward to provide a more fairly—compensate victims of catastrophic injuries through the Public Insurance Corporation.

* (10:30)

There are other accidents that occur, of course, besides those from vehicles, and we have Workers Compensation legislation today that does allow that to help those in place that require support as well from other catastrophic injuries, and, of course, I think the members in the House know that I have personal experience with dealing with some of those as well in my own family.

But I just wanted to say that I think that it's commensurate on all of us to be able to look at the kinds of situations that do arise, and, Mr. Deputy Speaker, I think that one prime example of this would be an individual of whom, I think, every Manitoban is aware of and may not have the same view politically as Steven Fletcher, but with Mr. Fletcher's particular circumstances around the circumstances and difficulties that he's had trying to not only rehabilitate, but to provide compensation.

I understand that the member from—that just spoke, Transcona, and I said that there some good things about Bill 36. It does move the benefit on a daily, or on a monthly basis, from \$4,200 to \$4,800, I believe, in Bill 36, and in most cases, that might be able to help, but we're talking about catastrophically injured people here. People that may require 24/7 attendant services in some cases. Fortunately, I believe that a number of quadriplegics that are even listed here do not require that, but there are those that do, and in those circumstances, I can assure him that

\$4,800 is a figment of his imagination if he thinks that that amount of money will provide that kind of service and ability towards—and I don't mean that detrimentally. I just mean it as a perspective that that amount of money does not put that person back into as close as they can to society and the labour market and their education as to where they were before that accident occurred.

And so, Mr. Speaker, I believe that amending the two sections of The Manitoba Public Insurance Corporation Act, that Bill 229 would do, one of them being section 131 in reference to personal assistance, is a good recommendation and that is that, as I just pointed out, for those that are catastrophically injured claimants in this particular case, that that cap be removed entirely so that those persons through only automobile insurance, you know, injured through the only automobile insurance company in the business, which is Manitoba Public Insurance here in Manitoba and will continue to be under this bill, in spite of what the member from Transcona was trying to mislead the House on in the last, in his comments. I would never say deliberately, Mr. Deputy Speaker, because I have more—I honour the member's position in this House. He's been here a good number of years, and I just wanted to say, however, that I do believe that we are, I know it's very clearly that Manitoba Public Insurance is the only automobile insurance company in the business and is the only one in place that can put catastrophically injured reimbursements in place, and that's what we're talking about here, not any other issues that might sideline this particular discussion.

The second area is in the area of personal care and that is section 131 of that particular act, and under those current conditions, claimants have been denied benefits because they have more than one home or because they need attendant care while at work, Mr. Deputy Speaker. This definition in this bill would be broadened to include expenses that are reasonably necessary or advisable relating to providing personal assistance to a victim including attendant care in any residence of a victim or elsewhere to enable a victim to function and contribute to society and to the labour market, and I believe that that is a very important aspect of any changes that should be made in this area.

And, of course—pardon me, that's not the second part of this. This is another part of the changes under section 131 that we would propose, the member from Emerson is proposing, and I'm proud to move as well and speak to on this particular

situation because I believe that we should through—I mean these people don't get into this particular situation through any fault of their own. No one would choose to be in the position that they're in and I believe as society, we are dealing with a number of disabled people.

I had the opportunity of even—and we would cover their care. I had the opportunity of visiting a friend who's become a friend of mine since I moved to Virden, in the Health Sciences Centre last night, and it's a very serious cancer situation for that individual. We will cover that person's health care until the point that they do get back into society and continue to function normally, and I believe that this individual will do that, take some rehabilitation, but very quickly he'll have the opportunity to get back and will, hopefully, lead a normal life.

And I think that's the objective of trying to provide a opportunity for these types of people in catastrophic injuries, to be able to get back into the same as any one of us if we had to use the medical system that we have in Manitoba today. And this particular situation allows Manitoba Public Insurance, in this case the only place that they can buy that insurance, and I'm not suggesting that private individuals—or private insurance companies—even offer this kind of coverage either. I don't know if they do or not, but we're talking about Manitoba Public Insurance and wanting them to be able to provide that for these few individuals that are hit by this catastrophically injured requirement.

The second area is section 138 of the public insurance act talking about rehabilitation, and in this area we'd like them to, therefore, no longer—that's no longer, you know, under the definition in the bill that the government says that they are therefore no longer in need of MPI benefits because of the definition of rehabilitated—of what the public insurance company calls them being rehabilitated.

I would believe that requiring MPI to take all measures that are reasonably necessary to—or advisable—that contribute to the rehabilitation of a victim, lessen the disability of a victim, facilitate the victim's return to a normal life or reintegration into society of the labour market, and facilitate to a victims' functioning and contributing to society or the labour market after rehabilitation.

Mr. Speaker, it would be a valuable clause to have in this particular act, and that's what Bill 229 is all about. It's providing an opportunities to—

The Acting Speaker (Mr. Altemeyer): Order.

Hon. Peter Bjornson (Minister of Education, Citizenship and Youth): Mr. Deputy Speaker, I rise in the House today to speak to the private member's Bill 229, The MPIC Amendment Act (Justice for Victims of Serious Automobile Accidents), and I do so as a friend of a gentleman who had his motorcycle licence for two days, a bike for a day and a wheelchair for life.

And I know that many of us in this Chamber have friends and family and acquaintances who have had the misfortune of having been involved in very serious car accidents. In fact, recently a relative of mine has been involved in an accident, and we're all hoping and praying that the extent of his injuries are not as life changing as we initially thought, and we're all hoping for the best for him. He's receiving excellent care and the best wishes and intentions and love from his family that, hopefully, will get this young man through what is a very difficult time and will be a life-changing event for this 17-year-old cousin of mine.

These accidents have a tremendous impact on people. There's no question about it. And the friend that I referenced earlier in the wheelchair, he had the artistic ability and the computer skills where he's been able to become a very productive member of society with applying those trades and selling his artwork and applying his computer skills in computer program and design, and designing computer games, among other things. And he's fiercely independent and he's had a lot of difficulties to achieve that, but he certainly has had a lot of family support to do so and, of course, had been part of the MPI compensation packages that existed at the time.

But we have to talk about moving forward, and I stood in this House a couple of days ago and talked about how education is a great equalizer in poverty, but education also has a key role to play with respect to teaching our children about the risks that they take, and the psychological term escapes me right now, but it talks about how children are very risk prone because they are—they do not believe that they are going to be involved in any serious accidents. They will take a lot of risks as a result, and I do forget the term in psychology that defines—that defines that or points that out and, as such, we do have a lot of young drivers who find themselves in very difficult circumstances as a result.

* (10:40)

Now, I know there's been a lot of programs and a lot of government initiatives to address these issues to try to avoid the accidents. And it's through the education programs, through the driver's education initiatives, through programs like the P.A.R.T.Y. Program, Prevent Alcohol and Risk-Related Trauma in Youth, that talks about brain injury and spinal cord injury because of some of the risks that youth have been prone to take. And I do recall having taken my students to that and have them sit and talk to people who endured catastrophic injuries and how it's changed their lives, and talk to them about the behaviours that might result in them finding themselves in such peril. So there's a lot of things that are being done at the front end to try and avoid this.

And, I do recall, when we introduced in this Chamber the legislation to ban cellphone use while driving, I do recall driving home to my home here in Winnipeg and being in the middle of three lanes, right in the middle, with three cars in front, two on the side and three behind me, and just that day, when we introduced that legislation about cellphone and text use, I looked around and did a quick survey and there was myself and one other individual that weren't on the cellphone and weren't texting at the time, and, when you think of the advertising that's going on right now, talking about the probabilities of accidents occurring because you're on your cellphone or the probabilities of accidents occurring because you're text messaging, education is a key part of this campaign as well so we can avoid these types of injuries that are occurring. And I know as a music fan popping a CD in the CD changer and cranking up my favourite heavy metal is not without risk.

We all have to talk about our behaviours and the risks that are involved when we're driving and being aware of our surroundings and knowing when it's appropriate to do what we do as drivers, and education is a key part of that. So I know through the driver education programs, through legislation that we've brought in that deals with text messaging and cellphone use in cars, through legislation that was brought in not that long ago, when you think about it in relative terms, about the use of seat belts in cars, which you'd think is common sense, but now, of course, is required by law and the impact that that's had on saving lives.

So I think it's really critical to talk about this from two perspectives. Talk about it, first of all, from

the fact that the more we do to educate people about the risky behaviours the better off we'll be because we can reduce those risky behaviours, and, I think, that's a critical part of this discussion. But we're here to talk about what happens in the event that people do find themselves at risk or have been involved in risky behaviours, whether it's been their own doing or whether it's been the victim of an accident, where somebody else had made some choices that were beyond the control of the individual who is in a car accident and where they have suffered injury because of that.

The best drivers in the world can still be a victim like anybody else because somebody else made a choice, and we have to deal with that and help individuals through these difficult times to the best of our ability in a fair, balanced way, which is what we're proposing with our changes to the public insurance act. It's what we're proposing with the Personal Injury Protection Plan. It's what we're proposing that will provide approximately 120 Manitobans immediately with a total of \$14-million worth of enhanced benefits and an additional \$35 million set aside to improve their ongoing benefit payments over the course of their lifetimes, and this is a commitment that our Premier (Mr. Doer) made on March 7th to bring legislation to improve coverage for people with catastrophic injuries.

He did say in the *Brandon Sun*, March 8th: We want to have a legislative change to make sure that people injured in accidents can have more dignity, more independence with greater support for the Public Insurance Corporation—from their Public Insurance Corporation, and this is something that is very important to us that we find a way to enhance the Personal Injury Protection Plan and to accomplish these very important goals that I'm sure every member in this Chamber feels is necessary for those who've suffered and endured catastrophic injuries in this province.

So, Bill 36, as I said, 120 Manitobans would immediately receive \$14 million in benefits and \$35 million more set aside to improve their ongoing benefit payments over the course of lifetimes, 30 million, an additional 30 million set aside to ensure these enhanced benefits will be provided to all other current claimants whose injuries may meet the new definition of catastrophic injury, and, I think, the definition is a very important part as we heard at the presentations that were made at the committee

hearings on Monday and some very powerful stories from the individuals who presented.

And, again, it's a privilege to be in this Chamber, not only to debate and discuss these issues, but it's also a privilege to serve in a Legislature that allows for public participation and public input on bills, and it was a very powerful moment for me, as it was for many of the members who were sitting at the committee hearing that night to hear first hand these very personal stories and stories that were very difficult for people to tell with respect to what their experiences have been and the impact that their injuries have had on their lives.

So, Mr. Deputy Speaker, let's look at what it is that is currently on the table with Bill 36, increasing the lump sum maximum permanent impairment benefit by \$80,000, from \$136,160 to \$215,000, to be indexed to inflation in future years, retroactive to all cases fitting the catastrophic injury definition.

Our government will increase the personal care amount by \$800 per month to \$4,884, an increase of \$9,600 per year. The maximum is currently \$4,084 per month.

We'll increase the minimum income replacement for catastrophically injured claimants who are not able to work for minimum wage to the industrial average wage, for an increase of up to \$19,000 per year. The new minimum would be \$37,000 from the current minimum of \$18,000.

Our government will also provide MPI with the authority to reimburse an expense up to a lifetime limit of \$1 million beginning in 2009 where existing programs fail to adequately compensate a legitimate need not contemplated at the time that programs were introduced, and the board would decide these on a case-by-case basis.

And if you look at what our bill, Bill 36 is doing, compared to what Bill 229 is not, our bill includes a broad definition of catastrophic injury to ensure clients with the most severe injuries receive benefits. Bill 229 includes no definition.

Our bill increases the minimum income replacement. Bill 229 includes no provision for a minimum payment for those unable to work.

Our bill increases the lump sum maximum. Bill 229 includes no provision for a lump sum payment for permanent impairment.

Our bill gives legislative authority to MPI to co-ordinate and facilitate access to entitlements for

catastrophically injured claimants which are provided by other areas of government. Bill 229 makes no mention of co-ordinating services for catastrophically injured claimants.

There are several other contrasts that I can speak to, but I see that the Deputy Speaker is giving me the signal that my time is about to run out. But, again, I do say that this a very important piece of legislation, Bill 36, for our government. I think it's a balanced approach, and I know that there are many Manitobans who have suffered injury who will benefit immensely from these improved benefits, and this is a very important piece whose time has come. Thank you, Mr. Speaker—Deputy Speaker.

Mr. Blaine Pedersen (Carman): And I would like to put a few comments on the record also. Bill 229, my colleague from Emerson brought forward, with amendments—proposing amendments to Bill 36. And what this Bill 229 is about, it's about putting the public back in Manitoba Public Insurance. And it's about taking the government's view, and the member from Gimli just said it—our government—talking about putting money into MPI. I would like to remind him that that's taxpayers' money; that when he talks about our government, they're running on everybody else's money.

And these members opposite in the government, they talk about 14 million and 35 million, about making such a substantial difference to the lives of the catastrophically injured. All you need to do is be at that committee meeting on Monday night and listen to those two people that were there, and that money doesn't mean anything in terms of their quality of life.

What this government likes to do is always go back to the fall-back position about, this is about taking away public insurance, about bringing in private insurance. This is not about that. This is about making what Manitoba Public Insurance started out to be, a public insurance.

And the member from Transcona also mentioned about evolving, changing as the circumstances change. I would like to suggest, had it not been for the high profile of MP Steven Fletcher and his catastrophic injuries, the Premier (Mr. Doer) and this government would have never brought forward Bill 36. Because it's very easy—it's very easy to squash the little people out there, but when the high-profile people come along and they cannot handle that, that's the only reason that they brought down a watered-down bill like Bill 36. Because it's all about

perception. They throw out numbers like 14 million and 35 million, but what they've done is they've increased the monthly assistance to people like the two presenters the other night, for four days extra out of the month. What happened to the rest of the month?

* (10:50)

There is no accountability in public insurance. As an MLA, I am constantly dealing with cases of my constituents with MPI. I have another one, just another one last week that came forward. Injured in a pedestrian accident, he was hit by a car on an icy road. He was a pedestrian. He suffered injuries. MPI paid him his wage for the first six months. He went back to work on a work-share; however, he's got recurring injuries from that accident. MPI—his case manager has now come back and said, it's not injury-related, it's not pedestrian-related. So what's his only alternative? To go to the review board. Again, it's MPI-hired doctors and physiotherapists, no independents in this whole procedure. I can almost guarantee that he will lose this case. I hate to tell him that, but he's going to lose this case, because we have lots of history on this. From there, he goes to the Auto Injury Compensation Appeal. He'll probably lose that one too.

I have another constituent that's been—three times has taken MPI to court. Three times MPI has lost, and now they're appealing it again. He has hired a lawyer on his own nickel to fight the corporation.

And you call private insurance the bad guys. Right now, what we've got out of MPI is a corporation, a public corporation, that's out of control, run by bureaucrats, a money-maker for this government to put into their various slush funds, and no accountability back to the very people that they are insuring. That's what MPI is all about these days; it's all about the money.

The member from Transcona says that this bill, the Bill 229 doesn't address what it will cost the corporation. Well, is it about the money or is it about compensating fairly those that are catastrophically injured?

This government has absolutely no credibility in dealing with the—and I don't like to call 'em ordinary people, but that's what I'm gonna call 'em, the everyday people who are injured and have absolutely no recourse against a corporation like MPI. You can call the multinationals bad if you want, but MPI is just as bad as the worst of any multinational

corporation out there because there is no accountability, and all it is, is a government slush fund. Thank you, Mr. Deputy Speaker.

House Business

Mr. Goertzen: Mr. Acting Speaker, on House business.

The Acting Speaker (Mr. Altemeyer): On House business.

Mr. Goertzen: In accordance with rule 31(9), I'd like to announce that the private members' resolution that will be considered on Thursday, October 8th, is the resolution on The Protection of Lake Winnipeg, sponsored by the honourable member for Tuxedo (Mrs. Stefanson).

The Acting Speaker (Mr. Altemeyer): Thank you very much.

Ms. Marilyn Brick (St. Norbert): Mr. Deputy Speaker, it's my pleasure to stand on this side of the House and put a few thoughts on the record about Bill 229, The MPIC Amendment Act (Justice for Victims of Serious Automobile Accidents).

Mr. Deputy Speaker, at the outset I would like to say that I've been injured several times in automobile accidents and have had the opportunity to use MPI services, so I do have empathy for the presenters who came forward and talked about Bill 229 and talked about our bill, which is Bill 36, I believe. And I guess my concern, first of all, and I would like to put it on the record, is that, having listened to the speaker, the bill that is being put forward, if it passes, would supersede Bill 36, and if that were to happen, there are numerous things that would not take place which, in my mind, is very problematic.

I would like to say that it was on March 1st, 1994, that the Personal Injury Protection Program was introduced and was enacted, and that was done under the Progressive Conservative government. And I find it somewhat problematic, sitting on this side of the House, realizing that in 1994, it was the Progressive Conservative government that introduced the Personal Insurance Protection Program, that they had many, many opportunities to upgrade that program and that they never did that, Mr. Acting Deputy Speaker.

Having said that, I would like to say that—*[interjection]*—what I would like to say is that I find

it somewhat problematic when a woman stands up from this side of the House, there's always, always chatter from the other side of the House from the men.

Well, what I would like to say, Mr. Acting Deputy Speaker, is that upon proclamation of Bill 36, approximately 120 Manitobans will immediately, immediately receive a total of \$14-million worth of enhanced benefits and an additional \$35 million will be set aside to improve their ongoing benefit payments over the course of their lifetime.

An additional \$30 million has been set aside to ensure these enhanced benefits would be provided to all other current claimants whose injuries may meet the new definition of catastrophic injury. And I must say, Mr. Acting Deputy Speaker, that I was really pleased to see Bill 36 introduced in the House, and I must say that I think that is where our government needs to go. We need to take a look at the benefits that are being paid to individuals who have been injured in car accidents.

With Bill 36, our government will increase the lump sum maximum permanent impairment benefit by \$80,000 from \$136–\$160,000 to \$215,000, and that this will be indexed to inflation in future years. This would be made retroactive to all cases fitting the catastrophic injury definition, and, once again, Mr. Acting Deputy Speaker, I want to go back to the point that was made at the beginning when I started speaking here in the House, and that is that if the bill that is being put forward today, Bill 229 passes, a lot of the things that are part of Bill 36 will not be enacted. I find that problematic. Our government, under Bill 36, will increase the personal care amount by \$800 per month to \$4,884. This would be an increase of \$9,600 per year. The maximum is currently \$4,084. Our government will increase the minimum income replacement for catastrophically injured claimants who are not able to work from minimum wage to the industrial average wage for an increase of up to \$19,000 per year.

I just want to contrast for a moment, Mr. Acting Deputy Speaker, our bill, Bill 36, with the opposition's Bill 229. Bill 36 includes a broad definition of catastrophic injuries to ensure clients with the most severe injuries receive enhanced benefits. Bill 229, currently before the House and currently being debated, includes no definition of catastrophic injury. Bill 36 creates the minimum income replacement for catastrophically injured

claimants who are not able to work for a minimum wage to the industrial average wage for an increase of up to \$19,000 per year as I mentioned. Bill 229 includes no provision for a minimum payment for those unable to work.

Bill 36 increases the lump sum payment, maximum permanent impairment benefit by \$80,000. Bill 229 includes no provision for a lump sum payment for permanent impairment.

Bill 36 gives legislative authority to MPI to co-ordinate and facilitate access to entitlements for catastrophically injured claimants which are provided by other areas of government. Bill 229 makes no mention of co-ordinating services for catastrophically injured claimants.

At the outset of this conversation here in the House, Mr. Acting Deputy Speaker, I talked about the fact that I was injured several times in car accidents. You are given many opportunities when you're injured, one of them is to choose to use Workers Compensation or to use MPI if your injury is related to work. So, I think, having this as part of the legislation that we have proposed under Bill 36 is an excellent amendment. Bill 36 is retroactive to 1994 when the Personal Injury Protection Plan was introduced for all existing catastrophically injured claimants. Bill 229 is retroactive to January 2004 for any claimants regardless of how severe their injury or current status—

* (11:00)

The Acting Speaker (Mr. Altemeyer): Order. Order.

The hour being 11 o'clock, when this matter is again before the House, the honourable member for St. Norbert will have three minutes remaining.

Also, on House business, I neglected earlier to read back into the record the announcement of the Opposition House Leader (Mr. Hawranik). Just to clarify, the private members' resolution that will be considered on Thursday, October 8th, is the resolution on The Protection of Lake Winnipeg, sponsored by the honourable member for Tuxedo (Mrs. Stefanson).

Now, the hour being 11 a.m., by prior agreement, the House will now consider private members' resolutions.

RESOLUTIONS

Res. 23—Recognizing the Benefits of Traditional Chinese Medicine

Mr. David Faurschou (Portage la Prairie): I move, seconded by the honourable member for Emerson (Mr. Graydon) now, that the resolution

WHEREAS the benefits of the traditional Chinese medicine treatments include improved physical and mental health; and

WHEREAS traditional Chinese medicine is commonly practised in many of the world's leading health-care systems, including France, Italy and Switzerland; and

WHEREAS traditional Chinese medicine is a regulated health profession in the provinces of British Columbia and Ontario, where the expertise of trained traditional Chinese medicine practitioners is recognized; and

WHEREAS in Manitoba, neither the benefits of traditional Chinese medicine nor the expertise of its trained practitioners are recognized by the health-care system; and

WHEREAS some third-party health insurance plans cover some aspects of traditional Chinese medicine, but patients unable to afford this additional coverage must pay the full cost of TCM therapies out of pocket.

THEREFORE BE IT RESOLVED that the Legislative Assembly of Manitoba urge the provincial government to recognize the benefits of traditional Chinese medicine to one's physical and mental health; and

BE IT FURTHER RESOLVED that the Legislative Assembly of Manitoba urge the provincial government to consider making the necessary legislative changes to make traditional Chinese medicine a tax-deductible medical expense.

The Acting Speaker (Mr. Rob Altemeyer): It has been moved by the honourable member for Portage la Prairie, seconded by Emerson, that

WHEREAS the benefits of—

An Honourable Member: Dispense.

The Acting Speaker (Mr. Altemeyer): Dispense? Dispense.

Mr. Faurschou: It is, indeed, a privilege for me to rise this morning to address, what I believe, a most important resolution, and I look to the members of the government side of the House for support for this resolution.

I want to emphasize to all honourable members that, currently, the Manitoba and Canadian health-care system is ranked by the United Nations as being No. 30 in the world.

I would hope that all honourable members want to effectively improve that ranking and, being that all of us are first-place finishers in our respective election process, I would believe that everyone would want to aspire to being a first-place finisher, as it pertains to our health-care system.

Our health-care system is vitally important to each and every Manitoban, and that is why it is incumbent upon us to look to any and all practices that would, indeed, improve our health-care system.

So, honourable members of the Legislative Assembly, I would like all of us to look at the top-ranked health-care systems in the world. Currently, France is ranked No. 1, and Italy is ranked No. 2 by the United Nations.

The rankings, I believe, are very well done by the United Nations and cover all aspects of the health-care systems and the delivery of health care to the respective country residents. So I have cited No. 1 and No. 2. Number 1, France has, since 1996, had a hospital dedicated to traditional Chinese medicine in Paris. This particular hospital is recognized by the European community, UNESCO, the French and Chinese governments to which have been sponsors of this particular hospital. This hospital, indeed, does contribute to the ranking of the France health-care system as No. 1.

In Italy, ranked No. 2 by the United Nations, it has, since 2004, had law prescribing elements of traditional Chinese medicine and offered to the residents of Italy and supported by the health-care system in Italy.

Now, looking to the existing health-care systems that recognize traditional Chinese medicine, I would like honourable members to also appreciate that traditional Chinese medicine has a history of more than 3,000 years of practice, and individuals that are steeped in training of the traditional Chinese medicine, indeed, are practising here in Manitoba. And if you were to take opportunity to approach any one of the physicians practising here in Manitoba,

you will see that they are very frustrated with the current government of Manitoba in regards to recognition of their expertise. But you will also learn from these practitioners that they are being overwhelmed by Manitobans' interest and effectively seeking out their practitioners for treatment in healing of their ailments. And I will say, it is indeed a healing process because traditional Chinese medicine is focussed on not just treating or masking the symptoms, but indeed, treating the particular ailment that is responsible for the systems-symptoms to which we suffer.

Now, the resolution does not go as far as the two other provinces in Canada such as B.C. and Ontario where effectively the governments have enacted legislation that adopts the traditional Chinese medicine into their respective provincial health-care programs. All the resolution is asking is a slight modification within the finance act to allow for a tax deductible status of the charges that are incurred through a Manitoban receiving traditional Chinese medicine treatment.

Now there is a number of areas within the traditional Chinese medicine that, indeed, are practised here in Manitoba and recognized. And I will want to emphasize that they are already recognized by this government's various Crown-operated or sanctioned boards. The workman's compensation board does, indeed, cover acupuncture necessary and prescribed on a case-by-case basis. Also, Manitoba Public Insurance does as well.

*(11:10)

Now it is noted that Manitoba Health does not recognize at the present time the particular practice and therefore does not allow for the tax-deductible status as it does allow for various Western medicine prescriptions that are currently prescribed by practitioners operating within the Manitoba health-care system.

And so I think it is a short-sighted position to take, not recognizing traditional Chinese medicine, and the reason that I think the current government is reluctant to recognize traditional Chinese medicine as a viable and very productive, successful type of treatment of a person's ailment is perhaps that they haven't had personal experience with traditional Chinese medicine, and I will say that I am one of many that actually does have that personal experience, and it's just a little more than a year ago that I was diagnosed with a diabetic condition as well as elevated levels of cholesterol which I then sought

out a traditional Chinese medicine practitioner and to state unequivocally today that neither one of those conditions currently exist personally, and I can credit the traditional Chinese medicine to which I was prescribed, and I am most thankful and most appreciative because my current physical status is excellent and I want to emphasize that.

I also have another example that I would like very much to share with all honourable members that last year we had a legislative intern by the name of Katie Szilagyi served with the PC caucus and two years ago was bedridden for an extended period of time because of her allergies, and after being prescribed traditional Chinese medicine last year, she did not exhibit any, and I emphasize any, of the symptoms of allergies and did not lose one day of work regarding her allergies, and so it's a proven fact in two examples of individuals that are familiar to this Chamber, myself and legislative intern, Katie Szilagyi.

Members of this Chamber, I ask for your support.

The Acting Speaker (Mr. Altemeyer): Order.

The honourable member's time has expired.

Hon. Kerri Irvin-Ross (Minister of Healthy Living): It is my privilege to put a few words on the record regarding this private member's resolution today that's been brought forward from the member of Portage la Prairie.

The use of alternative medicine, including traditional Chinese medicine, is increasing worldwide and here in Manitoba is no different. In many situations, it's complementing Western medicine. I was very pleased when our government made a commitment in Pine Falls to develop a public health clinic that had a traditional healing component to it. The community has embraced this idea as we have and we see the benefit of it.

The member opposite kept using the word "recognize" it. Well, we do recognize it. We recognize and value the contributions that traditional medicine are made throughout our province and not only just Chinese traditional medicine.

The Medical Amendment Act in 2005, it allowed physicians more flexibility to practise non-traditional therapies, such as traditional Chinese medicine and other therapies that differ from prevailing medical practices or what we call Western

medicine without the potential for professional discipline, unless it is causing risk to the patients' health. So that shows a commitment from our government that we will work with interest groups and do value different practices when it comes to health care in Manitoba.

Traditional Chinese medicine has an approach which fits very nicely with Healthy Living, that holistic approach, looking for that balance between the body, the mind and the soul. I'm very privileged in Fort Garry to represent a tai chi club which continues to practise and engages many Fort Garry members and constituents into their world and their beliefs, and people will confidently talk about that balance that it provides them, Mr. Speaker, and that strength that it gives them.

So we need to ensure that, as we go forward in Manitoba and develop Healthy Living policies, that we adopt a holistic approach. I think that traditional Chinese medicine is one of those methods, but there's many others. I think, when you speak with elders in the Aboriginal population, they talk about traditional ways. We know that there is a belief and there are practices within Aboriginal culture which promote healing in ways that I do not pretend to understand, but I do value and I do find important.

We need to find a way in our health-care system around prevention and interventions and treatment that has that balance, that balance that strives to the Western medicine and allows people that opportunity if they want to prescribe to non-traditional medicines and ways, that they are allowed to do that. And I believe that through The Medical Amendment Act that we've done that. I believe that we need to continue to work with the professions as they adopt these methods.

And we have The Regulated Health Professions Act that was brought in and passed earlier this session, and under this act traditional Chinese medicine practitioners have the option of pursuing professional regulation. And I think that if that's where they are interested, it would be positive for them to do that as it would enhance public confidence and protection while they practise their medicines.

So I think that as we move forward in this ever-changing health-care world that we live in, and as we are working towards making investments in prevention, that we look at all different practices, that we respect them, that we value them and that we

give Manitobans options and encourage them to make the choices that they want.

We need to ensure that our health-care system continues to develop in a way that provides holistic methods, methods that are identified and supported by individuals who prescribe to a healthy lifestyle because, really, what we want to do is we want to prevent the onset of illness and disease when possible. And, you know, we've—I've been put on the record earlier this session about talking about our best defence is a healthy body, and I strongly believe that. So as people strive to have a healthy lifestyle I encourage them to look for that balance. It is their responsibilities as individuals, but it's our responsibility as a community to support them as they work towards healthy lifestyles, that we provide them with the opportunities for recreation facilities, that we provide them with the opportunities to have access to healthy food, that we provide them with that opportunity for spiritual care when that's what they desire.

So, as we work together with all Manitobans, and to build a healthy province, we need to look not only to our existing Western medicine, but we need to broaden our horizons and look at many practices. And I suggest that traditional Chinese medicine is one of them, but only one of them, that Aboriginal traditional practices are equally as important and are very important to the province of Manitoba, as the First Nations communities have made many contributions and continue to.

So I, with those few words, I congratulate the member for bringing the private member's resolution and say that we, as a government, continue to develop and support our health-care professionals, as well as our citizens, to strive for healthy lifestyles. Thank you.

* (11:20)

Mr. Larry Maguire (Arthur-Virden): Mr. Speaker, it's a pleasure to rise in the House again this morning to speak to this private member's resolution that has been brought forward by the member from Portage la Prairie on traditional Chinese medicine and its support for the same. And the actual resolution name is Recognizing the Benefits of Traditional Chinese Medicine.

Mr. Speaker in the Chair

This is a situation that needs to be dealt with in Manitoba, that needs to be coming forward. There are two issues, of course, that we're asking the

government to do and one is to recognize the benefits and—of physical and mental health, and the minister has just indicated that they do.

So that's a good reason to pass the bill, Mr. Speaker. The second one is to—or the resolution—agreeing with it and I'm glad to see that. And the second one, of course, is to make some necessary legislative changes, to make TCM, traditional Chinese medicine, a tax-deductible medical expense, similar to many of the others in the Western style of medicine that we have today. I don't think the government's got a problem with that, so I think we should probably be able to see a unanimous support for this bill. I'm sure our two colleagues from the independent party would be able to plan on their support on something like this as well.

So I—and I've heard the minister make reference to the fact that they recognized this several times in her presentation today, the Minister of Healthy Living (Ms. Irvin-Ross), that is, and so I have no problem with that. I just ask her to get on with it, do it, put it into action. And accepting this type of a resolution will do that.

I also have a—you know, this is the second—I spoke to the private member's bill this morning and was involved in, I think, you can say, very fairly directly in regards to that particular bill in my own family. On another side of the family I'm involved with this private member's resolution that's just come forward as well.

My nephew is practising—has attained TCM status in the province of Ontario. He lives in Toronto now and is also looking, quite actively, at this particular field and informed me about this a number of years ago—has attained the levels of TCM status, very involved with it in the province, very involved in his acupuncture program that he's trained in as well in Ontario and knows full well that Ontario was the first province in Canada to recognize, or one of the, pardon me, the second, I guess, to recognize it in Canada, behind British Columbia.

British Columbia passed a Bill 50 back in 2006 to—and the title of that bill was, an act respecting the regulation of the profession of traditional Chinese medicine, and making complementary amendments to certain acts, Mr. Speaker. And so they have recognized that significance in B.C. for a number of years. And it's apparent that there are, from the notes that I've had, and the research I've done, around 600 practising physicians in that province dealing with—or not physicians, but 600 TCM practitioners

and, as well, a number of Western-trained doctors are using acupuncture in their practices in other areas as well.

Of course, there's a college there, as there is in Ontario, and we could move forward here in Manitoba with further training in that area and further implementation of this type of program. I mean, there are a whole host of areas that they—that there are benefits in. The member from Portage la Prairie indicated that this practice has been going on worldwide for over 3,000 years, Mr. Speaker. They've gained an awful lot of experience, I would assume, in that area and I think that there's some benefits, obviously, to being able to move in that area.

I won't get into the philosophy of the workings of it all because I'm not a medical doctor myself but it certainly has been outlined very clearly if you—for any of the reading that a person wants to take on and research in this particular area, Mr. Speaker.

And so I know that Ontario is in the process of following British Columbia at this particular point with legislation. They are also at the point where they are implementing their own college there and self-regulating as well, and, Mr. Speaker, I think it's a great opportunity for us in Manitoba to look at other alternatives.

The government's always talking about food safety and healthy living, those areas. A number of organic medicines as well that they've looked at. We have an organic producers association in Manitoba producing organic foods that we've passed bills on in this House to support in the past, and I think that there are a host of areas where this is a parallel support for the Minister of Healthy Living's own department and the Minister of Health's (Ms. Oswald) portfolios.

And so with those words, Mr. Speaker, I guess I would urge the support of this bill by all members of the House and look forward to the support, and I'm sure, from the words that've been spoken by the Minister of Healthy Living this morning, that we will proceed down that road, and I guess I'd just like to add for the government's consideration as well to back up what the member from Portage la Prairie has indicated in regards to the whole area of other levels of government being so supportive of this area, and particularly when you're looking at some of the leading health—countries with leading health programs, and most efficient being ranked as in the top 30, Canada is ranked No. 30 in the world by the

U.N. in leading health-care systems in TCM, and, as has been pointed out, France, Belgium, Denmark, some of the Scandinavian countries, are way ahead of us in regards to some of this recognition of these particular uses of different styles I guess, if you will, or optional choices in providing health care.

And I think our goal, as with other bills that we've talked about in this House, is to provide an excellent opportunity to have individuals improve their health care, even in regards to preventative medicine. This is an area where I think that, you know, all too often we look at medicines and options in health-care system as reactionary, and I think this is an area where we can look at the preventative medicine as well, and I think that that should be a bigger goal of our health-care system is to continue to provide not only education and awareness, but when there are areas like this that individuals want to have an option in seeking support with that they are able to provide the same tax-deductible medical expense that they would get if they were using Western medicines and, of course, that's the one, as I pointed out during my opening remarks, that's one area that I think the government is supportive of, and of course the minister just indicated that she recognizes the benefits, which is what the second **THEREFORE BE IT RESOLVED** in this resolution pertains to.

So, with those remarks, Mr. Speaker, I look forward to the government passing this bill—or resolution.

Hon. Jim Rondeau (Minister of Science, Technology, Energy and Mines): I'm pleased to put a few words on this interesting resolution.

It's also interesting to note that the members opposite start talking about the health-care system and meaning it being in the hospital or fixing people when they become sick, and what it's interesting to know is, after spending a great deal of time researching the Chinese medicine, actually, the biggest focus on Chinese medicine is not on fixing illness, it's on keeping people healthy, and actually much of the philosophy of Chinese medicine actually is derived from the Buddhist and Taoist thought. It believes in the thought that life and activity of human beings have an intimate relationship with the environment, with the food they take, with their life, with their relations. It talks about how you can keep healthy rather than treat illness, and it's interesting to note the members opposite who are now proponents

of the Healthy Living department and our government's initiatives to keep people healthy, because that's exactly what this resolution's doing. It's talking about making people healthy.

* (11:30)

And it's interesting that they chose to do it through the tax system, because what we've done is we've made a lot of very, very important steps to keep people healthy. And part of it—those steps was, in 2005, The Medical Amendment Act allowed more flexibility in non-traditional therapies, such as Chinese medicine, such as Aboriginal medicine, such as other non-traditional forms. And that was never done prior to 1999, and I'm pleased that we actually looked at a more holistic approach.

I was also pleased to be the first Minister of Healthy Living (Ms. Irvin-Ross). And when people asked me what was my purpose, my purpose was to encourage people to be healthier. And if you look at the *Winnipeg Free Press*, today, they had an article on the fact that Manitobans are living longer, and part of that is the fact that people are taking their health into consideration. And when you start talking about health into consideration, if you look at Chinese medicine, it is not strictly traditional medicine. It's the food that you eat. And it's interesting that when they start talking about the type of food that you eat, you're eating healthier food on a regular basis.

And if you look at the Manitoba Healthy Living Web site, one of the components of Healthy Living was eating healthy, and that had to do with working in schools, and making sure that students ate healthy. You understood the whole idea of trans fats and now with salt. The kids understood the whole idea about nutrition and getting a healthier diet, because what you eat affects how you feel and how healthy you are.

The other things are mental health promotions. If you look at tai chi, if you look at a number of traditional Chinese and other non-traditional health practices, they have a lot of exercise and belief that the mind and the body are connected. You have to take appropriate action to make sure that you stay well. And tai chi, if anyone's been able to do that, is a physical and mental exercise that creates a great deal of relaxation. And that's very, very important, and we believe that it's very supported. And, actually, as an MLA, I've created a health—an exercise class, I've helped promote the tai chi in my area, because it is another practice that keeps people healthy. And you

know what? People understand the importance of staying healthy rather than becoming sick.

And we also made sure that on the injury prevention type, one of the interesting things as you get older, you get less flexible, et cetera. In Chinese medicine, and Chinese society, what people do is they try to continue to be flexible. They exercise for a long, long time. And some of my relatives, who are Chinese, spend a great deal of time every day practising tai chi. They exercise. They do flexibility and, dare I say it, in their 80s, they're probably more flexible than even I, and I try to keep very, very active. So that's part of keeping healthy and the whole philosophy.

So whether it's herbal medicine and, by the way, it's the whole idea of green teas and different types of medicines. I've had the pleasure of trying some of them. I particularly don't love the cough syrup and the cold remedies, but they do seem to work. But whether it's the medicine, the herbal medicine, acupuncture, dieting therapy or any of the massages, any of the food that they take, or whether it's activity, this is a way of life. And so it's interesting to see that the members opposite think that you can do a 7 percent tax break to change a way of life, but it's mental, it's physical, it's holistic, it's not treatment necessarily of illness, it's keeping people well and it's a lot of different options.

So whether—and it's interesting because the member opposite talked about flu and allergies. And yes, there's some interesting flu and allergy examples of treatment. There's also all sorts of other things. And I can remember when I hurt my back many years ago, and it was in the '90s, that when the Conservatives were actually in power, and I actually hurt my back and I needed to go, and I tried acupuncture, and I tried massage, et cetera. I found that—I did do those. And, actually the acupuncture did work and it prevented surgery for many years. The difference is in the '90s I paid not just the tax but the entire bill. I paid a hundred percent of the bill plus the tax. Now I know that if the same thing had happened, it would have been covered under the principles and policies of this government, and so that's important. So it's now covered.

So what you want to do, Mr. Speaker, is look at medicine not necessarily to healing, because it doesn't sort of relate directly to conventional medicine. It's not like taking a pill to relieve your stress. What you might do is you change your diet, you change your exercise pattern, you take some

time out, you do tai chi or you might get a pain and you do acupuncture, and that solves it. So it's no longer taking the pill to hide the actual pain; it's changing your behaviour, and it's a whole way of life.

And you know, it's interesting because if you look at yoga, hypnosis, homeopathy, acupuncture, diet, there's lots of different therapies out there and, you know, I'm not a doctor so I'm not going to pretend that I know the actual physiological way that these things make the change. I just know that in my past practice in my life, I used a number of these. In my current life I use a number of these traditional ways to make sure that I stay healthy and, you know, it's not necessarily that they've had the same type of testing and processes, but I know they work.

And even on my own case where I'm predisposed to diabetes because my grandma had diabetes, my mother has diabetes, and so you sit there and you say, this is going to be a chronic condition that, because of hereditary, may or will affect me. Because of diet, because of exercise, because of what I do, I can delay it, I may be able to prevent it, and then the actual medical—the health outcomes become different. And so I think it's very, very important in this discussion to look at the holistic approach, look at Chinese alternate medicines, all of them, as a holistic approach and keep an open mind, because I think people are open to healthy living, and I think as first minister of Healthy Living, it was really interesting to create a mindset that was changing from treating sickness to keeping people healthy. Thank you very much, Mr. Speaker.

Mr. Kevin Lamoureux (Inkster): Yes, Mr. Speaker, I, too, would like to put a few words on the record before there's any potential vote on the resolution in regards to some thoughts. The minister, I think, makes a number of points in which I believe that we really do need to focus some attention on.

First off, I would suggest to the member from Portage la Prairie that he's really done a service to the Chamber by bringing forward this resolution. For so many years, Manitoba's many western, in fact, provinces, in Canada, indeed even the federal government, we tend to have this dependency on prescription drugs, and our infrastructure seems to support that in a very real and tangible way. Unfortunately, I think that many of the stakeholders seem to have a vested interest in protecting the status quo, and when I have discussions with my

constituents regarding issues such as this, which I believe ultimately open the mind to have and look at alternatives to prescribed drugs that seem to be the mainstay today. And in the talks and discussions I have, generally speaking, people are very, very supportive of what it is that the member from Portage la Prairie is suggesting in the form of this resolution.

*(11:40)

I would go further to say that we do need to have more than just a discussion and debates and informal talks with Manitobans and others on this issue. I think far too long there's been discussions outside of the Chamber, and it's time that we start to see action on this issue. And that's why I'm glad to see that the resolution is before us today, because through the resolution, it provides us the opportunity to have a more formal debate and kind of get a sense as to where individual MLAs and, equally importantly, where political parties might be.

In listening to the debate, it would appear, for example, that the Conservative Party inside the Legislature is wanting and is prepared, through this resolution—and I recognize it's a private member's resolution, Mr. Speaker—but is prepared to actually look at providing tax breaks for those that would be using alternatives to prescription drugs. And I, for one, see that as a positive—a positive thing. I believe, ultimately, whether it's this line or going into that holistic approach at dealing with medications or alternatives to medications, is something that we really do need to look at because I believe that it all has a role to play in terms of having healthier living for Manitobans in the—in our province.

And that is why, ultimately, I would suggest that the Ministry of Healthy Living has a critical role here. She has the resources and the people that can do the background work and provide initiatives to this Legislature that we would, in fact, be able to act on. And it's unfortunate that we haven't seen any real tangible actions by the government that would open the door to issues such as the member from Portage la Prairie has brought forward.

And, ultimately, Mr. Speaker, when I look at the agenda of the Legislature, I believe that one of the shortcomings is that we're not dealing with this issue. We all know the percentage of the budgets, the amount of dollars, well into the billions. In fact, in the last—in the last 10 years, we've doubled the expenditure on health care in the province of Manitoba. And I would ultimately argue that it's

irresponsible of government not to be looking at alternatives such as what is being proposed in today's resolution. Just given the very nature of the costs of health care, I think that one could easily bring a valid argument as to why it is that we should be looking at alternatives to pharmaceuticals, prescribed pharmaceuticals.

But further, I would suggest to you, Mr. Speaker, that we need to recognize that in dealing with health care, that the budget—one of the budgets that has increased more in terms of a percentage is prescription drugs. On the other hand, you will find that there are many Manitobans that will swear to the effectiveness of things such as traditional Chinese medicine or other herbal programs that—natural programs that are being promoted in terms of how effective they are, and we have heard examples of that. So, you know, it behooves us to move as legislators to try to come up with other alternatives.

That's why it was interesting hearing from the member from Assiniboia when he seemed to be—and give the impression that the government is, in fact, open, open to it. Well, the government's been in power now for the last—for the last 10 years. It's been at the helm as costs of—to the Pharmacare program have just skyrocketed. And we would do well, I believe, in terms of looking for alternatives and coming up with ways in which we would be able to encourage those alternatives.

This is one example, in terms of a tax deduction. Another might be incorporation in terms of getting a full or 80 percent refund, Mr. Speaker. In certain situations, that might, that might be a viable way to look at it.

What we need is the Department of Healthy Living to do some more research and provide the government, in particular, initiatives that will actually take us along that path; take it to the next step.

The resolution itself, traditional Chinese medicine and its benefits, I think is something in which I would like to think that all members would support the issue in terms of giving it the tax break, I think deserves a lot of merit. And it is definitely something that should be seriously looked at. And, you know, I'd be interested in hearing some of the numbers that would potentially come out of it and, you know, a plan in terms of how it could actually be implemented so that all Manitobans would be able to benefit.

Quite often, I would suggest to you, that actions that governments take will often have an impact in terms of how Manitobans will actually use potential herbs or prescription drugs or whatever it might be. So the government does have a role to play. And I think that we do a disservice if we ignore it or don't take action as being suggested by the member from Portage la Prairie.

I think it's just a good—it's a good debate and we should be having that debate and we look forward to ultimately seeing the resolution voted upon. And, probably more importantly, I'm looking forward to seeing a government that will actually demonstrate through Throne Speech and through budget announcements, that it's going to take this whole issue more seriously. And we wait with bated breath. Thank you, Mr. Speaker.

Ms. Jennifer Howard (Fort Rouge): It's my pleasure to stand today and offer a few comments on this very interesting resolution from the member for Portage.

I think one of the things that this resolution illustrates for me, and something that I think we all hopefully can agree on, is it's true that no one medical practice or philosophy has all the answers to improve health and to deal with sickness. I would say it's also true that no one political philosophy probably has all the answers.

And in fact, when you talk to people who use either traditional Chinese medicine or Aboriginal medicine or other forms of traditional, cultural medicine, very—you don't get the response that it's all one or the other. Most of the time these practices, whether they be acupuncture or herbal medicine, are used in combination with Western medicine or where, frankly, Western medicine no longer has any answers to give.

And I would agree with comments of my colleague, the Minister for Science, Technology, Energy and Mines (Mr. Rondeau) when he talks about the focus of Chinese medicine on prevention, the focus on diet and exercise, and also, general well-being. I think often we don't take into account the connection between the mind and the body and the soul, frankly, and how those things interact with each other to create health and wellness.

We don't always understand why something works in medicine. We don't always understand why an infection gets better when we thought that that wasn't going to happen. We don't always understand

the reasons but we do know when, after time after time, something works, that there's something of merit there that should be considered and should not be dismissed.

One of the things in this resolution asks for recognition of alternative medical practices, and we were very pleased to support a bill from the opposition—I think it was the member for Russell (Mr. Derkach) who brought it in—The Medical Amendment Act in 2005 that I think did give some form of recognition to these practices in allowing physicians more flexibility to practise non-traditional therapies.

* (11:50)

There are physicians who, although they may be trained in the Western medical model, do incorporate alternative practices into their practice or work in conjunction with people who may be specialists in herbal medicine, who may have—who may be naturopaths. I think some of the best doctors that you can go to have an understanding that there are many philosophies and practices and ways of healing, and they will work with those other practitioners.

So we were pleased to support that bill. I think it was the member for Russell (Mr. Derkach) that brought it in, that allowed physicians to do that without fearing professional discipline, and I think that was one step that was very important towards recognition. I think when we talk about recognition and we talk about medical practices, it's always important that there's a balance struck, and I would quote my predecessor, Tim Sale, who said on the passage of The Medical Amendment Act, this act seeks to find an appropriate balance between allowing new procedures to develop in our medical care system while protecting both the safety of patients and the ability of the College of Physicians and Surgeons to reasonably discipline and hold to account physicians for standards of practice.

And, of course, you know, we all in this House probably have many stories of friends and perhaps some personal stories that have benefited from some of these alternative practices, and I, of course, have my own friends who've benefited from that. And I want to speak for a minute about how something, even when you treat it with scepticism, can work. And I had a roommate who is of Aboriginal background. She had a very bad cold that was going on and on. She'd taken antibiotics. She'd done all of the things, and her mother finally convinced her to take home and use some traditional medicine and

brew some tea and drink it, and she told me, I don't believe in any of this, but she did it and she felt better. And I think after that had some more respect for that kind of cultural wisdom. So sometimes, even when you're sceptical of a treatment, it can work for you.

Like other people in this Chamber have spoken, I've had friends who've benefited greatly from acupuncture and not only for pain, which it is commonly used for, but issues that perhaps we wouldn't consider acupuncture for, issues of the digestive system for example, and when there was no other thing in Western medicine that would work, my friend found relief through acupuncture.

I also look at some of the ways that our medical system and our medical institutions have tried to incorporate Aboriginal teachings into their practices. For example, the Nine Circles Community Health Centre, which is not far from this building on Broadway, which specializes in the treatment of HIV and AIDS. When they moved to a new location, one of the things that was very important to their clients and to the Aboriginal people who they served was to have a place in that facility where they could have traditional ceremonies, and so they wanted to create a round room to do that. Now, creating a round room in a square building has its challenges, but they were able to accomplish that because they valued that method of traditional healing, and the system was flexible enough to also accommodate that.

I also know that there have been great strides made in health facilities in medical institutions in incorporating elders and incorporating traditional Aboriginal healing ceremonies into the medical practice and having that take place, and not only in a way that tolerates it, but in a way that recognizes those ceremonies and that tradition as a partner in the healing process.

I think also, Mr. Speaker, of some research that I've read that talks about how prayer, how the experience of having other people pray for you and with you when you're sick has been shown to have a beneficial effect on people's health and on people's recovery, and, again, we don't always know why something works but we have seen research that demonstrates that prayer can be extremely beneficial to people as they're healing.

So I think this resolution is a good reminder that when we're talking about health and we're talking about health care, we can't only talk about treating the body, that we have to be preventative and we

have to be talking about treating the whole person. And I would, you know, include in that mental health. I think, you know, one of the struggles, and I know members opposite who've had the experience of being in government at any level will recognize that always one of the struggles is matching the resources available with the needs that people demonstrate, and so, I think, particularly in health care, there are many, many areas where we could be doing more and should be doing more, and the struggle is always matching dollars to those areas.

I think, for example, the people who have good mental health, who have the benefit of counselling, who have the benefit of that kind of help, tend to lead healthier lifestyles. We know that to be true, and I think there's a great deal more that we could be doing in providing regular mental health care to people.

I think also, Mr. Speaker, we talked before in this Chamber about the many things that impact on health, and today we see a study come out that looks at the health status of Manitobans and, I think, illustrates once again that one of the greatest health problems that we have to deal with in this province is the problem of poverty, that the experience of poverty is one of the best indicators of ill health and shorter life spans. And so every time we stand up to talk about policy or a budget item that deals with giving people more opportunities, more access to education, that helps to alleviate poverty, we are also talking about health policy. We're not only talking about policy in one area of government. Anything we can do to make people better able to take advantage of the opportunities of our province is gonna enhance and provide them better health.

I also just want to speak for a moment about the health regulations act. It wasn't that long ago. People—members in this House will remember the passage of that act, and that was a tremendous achievement. And I credit the Minister of Health (Ms. Oswald) for that achievement, working with the folks in her department to bring all health professions under one act that gives a common framework for regulation. And, certainly, traditional Chinese medical practitioners have the option of also pursuing that regulation, and now there's a pathway laid out that they can pursue as a result of that regulation.

It wasn't easy to pass that particular act. It took an awful lot of work. I chaired that committee. I had the pleasure of staying afterwards for at least half an

hour and signing every page of the, I think, 500-page bill, and it's probably not a bill that's ever going to get a lot of credit. But that bill has done a tremendous amount to improve, I think, both patient safety and consumer protection, but also to allow for more and more allied health professions, more and more alternative health professions, perhaps those professions that haven't typically or traditionally been described as health professions, a pathway into regulation. And that's also a pathway to recognition.

So I think we have taken some steps along this way, and I thank the member for Portage for bringing this motion forward. I think it's always important to have a discussion of new and innovative ways to increase health care and to help people feel better.

So I thank him very much for this resolution and for the opportunity to put a few words on the record today. Thank you.

Mr. Gerard Jennissen (Flin Flon): Mr. Speaker, first of all, I want to thank the member for Portage la Prairie for—

Mr. Speaker: Order. Order.

Point of Order

Mr. Speaker: The honourable member for Portage la Prairie, on a point of order?

Mr. Faurschou: Yes, on a point of order, Mr. Speaker.

I believe it's important to apprise the House of the time and the allowance for this particular resolution, and that that time has almost lapsed.

Mr. Speaker: Okay. The honourable member does not have a point of order. We will continue with the debate.

* * *

Mr. Speaker: The honourable member for Flin Flon has the floor.

Mr. Jennissen: Thank you, Mr. Speaker, and first of all, I want to thank the member for Portage la Prairie for bringing forth this particular private members' resolution, and I think it's an important topic that needs dialogue in this House, and he's raised some very interesting points.

When we're dealing—when we're dealing with traditional medicine, we are certainly dealing with a world that is quite separate from the mechanical model which we tend to use in the west, where something goes wrong with the body, it's a machine and we have something that fixes some aspect of the machine. Whereas, other traditions have taken to—taken into account a much broader, more spiritual way of looking at things, fitting into a nature perspective.

I remember a few years ago when one of my former students, Johnny Cooper [*phonetic*], came to me and he asked me some—he asked for some advice, and it was advice that I was loath to give because, what had happened, he had been hurt in an accident and his right leg, I believe it was, or left leg, I'm not sure which. But one of the legs was badly swollen. In fact, there was gangrene in it. It was turning black right to the knee, and he asked whether he should stick with the advice of his physicians in Winnipeg, three of them who had—who advocated that immediate surgery take place, that the leg be amputated. He wanted me to concur with this, and I'm not a doctor, and, basically, he asked a question. Should he go and see a medicine man as well as a doctor? And I said, well, what's there to lose, other than, you know, you're very short on time.

So he did go to a medicine man, I believe it was in Norway House, who then treated the leg and, lo and behold, a number of months later he came walking into my house and he was perfectly healthy. So, obviously, there are traditional ways of fixing the body that are not of Western origin, that are much more holistic and this is one example of them.

As well, in my own tradition, and the member, Fort Rouge, mentioned this, I had a grandmother who was a faith healer and she was well known. My dad was highly sceptical of her abilities, but the people in the neighbourhood obviously thought she was very capable, and would bring their sick animals—

Mr. Speaker: Order. When this matter is again before the House, the honourable member for Flin Flon will have eight minutes remaining.

The hour being 12 noon, we will recess and we will reconvene at 1:30 p.m.

LEGISLATIVE ASSEMBLY OF MANITOBA

Thursday, October 1, 2009

CONTENTS

ORDERS OF THE DAY

PRIVATE MEMBERS' BUSINESS

Second Readings—Public Bills

| | |
|--|------|
| Bill 229—The Manitoba Public Insurance Corporation Amendment Act (Justice for Victims of Serious Automobile Accidents) | |
| Graydon | 3537 |
| Reid | 3539 |
| Maguire | 3541 |
| Bjornson | 3543 |
| Pedersen | 3545 |
| Brick | 3546 |

Resolutions

| | |
|--|------|
| Res. 23—Recognizing the Benefits of Traditional Chinese Medicine | |
| Faurschou | 3548 |
| Irvin-Ross | 3549 |
| Maguire | 3550 |
| Rondeau | 3552 |
| Lamoureux | 3553 |
| Howard | 3555 |
| Jennissen | 3557 |

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

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