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MANITOBA LEGISLATIVE ASSEMBLY
Thirty-Ninth Legislature

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LEGISLATIVE ASSEMBLY OF MANITOBA

Thursday, December 2, 2010

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

House Business

Mr. Kelvin Goertzen (Deputy Opposition House Leader): Good morning, Mr. Speaker, I wonder if you could ask leave to call Bill 200 for debate this morning, The Child and Family Services Amendment Act.

Mr. Speaker: Is there agreement to go directly to Bill 200? *[Agreed]*

SECOND READINGS—PUBLIC BILLS

Bill 200—The Child and Family Services Amendment Act

Mrs. Bonnie Mitchelson (River East): Mr. Speaker, I move, seconded by the member for Morris (Mrs. Taillieu), that Bill 200, The Child and Family Services Amendment Act, be now read a second time and be referred to a committee of this House.

Motion presented.

Mrs. Mitchelson: And for the third year in a row, Mr. Speaker, this bill has been introduced, and I want to make it clear what this bill does exactly, because I've heard many members on the government's side of the House stand up and say, well, what if a child is in the need of protection or is in an unsafe circumstance? In no way, does this indicate—this amendment indicate that a child should stay in an unsafe circumstance or situation. If there are any allegations of abuse, we all recognize and

realize that children should be put in a place of safety.

But, Mr. Speaker, when there are no child protection concerns, we're asking this government to just implement a recommendation that was made after the death of Gage Guimond that said that a written reason should be provided from a Child and Family Services agency when a child is moved where there are no protection concerns. And this written reason should include a reference to the impact on the child if that child is moved from a safe, long-term placement, the appropriateness of the move in accordance with the child's stage of development and the degree of attachment to the caregiver.

And, Mr. Speaker, we've heard this government many, many times stand up and say, we've reviewed and we've got recommendations, and we're going to implement all of those recommendations, and we're going to make sure that children are safe.

Well, Mr. Speaker, this recommendation from the Gage Guimond report has never been implemented, and the Minister of Family Services (Mr. Mackintosh) has refused to show leadership and say, yes, I agree children should be protected, they shouldn't be moved into unsafe circumstances when they've been in a long-term, caring foster placement. I find it unconscionable that the government wouldn't move to put this into place, and we would have no need for legislation if the government did its job and protected children. But we see, time and time again, not only was it clear, from the review of Gage Guimond's death, that there was no indication that this child should be moved to the unsafe circumstance that found him dead in a very short period of time. We were wanting to have this implemented three years ago so that we wouldn't see the same thing happen to other children in our Child and Family Services system.

Mr. Speaker, but this government has turned a deaf ear to this recommendation. This government, this minister, has shown absolutely no leadership. And we have seen, in several instances since the death of Gage Guimond, that children have been moved from long-term foster placements where there were no protection issues, and moved into unsafe circumstances. And we see more children dead today

as a direct result of this government not putting in place this recommendation.

Mr. Speaker, it's unacceptable and it's not good enough to have the minister stand up and say, after the fact, after these children have been killed—it's not good enough for him to stand up and say he's outraged, this is terrible, what went wrong, I'm out of my skin. That's not good enough. Take the action before this kind of thing happens and we see more children in the same circumstances.

And, you know, Mr. Speaker, it just speaks to the lack of commitment on behalf of this government to protect children. It speaks to what they did when they rushed through the devolution process without ensuring that the proper checks and balances were in place, without ensuring that there were trained, qualified staff in all of the agencies to look at the issues of safety of children, to look at permanency planning from the day that they are apprehended and moved into care.

It's not good enough, Mr. Speaker, for the children that need to be protected and need to be in safe environments. And it's not good enough, after the fact, to have the minister stand up and wring his hands and say that something different should have happened. Let's look at putting the proper processes in place before the fact and before we see more head children in this minister's Child and Family Services system.

* (10:10)

And we just need to look at the children that have fallen through the cracks and have died as a result of this government's policies. Mr. Speaker, we have Phoenix Sinclair, which we don't yet, five years later, have the inquiry that the former Premier Gary Doer promised to undertake four years ago. We have Gage Guimond who, as a result of his death at the hands of a caregiver that he was placed in—whose care he was placed in—as a direct result of this government's mishandling of the system, we had 144 recommendations. This is just one of those 144 recommendations. It needs to be looked at and needs to be implemented. We have Jaylene Sanderson-Redhead, Dillon Breana Belanger, Heaven Traverse, Venecia Shanelle Audy, Patsy Desmarais, Michael Helgason, Tracia Owen, baby Amelia, Roanna Meagan Fontaine, Vanessa Lynn Louise Bourrier [*phonetic*], Samuel Luke Maytwaywashing, Cameron Ouskan. Those are only some of the 20 children that have died in this

minister's Child and Family Services system, which was badly flawed.

And I know that the minister today wasn't the architect of the devolution process. I know it was his predecessor Tim Sale, when he moved into government and into the Department of Family Services, who was the architect of the devolution process. But he was moved out of Family Services and it was left to the member for Riel, the now Minister of Water Stewardship (Ms. Melnick), who failed so miserably in implementing the devolution process that she rushed ahead, closed files, moved children, lost children within the system, and she made such a mess of the whole process that she had to be moved in shame out of that portfolio, and the mess was left to the now Minister of Family Services to clean up.

But what has he done? Has he shown any leadership? No, he hasn't. He stands up and talks about accountability and says how much better the system is today. Well, we know that children continue to die under his watch, and it's a direct result of the rush-through of the devolution process. And he should show some courage; he should stand up and fix the system before it's too late for other children that are in care and should be left in safe circumstances. Thank you, Mr. Speaker.

Hon. Gord Mackintosh (Minister of Family Services and Consumer Affairs): Well, just another example from the member opposite on the failure to recognize the role of that former government—but, of course, the very member making the criticism and, of course, trying to politicize and put blame on the heads of, whether foster parents or child welfare workers, who work very hard out there when there are deaths of children in care, because, of course, Mr. Speaker, the member opposite would like Manitobans to believe that children and, indeed, even more children did not die under her watch, if, in fact, political accountability is at the root of the expressions from her.

And what we have to recognize, of course, is that the children in care are very vulnerable. They're among the most vulnerable citizens of Manitoba, and that is why each and every day thousands of child welfare workers are out there making efforts to save children from abuse and, indeed, from death.

But, of course, the member opposite will always draw an immediate link between a tragic death and the role of a child welfare worker or foster parent. And, in fact, that is why we've had to bring into this

province an independent review of these deaths, because the very partisan view of members opposite is not a fair examination. Now, whenever there are serious questions that are raised, and there certainly have been for many, many years in this province, and, indeed, inquest after inquest after inquest after inquest into the deaths of children in care under the watch of the member who just raised concerns is part of a challenge for all of us as citizens of Manitoba.

It's important that we, in fact, strengthen the child welfare system—a system, by the way, that has been in need of greater attention all across the western world. And Manitoba has not been immune from all of those pressures and, in fact, in Manitoba there are even disproportionate pressures as we see at-risk populations growing in this province and, in fact, we know that many of the historic injustices in Manitoba have led to challenges that we are attempting to ameliorate today, many of those challenges that were worsened in the 1990s as found by the outside reviews. Those outside reviews found, of course, that child welfare in Manitoba was broken. That was a statement made in 2006, and the finding was that it had been broken for some time, but it also concluded that devolution offers a great promise and an opportunity to fix those long-standing shortcomings in child welfare.

So when it comes to addressing those long-standing shortcomings, the Changes for Children initiative was launched, along with the grand chiefs and the president of the MMF recognizing that we had to have a very strong implementation strategy to deal with the recommendations set out in the external reviews and, as well, to deal with the subsequent recommendations that were made to strengthen child welfare. Of course, one of the recommendations came from the tragic death of Gage Guimond and, from that death, it was recognized that we had to send a very strong signal that despite the increased emphasis on culture and community that was needed in child welfare, there was to be no misunderstanding that the very foundation of child welfare was child protection itself and child safety had to come first. And so this House passed Gage's law to make sure that everyone, all citizens of Manitoba—in particular, though, those working in child welfare—are reminded of the paramount importance of child protection.

And some have said, well, that has led to an increase in the number of children in care. Well, that—if that is an outcome of greater attention to safety, then we have to deal with that and we've had

to budget accordingly, but we also have to make sure that we now usher in this new era of focusing on greater resources for families when there are early signs of trouble and breakdown so that it doesn't end up in abuse later on.

One of the most important aspects of the overhaul of child welfare recognized in the external reviews had to be a new engagement by the federal government because, of course, the federal government is the sole funder of child welfare in First Nations communities where disproportionately, as found in the Tracia Owen inquest report, there had to be attention paid to all of those risk factors that sometimes combined to cause disproportionate child abuse. And so I'm very pleased that Minister Strahl was receptive to the ongoing communications and lobbying by Manitoba and by the grand chiefs, and we are very thankful that they now have announced that Manitoba will be entitled to enhanced funding for child welfare on reserve in the years ahead.

In the meantime, of course, we have been moving on recommendations that are focused particularly at the provincial level, and the Auditor General has concluded that she was, and I quote, extremely impressed with the amount of energy and effort that has gone into addressing not just our reports—that being those of the Auditor General—but those that have been issued by the Ombudsman and Children's Advocate.

As a result of the efforts by everyone that has a role in child welfare, we've been able to, first of all, begin on a new foundation of a 60 per cent increase in investments in child welfare. This is an area where I think most observers would conclude there has been a need for greater investments, and, as a result of that, we've been able to move ahead with increasing foster rates to more than overcome the loss of investments in foster children and foster parents in the earlier decade and, in fact, foster rates have increased over 20 per cent. We've also, by that, been able to send a message to foster parents of their importance as a bedrock in providing child welfare services and bringing children into their home.

So by way of the Circle of Care campaign, we've been able to significantly increase the number of foster beds, but we've also, outside of that campaign, increased the number of emergency beds to the point where we have now over 3,000 more beds, which has been able to sustain the reduction in the use of hotels where 19—or in 2006 we saw as many as 166 children a day housed in hotels, to the dismay, I

think, of all Manitobans, where today we've been able to sustain the reduction efforts. And there are important exceptions so that there's, in extreme situations, in emergency situations, children may still be in hotels, but my understanding is that, I think, we're at an average of two or three a day, something like that.

* (10:20)

So I'm very pleased with the efforts of all of the authorities and agencies in making sure that that effort went to work because I know efforts were made in the '90s and earlier, and later as well, that could not be sustained. But it looks like this has now achieved a—some permanence in the—in our approach to child welfare.

We've also been able to fund 230 more positions in child welfare and, unfortunately, as the number of children in care continue to rise, that—we've not been able—or we would like to have been able to reduce the average caseloads more but when we have to—when we have all—more children coming into care, we really now rely on the federal government's investments to make some long-term reductions to average caseloads.

The training mechanisms that we have developed has resulted in 16,000 workers registered for training as of last September and thousands of foster parents trained and, of course, enhancements to the information technology. We've got over 30 more standards that have been developed and communicated, strengthened. And, as well, of course, the Children's Advocate's mandate has been expanded, and there has been a 700 per cent budget increase for that office. As well the Ombudsman has a—new roles in terms of oversight and accountability of the recommendations.

In terms of the specific bill—of course, we've spoken to this earlier—the southern authority has implemented recommendation 47 from the report and, as well, the standing committee has—and the authorities have approved that across the system.

The bill, of course, does have very serious—raises a very serious concern, and that is if the bill was implemented as it is written, there could be some unintended consequences that would not be in the best interests of a child where, for example, we had placement breakdown and emergency placements. So that is why, with that in mind, that recommendation is being added on.

Mrs. Mavis Taillieu (Morris): Mr. Speaker, I do want to speak to this Bill 200, The Child and Family Services Amendment Act brought forward by the member from River East because I know that she has the best interests of children at heart, and she's brought this bill forward with the best of intentions, to seek the best care of children in care.

Mr. Speaker, I think that the minister has—is wanting to cast a bit of blame onto the workers within the system, and I just want to say I believe that workers, child-care workers, go to work every day thinking of the best interests of the children that they are going to be seeing that day, but they're only able to do their job within the policies and framework put out by this government.

That is the shortfall and failings of the system here, Mr. Speaker, and the minister cannot hide behind that. He must show some leadership and take some responsibility on this file because, as we have seen over the number of years, there have been many more children in care that have died.

I remember in 2005 when the first case that was—when I was the critic for Family Services, the most horrific case, I thought, that was the lowest it could ever go in child protection, the case of Phoenix Sinclair, where a child had been dead for nine months, nine months before anyone knew she was missing.

Why did that happen? Because of a system brought in by this government to devolve child welfare in a very rushed way. Between 2004 and 2005, they closed 6,000 files in child welfare, Mr. Speaker. They closed those files on children in care.

And what happened? Children fell through the cracks, Mr. Speaker, and the most horrific case of Phoenix Sinclair—that was the lowest, at that point, I thought that we could go in this province. But did we learn anything from that? There have been reviews commissioned, but the problem is you can't just take your review and read it, and say, that's nice, and put it away. You have to take those reviews and take some action and change things, and change things for the better.

I know that's what the member from River East is trying to do here. She's trying to impress upon the government that every little step that will protect children in care will be a good step towards improving the system.

I cannot imagine why this government would not want to do that, Mr. Speaker. Here we have a private

member's bill—and I know their issues with private member's bill, and they'll argue all the time that there's something wrong with the bill. But if they really felt it important enough to put the safety and best interests of the child first, they would say to the member from River East, yes, let's look at this bill. Is there an amendment we need to do? I'm sure she would entertain that. But they won't even do that. They just say, oh no, we're not doing that. And I can't imagine why not.

And I look across the way, and I see the member from Southdale, and I see the member from Kirkfield Park, the member from Minto, the member from Fort Garry, the member for Selkirk. I know all of these members have young children, and I know that this must be an important issue. I think—I can't understand why you wouldn't be encouraging your government to put the best interests of children first, because I know all of you have young children. And I know that children are important to all of you, because I know I've heard you speak in the Legislature about your children. And these are little children that can't speak for themselves, and I know you, as mothers and fathers, must appreciate that. I don't know why you're not encouraging your member—your members and your Minister of Family Services (Mr. Mackintosh) to look at the—at care and safety of children and put that first, Mr. Speaker.

You know, the Minister of Family Services has said, oh, well, you know, we—we're doing a better job than the previous government. Well, let me tell you, Mr. Speaker, between 2001 and 2005, there were a record number of children that died while in care or just having left care—31 children, at that point, in 2005. And now we have many, many more children that have died. So reviews after reviews after reviews haven't improved the system. We need some leadership on this file before more children die.

Last spring, the Manitoba Children's Advocate said that Manitoba child welfare system is in chaos. Even four years after the tragic death of Phoenix Sinclair, the Children's Advocate says Manitoba's child welfare system is in chaos. She appeared before a committee of the legislator—Legislature and described the chaos she sees in the system. Her concerns included the increased number of children in care. These are the Children's Advocate's concerns: the increased number of children in care; foster families leaving the system; high turnover of social workers due to burnout and agencies not fulfilling their mandate; lack of information about how to navigate the CFS system; poor

communication among agencies and with families; and poor use of the CFISIS database, Mr. Speaker.

This bill, Mr. Speaker, would require any decision to move a child, where there are no protection order concerns—and that's a very important clause: where there are no child protection concerns—that any decision to move a child contain a written reason from the CFS agency for this decision, including reference to the impact on the child, the appropriateness of the move in accordance with the child's stage of development and the degree of attachment to the caregiver.

*(10:30)

Now, those are all very important things. I know—I want to just appeal to the members in this House who—I know we all have children, but people with younger children and very small children will know that bond of attachment that's formed between parents and the child, and just to rip the child away from a very loving and safe home and put them in a home where they are endangered, how would you feel? How would you feel if that child was taken from you, Mr. Speaker? And this is what we've seen. We have seen children like Gage Guimond taken from a loving, caring, safe foster home where there were no protection issues and placed with a relative only because it was culturally appropriate to do so, even though the relative that—with whom he was placed had some concerns about accepting him.

And what have we learned, Mr. Speaker? Well, we know that Gage Guimond tragically lost his life at two years old. Have we not learned a lesson from that? I fear we have not, even though the minister says we've had reviews. What have these reviews done? We have a bill brought forward by the member from River East which would in some way take a small step, a very large step to protecting children and making sure that they are not taken from safe, loving homes and placed in homes where they may be in danger.

Mr. Speaker, even since the death of Gage Guimond we have seen other children, other children that have tragically died while being removed into another situation. Just last year Jaylene Sanderson-Redhead was beaten to death by her mother. She was 20 months old. She had been taken from her mother's care and then replaced—returned to the mother. And at the time she was living in the North End Native Women's Transition Centre. How did this happen right under the government's nose?

How was this not noticed? I shudder when I think of this.

I am really going to say to this minister, this is a very good bill. It's right here, right now. Why don't we pass this bill to protect children? Let's go to committee. Let's get it done, and let's enact this bill so that children in care have better protection, Mr. Speaker. Thank you very much.

Mr. Doug Martindale (Burrows): Mr. Speaker, I would like to begin with the record of the Filmon government of the 1990s because I was here. In fact, I was the critic for the member who sponsored this bill, the minister—former minister of Family Services, the member from River East. And I remember her record and the Filmon government's record because it was a terrible record, and I would like to remind all members, and particularly the member for River East (Mrs. Mitchelson), of some of the things that happened under her watch.

This bill has to do with foster families. Well, the toughest years for foster families were 1991 to 1999, and some opposition members may recall that foster rates were cut or frozen almost every year when they were in government. During that period, the cumulative cut in foster care rates was almost 20 per cent. Those cuts meant fewer shoes, winter jackets and healthy food on the table for foster children. In fact, they cut the most vulnerable Manitobans.

We have increased funding for foster parents seven times for a total of 36 per cent, reversing the damage done by members opposite. We reinstated funding to the foster family network in 2000 and then doubling its funding in November of 2004.

The previous Foster Family Association was disbanded in 1993 after the Tories discontinued funding. And I remember how upset they were. They came to the Legislature. They had a demonstration out in front of the steps in front of the building, and they had a coffin, and that symbolized the death of their organization. And, indeed, when they lost their funding they were forced to fold up.

The member for River East slashed resources for foster parents even after the Child Advocate warned against it. And I quote from the Children's Advocate '93-94 annual report, page 25, where the advocate said, the decision to cut funding to the Manitoba Foster Family Association in '93-94 is a critical loss to the system.

When members opposite were in government, they refused to be accountable for caseloads that were 44 to 80 cases per social worker. When asked about these high caseloads, the member for River East, and former minister of Family Services, said it wasn't her responsibility. She passed the buck, saying only that, quote—and this is from *Hansard*, May 25, 1998. She said: "Winnipeg Child and Family Services is an externally funded and managed agency." That was the best she could say about her government's policy and management of these agencies.

Now, our government record, I think, is one that we can be proud of. I'm sure it is one we can be proud of because, since 1999, we have increased funding for child protection by \$188 million, allowing us to add 230 new, front-line staff positions, including more than 115 for workload relief and 55 for prevention. We knew that—when we were in opposition—that there were problems with caseloads that this government was not addressing, and when we had a chance to do something about it, we increased the funding so we could hire more front-line staff.

Manitoba's overhaul of our child welfare system has been recognized in other jurisdictions. In February 2009, in a report on foster care, Saskatchewan's Children's Advocate said that Manitoba's a leader when it comes to solving the issues in child welfare, and I quote from that report, page 62: "The Manitoba example shows that this issue can be solved; there just needs to be the collective political and administrative will to do so." And we had the will to do so.

We have made a shift towards prevention services. We have adopted a new risk assessment tool developed as part of a new prevention model. Training for front-line workers began in September, and as training is completed, the risk assessment model is being implemented. We consulted over 600 child welfare workers and experts to create this new service. Our program is based on proven programs across North America, including Alberta which is a leader in prevention-focused approaches.

And you know, our prevention includes way more than what happens in Child and Family Services agencies. We have a whole department called Healthy Living which is all about prevention, whether it has to do with FASD or the prenatal benefit. There are all kinds of things. In fact, I'm sure

that the minister for Healthy Living could go on at great length describing all the programs.

I happen to sit on the Cabinet committee on children and I'm aware of many of these programs and we could fill up a whole 10 minutes just describing the things that we are doing to benefit children and youth and, yeah, the Healthy Child Committee of Cabinet that the member for Assiniboia (Mr. Rondeau) chairs. And the things that we're doing are too numerous to list in this debate but our prevention is not just what we are doing in Child and Family Services agencies but what we're doing, I would say, actually, across government.

Changes for Children is our action plan to strengthen the commitment to child welfare. Our goal is to develop a Child and Family Services system that recognizes and supports the rights of children to develop within safe and healthy families and communities and recognizes that First Nations and Métis people have unique authority, rights, and responsibilities to honour and care for their children. In fact, I remember in the 1990s there was a report on First Nations child welfare, and the recommendation was that authority be given to First Nations people to manage their own authorities. And the previous government ignored that and when we became government, we said yes. We agree that First Nations and Aboriginal people should have jurisdiction and authority and responsibility for their own children's welfare, and we made those changes.

We are implementing and funding the recommendations of the Child and Family Services external reviews as well as the review into the death of Gage Guimond, a multi-year plan of action which will transform our child welfare system. We are now moving forward to repair a system that has been broken for a very long time. Work has been completed or nearly completed on all of the 289 recommendations coming out of the external reviews. Only 49 recommendations, or 16 per cent, require additional work in order to reach 100 per cent completion.

*(10:40)

In 2008, we amended The Child and Family Services Act to reinforce the principle that child safety is paramount when determining the best interests of a child. This summer we made an historic \$177-million announcement with the federal government and AMC to implement an enhanced prevention-focused approach to First Nations Child

and Family Services on reserves. As part of this initiative, a standardized risk-assessment tool will be used by agencies to assess a family-child's risk to determine which stream of service, either prevention or protection, would be the most appropriate. The prevention-focused approach will reduce the number of children in care. Previously we have only focused on the protection stream of service. We consulted over 600 child welfare workers and outside experts to create this new service. As I mentioned before, our program is based on several proven programs across North America including Alberta which is the leader on prevention-focused approach.

The Circle of Care campaign has surpassed our expectations, recruiting over 3,000 new foster beds to the system, including more than 200 new emergency beds and 65 specialized beds. I remember when this recruitment campaign began because I was the legislative assistant to the minister at the time, and I believe our initial goal was 500 new foster beds, and we greatly exceeded that and have recruited 3,000 new foster beds in the system.

Our foster care recruitment campaign is now focusing on recruiting foster families that can care for larger sibling groups and special needs youth. We have increased special needs funding by 138 per cent. Foster rates have increased 21 per cent since 2007, and we've also created a new category of foster care rates for remote communities with no road access in 2000. And I think that is a good approach. We know that in remote communities, fly-in communities with no road access, that the cost of food, for example, is much, much higher, that the cost of fuel is much, much higher, and so it only makes sense to have higher foster care rates in those communities.

We've implemented a no-child-in-hotels policy unless for approved exceptional circumstances. This summer there were less than two children, on average, in hotels per month. As of October 10th, 2010, there have been no children in hotels. Prior to the implementation of our hotel reduction strategy there could have been upwards of 150 children in hotels on any given day.

And I remember in the late 1990s there were dozens of children in hotels every night. It became a pretty hot political issue in this Legislature and it was covered by the media, and I think everyone recognized, except the government of the day, that having children in hotels was not an acceptable way to deal with children.

Mr. Speaker, there are more things that I could say, but I'm going to leave a critique of the opposition member's bill to other people, but there are good reasons why this is not going to go to committee and it's not going to pass. And I know that the minister and those of us who have spoken in debate before have pointed those out. I think this is probably the third time that I've spoken on debate and I will look forward to hearing comments from other members.

Mr. Stuart Briese (Ste. Rose): I'm pleased to rise today to speak to Bill 200, The Child and Family Services Amendment Act, brought forward by the member from River East.

I listened closely to the remarks from the other side of the House and also from the member from Morris and the member from River East, and I don't understand why the government would not support this bill. I hear over and over again from this government that we put this much money there, we put that much money somewhere else, but we don't see the results of it. We still have children dying in care.

The bill if put forward—that is put forward deals with recommendation No. 47 out of the section 4 review on the death of Gage Guimond. It states that any decision to move a child, when there is no child protection concerns, contain a written reason for the decision, including reference to the impact on the child, the appropriateness of the move in accordance with the child's stage of development and the degree of attachment to the caregiver.

Now, Mr. Speaker, my colleagues have pretty well covered a lot of the reasons why this bill should go forward, but I want to talk about a more specific case that I dealt with this summer. I had a family approach me this summer, a foster family, a very good foster family; they had four siblings in their care, had been in their care since 2007. They had been approached some six months prior to talking to me, to approaching me about long-term placement, that the children would not be going back to their birth parents and they wanted long-term placement on these four children.

Shortly after that, for no apparent reason, the youngest of the four children was removed from the home. There was a verbal reason given that was very vague. It was something along the line that this would be good for the child's development.

Now, I asked—this is a loving, caring family. There's no emergency situation. The other three siblings were left there, so obviously there's no emergency situation, and the child was removed and it caused great anxiety to the family.

I was approached on day 19 after the child was removed. There'd been no response to the family from the department on the reasons for the removal of the child. They'd exhausted their resources, the phone numbers, the contacts they had. They had no responses. They were devastated by the removal of the child. There was still no response out of the department from—by day 25 after the removal of the child.

The foster mother said to me—and I visited these—this family in their homes. I met the siblings. I met the family. Definitely a home that was a good home, a very good foster home. I met some of their own children who lived nearby and also in the home, and there was just no doubt. And they were absolutely devastated. The—they were beyond—they were at wits' end on why this child that they loved so much had been removed.

The foster mother told me that the second-youngest child of these four siblings was running and hiding whenever a car drove into the yard because that child thought that somebody was coming to take him away from that family too. That's an awful situation to be faced with.

This situation, I think, was somewhat caused by an overzealous caseworker, caused the family a lot of grief and pain and suffering.

The final outcome was positive. I made some contacts and worked on behalf of the family, and some two weeks later the child was returned to the family, once again with very little explanation why the child had been removed or what was going on. The parents felt that they'd done something wrong and wanted some assurances that they hadn't. And they hadn't, but they never even got those assurances.

You know, I'm sure this same scenario happens over and over and over again across this province, and that's why Bill 200, The Child and Family Services Amendment Act, should be put in place. When there's not an emergency situation, when a child is going to be removed from a foster home, those foster parents should have a written reason giving the reasons why that child's going to be removed and some recourse on what they can do in those situations.

For that reason, I want to urge every member in this House to support this bill, support Bill 200. This is your opportunity to implement recommendation No. 45 from the section 4 review of the Gage Guimond process, and we should all be supporting this bill. Thank you very much.

*(10:50)

Introduction of Guests

Mr. Speaker: Before recognizing the honourable member, I'd like to draw the attention of honourable members to the loge to my right where we have with us, we have Mr. Harry Schellenberg, who is the former member for Rossmere.

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

* * *

Hon. Jim Rondeau (Minister of Healthy Living, Youth and Seniors): I'd like to thank all the previous speakers for very good speeches and talking about the issue about children and their safety.

And first, I'd like to thank all the social workers who work in very, very tough times. They work in stressful situations. They make decisions day in, day out that are tough. They're human decisions, and often they're working with the available information that they have. They're working with—within an environment that is difficult. And I have to compliment them because it is a tough job. It's a stressful job. They do it on behalf of government, on behalf of children and families every day, and I personally have worked with some of these social workers. I know it's a stressful area and I really compliment their work. I compliment their work and their dedication, and the work they do. And I know that they make decisions that are tough, and I think they make decisions that are very, very—they're always thinking about the best interests of the children. They're thinking about what could happen in the future, and those are tough. So I first want to compliment the social workers that are out there on the front lines.

I'd also like to compliment the Minister of Family Services (Mr. Mackintosh). When—he brought in the bill that basically said that whatever decision is made throughout the system, you have to look at the best interest of the child. You have to look at the safety and how the child's going to develop, and that is the fundamental decision. And I'm pleased that that bill was passed. I think that's

what we all believe in. I don't think one party or one individual in this House has a unique caring about children. I think we all care about children. We all want the best for our children and I think that that was very positive. And I look at the child protection legislation and I think that we don't want to ever put a child at risk, and we do want to support our child-care workers, and I think that that was a very positive step.

I'd like to put some words on the record about the whole idea of strengthening families. I think the first thing we have to do is look at the family and see how we can strengthen it. I look at the Families First home visitors program out of Healthy Child, where we actually have about 4,450 families being visited. And what happens is we have professionals that have good training that go out into the community and work with families. They work on developing skills and coping strategies. They work to ensure that the families have a nurturing environment, decent food and decent support. And I think the first line of defence we have is not taking the child in the first place, but to actually build capacity as parents, actually work with parents to be better parents and build those skills. And I think that this is a wonderful program brought forward by our government, voted against multiple times by the Conservatives and the Liberals, but I believe that it's the first fundamental belief that we have that we want parents to be good parents, to be supportive parents and nurturing parents, and we want to build those skills. And I think it's really appropriate. I think we've been noted by other provinces for the Families First program and the home visitor program. I really appreciate it.

The other program that I really believe is important was the Prenatal Benefit. To date, that program's been around for about as long as our government has been in power, and what's neat about it is 42,500 families—or mothers—have received the Prenatal Benefit. It provides a little bit more support financially, but the record came out this year. And they did an analysis and they said, wait a minute, these families are getting appropriate food nutrition, the mothers are better fed, there is fewer low birth-weight babies. And I think that's a very, very important step because what's happening is that you're investing in the upside; you're investing in prevention. And I'm pleased that 42,500 individuals and babies have had support. I think it's a great program. When I read the actual report that was done by a third party, it was wonderful, and I have to commend the people who do that program. They did

a first-rate program and we are very, very pleased with the results of the external review and what's happened there.

I'd also like to say we also want to work on strengthening parents in a very, very important way. I look at the FASD prevention initiative. We're looking at the InSight program, which is working with 240 mothers to prevent FASD. And what we're doing is we're looking at a larger context. We're looking at taking the FASD program and we're saying we want to make sure that no child is affected by alcohol during the birth. So we've taken the highest risk mothers, we've worked with mentorship program and we've had over a 76 per cent success rate in mothers who are avoiding risk behaviours. And what's nice is that every single child—not only does it save over a million dollars but, more importantly, it saves an individual, it saves a family. And I think that's really positive that we've put in that program and we're investing in support of prevention of FASD and the treatment of that. And, you know, the funny part is the Conservatives may say that they care but they vote against the program, and I really believe in that and I think that, for the \$287,000, it's money well spent.

I also look at the whole process of how you want to move forward on the child—children's file. People have often said we want to have an inquiry, we want to know. And so do we, and when we—it's possible, we will definitely have the inquiry. But I think there's a difference between our government and the opposition on what they do with the inquiries. I am proud that we're part of a government that gets an inquiry, gets a number of recommendations and then works very diligently to put the recommendations into action.

So, of the last—on the external review on Gage Guimond, it had 289 recommendations out of the external reviews. We are working very, very hard to deal with all of them, and only 49 recommendations or 16 per cent require additional work to receive 100 per cent completion, and we're moving towards all those. And I contrast that to the members opposite, and members opposite must know that the Aboriginal Justice Inquiry was brought forward to the members opposite, and it's interesting to note that of the Aboriginal Justice Inquiry—oh, sorry—that Aboriginal Justice Inquiry was provided to the Minister of Justice under the Conservative government and wasn't opened. It was not opened. I contrast our government's recommendation to the actions of the members opposite, so that when the

Aboriginal Justice Inquiry was gathering dust in the Attorney General's office that shows a lack of respect for the system and individuals.

I—so I'm pleased with what we're doing. I think that we always have more work to do. I think that we have to work to strengthen the families. I think we have to work to make sure that all the social workers who are out there, day in and day out, working in the trenches, receive the support that they deserve. I think that we have to continue to work to strengthen families and parents throughout the province, and I'm proud to be the minister that's responsible for a lot of the prevention initiatives within government, although it's not just in this department. And I also look at my colleagues, and the members opposite said it's not important where you put your money. I disagree. I think you put your resources where you care, and I'm proud to be part of a government that puts resources in family services, front-line services, health care, justice and supporting the families and prevention. And I think that's where we want to go, and I'm proud to be part of a government that focuses in those areas. Thank you.

Mrs. Leanne Rowat (Minnedosa): Mr. Speaker, I want to thank the member for River East (Mrs. Mitchelson) for continuing to bring this very important bill forward. This is the third time that the member has brought this bill forward, requesting the NDP government to actually take action to ensure that children in care are receiving the supports that they need.

So I encourage the government side to put their politics aside, think about the children in care and help pass this bill.

Hon. Jennifer Howard (Minister of Labour and Immigration): Mr. Speaker, I'm pleased to put a few remarks on the record about this issue, which I think is a very important issue, and I do thank the member for allowing us the time today to discuss what is an issue that I think we all find incredibly important, incredibly sobering, and that is the children that are taken into the care of Child and Family Services.

There have been many significant changes in the Child and Family Services system, of course, over the last 10—

* (11:00)

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

The hour being 11 a.m., we will move on to resolutions.

RESOLUTIONS

Mr. Speaker: We will deal with the resolution that will be brought forward by the honourable member for Charleswood (Mrs. Driedger), but first we will deal with House Business.

House Business

Mr. Kelvin Goertzen (Deputy Opposition House Leader): In accordance with rule 31(9), I would like to announce that the private member's resolution that will be considered next Thursday is the resolution on Child Welfare and Chaos, sponsored by the honourable member for River East (Mrs. Mitchelson).

Mr. Speaker: In accordance with our rule 31(9), it's be announced that the private member's resolution that will be considered next Thursday is the resolution on Child Welfare and Chaos, sponsored by the honourable member for—that will be sponsored by the member for River East.

Res. 2—Multiple Sclerosis and Chronic Cerebrospinal Venous Insufficiency

Mr. Speaker: We will now move on to resolutions and we'll deal with the resolution under the—that will be brought forward by the honourable member for Charleswood, Multiple Sclerosis and Chronic Cerebrospinal Venous Insufficiency.

Mrs. Myrna Driedger (Charleswood): I move, seconded by the member from Brandon West (Mr. Borotsik),

WHEREAS an estimated 3,000 Manitobans suffering from multiple sclerosis, with the result that Manitoba has one of the highest rates of MS in the world; and

WHEREAS in 2009, Dr. Paolo Zamboni of Italy published a research study linking a blocked vein condition called cerebro-chronic cerebrospinal venous insufficiency to MS; and

WHEREAS preliminary studies indicate that many MS symptoms can be relieved with angioplasty, a common procedure that has come to be known as the liberation procedure; and

WHEREAS many Manitobans who have travelled to other countries to undergo the liberation procedure have reported success, which gives MS patients great hope; and

WHEREAS the recent tragic death of an MS patient who travelled abroad for this procedure underscores the need for research and clinical trials to test this procedure for safety and effectiveness; and

WHEREAS the government of Newfoundland and Labrador has set aside funding for an observational study of MS patients who have undergone the liberation procedure; and

WHEREAS the government of Saskatchewan has invested \$5 million for clinical trials of the liberation procedure and has begun the process of developing a clinical trial in the province of Saskatchewan; and

WHEREAS the government of Saskatchewan has invited other provinces to join with them in developing a clinical trial and the government of Manitoba has, to date, refused; and

WHEREAS the Minister of Health (Ms. Oswald) has announced her intention to wait for a pan-Canadian clinical trial rather than forge ahead with research here in the province of Manitoba, despite the fact that many Manitobans would be willing to participate in a clinical trial; and

WHEREAS given the prevalence of multiple sclerosis in this province, Manitoba should be a leader in researching CCSVI and the liberation procedure but instead is lagging behind other provinces.

THEREFORE BE IT RESOLVED that the Legislative Assembly of Manitoba urge the provincial government to consider making Manitoba a leader in CCSVI research and to move forward with clinical trials as soon as possible.

Mr. Speaker: Order. For our guests in the gallery, we have rules in the House and one of our rules states that there is to be no participation by our guests in the gallery, and that includes applauding.

It has been moved by the honourable member for Charleswood, seconded by the honourable member for Brandon West,

WHEREAS an estimated 3,000—dispense?

Some Honourable Members: Dispense.

Mr. Speaker: Dispense.

Mrs. Driedger: It is indeed a pleasure for me to rise and speak on this really important issue, on a disease that affects many, many Manitobans.

As a former neurosciences nurse, I am certainly aware of what it is like for many people living in this province with MS and the kind of struggles they go through on a day-to-day basis in trying to have a quality of life.

When this issue came forward—I have written to the minister on it on a number of occasions, two or three times. I've attended most of the rallies here in Manitoba and I have spoken with a number of people that have been extremely discouraged by the lack of initiative in leadership demonstrated by this government.

So we're pleased to have the chance to bring this resolution forward here today, to see it debated in Manitoba, in a province where we see 3,000 Manitobans with MS. We are the second hot—biggest hot spot in Canada. Saskatchewan is the hot spot with 3,500 patients with MS. In Manitoba, we have 3,000 patients with MS.

And I'd like to welcome our guests in the gallery here today who have attended in order to hear this debate and to find out why this government is not showing the type of leadership that they should be showing in this area. And they represent a phenomenal number of people in this province, the 3,000 people that have MS. And I want to indicate that in the gallery today there are also people there that have had the liberation procedure, and they have incredible things to say about it and they want to see more support from the—this government in moving forward with it. So they, indeed, are the examples of what this procedure has done for people, and they feel it has given them hope and it has given them a better opportunity for life, and they are strong advocates for the community. And I want to thank them, because I think it's because of them—it is because of them that this issue is staying on the agenda here in Manitoba. They are the people that are ensuring that this debate is not going to quietly go away.

So I'm, indeed, honoured to be, you know, in touch with them on a regular basis. I'm also very impressed with the amount of research that they've done into this and their worldwide connections that they are following and putting forward into my understanding of this procedure and their understanding of the procedure. And, you know, despite their own personal challenges—and they've had many in dealing with MS—they are strong advocates for patients in this province and I do want to give them a lot of credit.

I think all of us—they and I and members of my caucus—are very, very disappointed over the lack of leadership shown by this government, while Saskatchewan has moved ahead on this. And Saskatchewan didn't hesitate. In fact, Premier Brad Wall in Saskatchewan felt a real obligation to patients. He said, we have 3,500 patients in this province with MS, and he felt a very, very strong commitment to speak up for his patients. And so he did something that we haven't really seen happening in Canada; he said, I'm going to be a leader and we're going to do our thing here in Saskatchewan. So they are forging ahead with clinical trials.

Now, it was interesting that this Minister of Health (Ms. Oswald), not long ago, tried to spin it that Saskatchewan's announcement was all smoke and mirrors, that it was all just a gimmick and that they really weren't proceeding with anything there. And a week after her comments we actually saw the announcements come out of Saskatchewan where they are, indeed, in negotiation with the scientific community. They put \$5 million into this. They are in discussion with the scientists in that province, and they will be moving ahead in the new year, in the very new year, with clinical trials. So it wasn't smoke and mirrors. This minister once again tried to spin something that wasn't accurate and, in fact, Saskatchewan has definitely shown the leadership. So this province and this government is going to wait till Saskatchewan does all the heavy lifting, does all the clinical trials, which are desperately needed here in Canada.

Mr. Speaker, we are very aware of the death that occurred, and I think that's even more reason that clinical trials need to be done in Canada and in this province. We have many people it—from this province that are going to other countries, whether it's Egypt, whether it's India, whether it's Costa Rica, whether it's Bulgaria, to have this procedure. We need to have the research done here in Manitoba. We're losing valuable, valuable information and all of it's going to just remain anecdotal here, unlike what they're doing in Newfoundland. At least in Newfoundland, also, they're tracking the patients that are going elsewhere. So they're not losing data. They're able to find out, you know, how this procedure is working, if it's going to work, how long it's going to work and is it the answer. They, at least, are doing something about it. And, instead, here in this province, we have the government that is, you know, willing to let Saskatchewan do the heavy

lifting and they're not doing what they need to do here.

* (11:10)

Now, it was interesting, Mr. Speaker, to read from the Saskatchewan Throne Speech what they put in their Throne Speech, and I quote: "Governments can choose to wait on the sidelines, simply benefiting from the investment of others. Or, governments can take an active role in advancing scientific understanding." End quote.

And, Mr. Speaker, Dr. Zamboni just came out and made a comment, just a week ago, and he is commenting on the fact that Canada has really not stepped up to the plate and—because Canada has not done what they really need to do. We can add in there, too, that neither has this province. And what Dr. Zamboni says: I cannot understand why a country like Canada with a very good public health system refuses to support a treatment study on 500 people. I think that is not a good thing. It's not the correct answer.

Dr. Zamboni was the doctor that found out that there could be a link between narrowed veins and MS and he has done something unusual in stepping forward right now to say that what is happening now in Canada, in Manitoba, is not a good thing. All they need is 500 patients to do a scientific clinical study. We have that many in Manitoba. We have that many in Saskatchewan. We are quite capable, as two prairie provinces, to manage a clinical trial.

There's no reason why we have to have, like this minister wants, a pan-Canadian trial. Why? Why would we need to spend money in Newfoundland, Prince Edward Island, Ontario, Alberta, BC? Why would we need to spend all that money when we could probably focus on two provinces where we have the most MS patients in the country? Why can we not use our capable researchers here, our capable facilities here and do the study here in Manitoba and Saskatchewan?

We could've partnered with Saskatchewan. We could've had a solid study here. Instead, this minister wants to see everybody across the country spending the, you know, huge amounts of dollars when we've got the critical mass here to do this research, and it would make such a difference. We're seeing people that are wanting their lives back; they are wanting, at least, some of that hope to come to fruition. In fact, you know, many of them are here. You know, let's do the clinical trials here. Let's find out if this works

or not. It would be fair. It would be the right thing to do.

In fact, a Canadian specialist, a Dr. Bill Code, just went, himself, to California to have the treatment. So there are a lot of people, not just here in Manitoba, but there are a lot of people across Canada that are going elsewhere and we should be doing this here at home. I think we owe that to all of those people here in Manitoba that have MS. They deserve it. It is, you know, a procedure that could be readily done here and I don't think this government has shown the kind of leadership it should have.

It's certainly not what we would've done, Mr. Speaker. And I think we would be much more strongly willing to listen to those people that are in the gallery today, to the 3,000 Manitobans that have MS, rather than do what this government has done—and, in fact, not done—and that is they haven't demonstrated the leadership that a government should demonstrate, as they did in Saskatchewan.

And I think, Mr. Speaker, that's a real disadvantage to those with MS in Manitoba. Thank you.

Hon. Theresa Oswald (Minister of Health): Mr. Speaker, like many Manitobans, possibly all Manitobans, I know we urgently need to find a cure for multiple sclerosis. Patients and their families have been waiting far too long and, indeed, over time, have had too many false starts, and it's their time for a breakthrough in MS treatment.

I want to also welcome those that are in the gallery today and offer my appreciation for the continued advocacy and—I would agree with the member—the mountains of research that they, either as individuals or as a group, provide to government. It's comprehensive and, indeed, it's compelling.

I had the privilege, just an hour ago, of meeting with some people that are in the gallery today, and I believe I have their consent to share, Mr. Speaker, that some of them, indeed, have pursued receiving the liberation treatment. And to hear their stories was deeply moving, highly informative and, indeed, the reason why I believe that we need to work hard to cross the finish line in terms of getting the information that we need, so that clinical trials can and will happen here in Canada.

I want to know if this is it, the silver bullet, what have you, as much as anyone, and, in fact, Mr. Speaker, I pray that it is. And the way that we're going to find that out is to ensure that we complete

the research as quickly as possible to determine whether or not this therapy is going to be the answer that we all so much hope that it is.

I can share with the House that after learning about Dr. Zamboni's potential breakthrough last year I was, myself, interested in immediately starting a clinical trial. I can certainly tell you it would have been the politically expedient thing to do, and it would have been, in some respects, very easy. And then, of course, I endeavoured to go through the process of meeting with medical researchers, with doctors, with those that would need to conduct this study, and I learned very quickly that beginning a patchwork approach across the nation would not only arguably do harm, but, at minimum, it would set us back from getting across that finish line.

These doctors and these researchers, of course, are not making this up. They've had experience in seeing a patchwork of studies in other realms of health care give conflicting answers. In many respects, Mr. Speaker, it's what we're seeing happening in Europe right now, where one study in Italy says one thing and another in Germany says another and another in another country says something altogether different.

What we need, of course, is we need a multi-site approach. Pan-Canadian would be ideal, but multi-site approach, as I've said many times, is what's being recommended by the medical researchers that say that this is the way to get us to the answer that we need, so that we can begin to provide this therapy if it's safe and ethical and appropriate to do so.

While I will concede the point that setting up a multi-site trial will take a little bit longer than anybody would want at the outset, it is believed that we will get to that finish line and get to the answer faster. We won't be set back years as other multi-site—or as other patchwork approaches have seen happen. We will be able to get to the answer as quickly as possible, which, in my opinion, is what people living with MS so rightfully deserve.

I also, in my conversation with individuals early, suggested that it isn't really a matter of convincing me or convincing Minister Aglukkaq or Stephen Harper. That's really not the issue. It's a matter of convincing the medical community that will be the ones that perform this intervention, and the medical community has clearly said that they need to have evidence to support going forward.

The anecdotal evidence is profoundly compelling. That, compiled with the medical evidence that the MS Society of Canada is working so diligently—for the first time in its history, by the way, Mr. Speaker, it has funded seven studies to help us get to this destination more quickly. And at the meeting of ministers of Health in the fall, we heard from the Canadian institutes for health research that, as opposed to their initial statement that it would be years—two years—before any initial results would come forward, they are committed now to have those initial preliminary results come forward in months. And this is very encouraging. And with those preliminary results, jurisdictions across the nation, including Saskatchewan, have said that they will proceed, when it is safe and ethical to do so, when that evidence comes forward, with a clinical trial.

Now, the members opposite make the suggestion, regrettably, that Manitoba's not interested in partnering with Saskatchewan. This is patently untrue. I've had a number of conversations with Minister McMorris, a stand-up individual if ever there was one, who says clearly that their process will not proceed unless the evidence shows that it is safe and ethical to do so. If the project—or the study that they are setting up has the qualities in it that fulfill this multi-site approach that the medical researchers are asking for, absolutely, Manitoba will be involved, as we have said all along in our discussions.

* (11:20)

We know that making the investment that we did of \$500,000 toward a multi-site clinical trial has not yet yielded the results from other provinces as we had hoped to come forward, but we believe that that will happen, Mr. Speaker. Our money has always been on the table. We declared \$500,000 towards the trial earlier this fall at the same time that we added an additional \$500,000 to the MS clinic to expand their services. People living with MS need expanded services, and we made that investment, as well, in addition to providing coverage for Tysabri which the MS community and its patients were asking us to do. We want to take that multi-pronged, comprehensive approach.

There is a lot of time, I believe, for political partisan debate. You know, we all signed up for that really, and we were given the privilege by the voters in our constituencies to come forward to have heated debate. And on many, many subjects, I believe that

to be wholly appropriate and, indeed, healthy in democracy.

I can say quite sincerely, Mr. Speaker, that on this particular issue, I believe it would be very instructive for us to speak with a united voice regardless of political stripe, as I saw was the case at the table of the Health ministers from across our nation.

Governments of all stripes sat at that table and had a heated debate and emerged from that meeting—Conservative, Liberal, New Democrat, regardless—and said very clearly that we must find, together, the road to yes on whether or not the liberation therapy can be pursued in a clinical trial and that each jurisdiction in the nation said that they would not proceed with a clinical trial if it was not indicated by evidence to be safe and ethical to do so. And I think that that is the prudent course of action, Mr. Speaker.

I would include in this group our federal government who have done lots of work on this file, and I certainly do give credit to Minister Aglukkaq who has dealt with the Canadian Institutes for Health Research, listened carefully to their advice. And I believe—partisan politics aside, I believe that she is struggling with this issue as is every Minister of Health in the nation. She has said very clearly that evidence must be paramount because the safety of patients must be paramount.

I believe every jurisdiction in the land should indeed come forward and commit their financial resources to a multi-site trial. I believe that we have been very successful, as a province, in convincing the federal government and our fellow jurisdictions that the working group that has been established—as a result of Manitoba's call, might I add—to get ready for the multi-site trial in the event that that evidence comes forward more quickly than is being stated, that the stage is being set for this clinical trial so that we can get to that finish line as quickly as possible.

Mr. Speaker, I believe that Manitoba patients have earned the right to have safe and ethical treatment. They have been led astray before. We don't want this to happen again, not to the patients and not to their families. Safety must absolutely be paramount, and Manitoba will commit to work to ensure that patients are safe and treated with the dignity and respect they deserve.

Mr. Rick Borotsik (Brandon West): First of all, thank you to the member from Charleswood for

bringing forward a resolution that, in my opinion, is one of compassion, one of need.

Mr. Speaker, this is going to be a very emotional debate for myself, as I have a brother—had a brother-in-law who suffered through MS for 15 years, and he passed away about six years ago.

And I followed the progression of his disease. In fact, I was living in Calgary at the time when my sister and my brother-in-law visited, and he fell down a couple of times during that visit. And we didn't know why because he was a very active individual. He was a dairy farmer. Actually, he woke up every morning and milked his cows. He drove stock cars; he raced snow machines. He was very active. He came to my home in Calgary, and there was a couple of times when he couldn't feel his leg and he tripped and fell a couple of times in my home, and we didn't know what was happening. So he came back to Brandon, Mr. Speaker, and he was diagnosed by a neurologist as having MS. Now there are a number of stages that one goes through when you find out that you have MS. The first one is denial, and as you go through the stages, ultimately, there's an acceptance, and Ed—my brother-in-law of many years—ultimately accepted the fact that he had this very debilitating disease, and at any opportunity he would look at any kind of option that he had to try to relieve himself of the pain, of the suffering, of the anguish that he was going through and his family was going through.

I watched through this whole experience, Mr. Speaker, and Ed tried everything at that time, everything that was possibly available to him. In fact, he went to California to try, at that time, a procedure that he had found out about and was unsuccessful. But he would try, as anyone would with a debilitating disease of that nature, try to find some way of relieving himself of the pain and the anguish.

We lost Ed. There was no cure. As a matter of fact, in southwestern Manitoba, in my community of Brandon, we have the highest incidence of MS anywhere in the province of Manitoba. Saskatchewan and Manitoba, it's proven, have the highest incidence of MS sufferers in the country. Why is that? I don't know. We ask what the cause of it is. Is it the soil? Is it the water? Is it the lifestyle? For heaven's sakes, we have a great lifestyle. But why is it that so many people suffer from MS in my community?

Well, Mr. Speaker, when something comes forward that gives a glimmer of hope, I would only hope that the members across would recognize and appreciate that sufferers of multiple sclerosis will do anything, anything to try to relieve that. The anything right now is a procedure called liberation.

I went to a fundraiser, just two weeks ago, for an MS sufferer. Lovely lady in my community, her name is Heather Dixon; outstanding lady, very active in the community, she's going to Mexico. I gave her a cheque, and I don't know if I was right or wrong, but I want her to try anything to relieve herself of this terrible disease. So she's going to go to Mexico for a procedure that could be done in Brandon Regional Health Centre in a matter of hours, a procedure that my surgeons do in Brandon every day in Brandon. But, no, we're chasing her out of the country and putting her at risk because she wants something to be able to say that she's trying to relieve herself of this terrible disease.

Mr. Speaker, Manitoba should be a leader. We should've been out of the gate when there was any kind of hope that showed for an MS sufferer. We should've been on the front lines and saying we will do anything that we possibly can to, in fact, prove that there is some validity to liberation, and those are clinical trials. We do efficacy trials, we do all those things. We have people now—I could probably get you a list of 500 that have already gone through the procedure. Talk to them, go back through their experiences, find out exactly how you can follow them through the next five to 10 to 12 months as to how the procedure has been working for them. Is that so hard to do?

Saskatchewan, they were there first. They showed some leadership. They said, yes, we have to help our own citizens try to relieve themselves of this. So they're going to do clinical trials. We stand up and say we need pan-Canadian. We have to have 12 provinces and three territories together in clinical trials before we can ever make a decision on our own. Mr. Speaker, if we need a pan-Canadian we would have never invented penicillin or insulin if we had to wait for five, 10 provinces and three territories to get together before we could do the clinical trials, and it's the same thing with liberation treatment.

* (11:30)

I put the blame directly at the feet of the Health Minister. For some reason, for some unknown reason—I cannot understand why—she is hesitating to help those inflicted in Manitoba. It's said that the

correct ethical thing to do is called compassion, and that compassion is to help the people that we have now in Manitoba. Liberation treatment perhaps is not proven. In fact, we haven't got the clinic trials here in Manitoba as yet. But we do know that in Poland, in Costa Rica, in Mexico and right now in the United States, these procedures are being done on Canadians. Follow through, Mr. Speaker. Very simply, if they wish to be proactive, ask those individuals who have gone through the procedure to assist in trying to see what the efficacy is of that treatment.

But, no, what does the Health Minister do? She says, we'll end up giving \$500,000 to the process. Well, Saskatchewan came to the table immediately with \$5 million. Now, it's not money—only money, although money is going to be very important in the whole process. We have a \$4-billion health budget—a \$4-billion health budget. These people across the way spend \$500,000 before they have coffee in the morning, Mr. Speaker. It's an insult, quite frankly, that they're not prepared to put the cash resources up to help with the liberation treatment.

But what's even a bigger insult is the political non-will of this government to go forward and try to find a solution for MS sufferers, Mr. Speaker. A half a million dollars isn't really the issue; it's political will. And standing here today and listening to the member from Charleswood and listening to those people in the gallery, I cannot today understand why the political will is not there. Is it because you lack leadership? Possibly. We see it in a number of cases in a number of departments. Is it—it's not because we don't lack the financial resources. What is the real reason? We have procedures done like this every day in Manitoba, but if you're an MS sufferer, you can't have it. That doesn't make any sense at all. Every day they have this procedure done, but if you're an MS sufferer, you can't have it.

Mr. Speaker, they fall back and say, we had some incidents and an individual died because of the treatment. It happens. That's why we do the clinical trials. I'm going to be getting a new knee in the not-too-distant future, after 14 months on a waiting list, but we won't go there. Some people don't come off the table when they get a new knee. Does that mean we don't have knee replacements for everybody else? I don't think so. We still do knee replacements. We still do open-heart surgery, even though some people don't make it through the operation. We still have procedures that are done even though there is risk. There's risk in everything

we do today. But the one thing we can't do is stand by and do nothing. The people in the gallery—and there're only a few of them. There's many, many more like them in Manitoba, and I've met them, and they're willing to take the risk. But our government is not willing to take the leadership, and that is a sad, sad scenario of the NDP government of the province of Manitoba.

Mr. Speaker, perhaps—just perhaps—some members on the opposite side will look at this resolution and simply say, it's the right thing to do. And I hope beyond hope that they can look within their hearts and talk to the people who suffer with MS and stand and at least point the finger at their government for their inactivity and say to them, get off your you-know-what and start doing the right thing for MS sufferers in this province.

Thank you, Mr. Speaker.

Hon. Dave Chomiak (Minister of Innovation, Energy and Mines): I welcome the opportunity of taking part in this very important debate.

And I note that the member for Charleswood (Mrs. Driedger) has brought this matter forward. I note that there's people in the gallery who are proponents and both probably victims of this terrible disease that I've been watching for 40 years and seen numerous, numerous cures on the front of newspapers for 40 years. I've watched it because I've been aware and had relatives and friends who suffer from a disease that's predominant in the northern part of the hemisphere and, more specifically, in Manitoba and Saskatchewan.

I've also sat in the chair of the Minister of Health and had to make decisions, decisions that affect people's lives, on a daily basis and, like the present minister and like everyone in this room, have lost a lot of sleep over those decisions. It's not a black or white decision.

We had a drug several years ago when I was Minister of Health. People were calling on us daily, including members of the opposition, put it on Pharmacare, put it on Pharmacare, yet I knew there were studies that said it had a detrimental effect. We didn't put it on Pharmacare. The drug was withdrawn, having caused deaths from clinical trials that were undertaken. That was a tough decision. This is a tough decision, Mr. Speaker.

I've been in a situation where we had a patient who wanted experimental therapy in Ontario. The entire medical establishment said no. We said, let's

give it a try; this fellow has nothing to lose. So we sent him to Toronto. He had the surgery; it didn't work; he sued. It's not black or white.

In Saskatchewan, they have said they're prepared to do clinical trials. In Manitoba, we have said we're prepared to do multi-site clinical trials. The member for Brandon mistakenly said this is as simple as an angioplasty. No, it's not. Artery and veins are different structures.

Mr. Speaker, I have the pleasure of doing the research component of science in this government. I've seen potential cures for leukemia on the test tube, right now, in Manitoba. We ask that to go forward and leapfrog all of the testing procedures because we found in a clinic—in a mouse study—that we found a gene that could prevent the introduction of leukemia to a patient? Or do we take the prudent step of following the advice of this—of the community who say, research first, testing next, cure if the research holds out. Do you think any member of this Chamber would withhold this procedure if for the fact that there hasn't been the regime that is necessary to test?

First, do no harm is the philosophy of the medical community. I admit, on occasion, we've been forced or have gone contrary to that, but it's been my experience that when we've done that, it has been not effective and, on occasion, it's been more harmful. It's easy to suggest we go forward; it's hard to say let's do multi-site testing, but it's the correct course of action if we want to prove this procedure and we want to help those Manitobans who suffer from this disease.

If I were an MS sufferer, would I want this procedure? Of course. Of course I would, because I'd probably say to myself, what have I got to lose? It's—you know, I can move, I can walk, I can get around. If you have MS—you all know the effects, whether it's fast-acting or whether it's slow-acting or whether it's the kind of MS that quickly debilitates. I've worked, lived and spent time and cared for MS patients. Would I like the therapy? Yes. Would I be properly playing the role of a minister responsible for a health-care system that follows certain protocols, and jumped ahead, and did not follow those protocols? Would that be the correct procedure? I dare say not. I dare say not.

I've been in situations where we had to determine whether or not to vaccinate children, and we've waited for the results from other provinces before we moved the vaccinations forward, not

because we were being cheap and not wanting to spend the money. Not because we didn't care. Because we had—but we had to see what the numbers were in terms of the population affected by vaccinations versus the downside effect of vaccinating children, which was a one-in-a-million death.

* (11:40)

Those aren't easy decisions to make, so you have to look at something. It's not lack of compassion, and it's not lack of money, but you have to look at some kind of direction and protocol. In this case, the minister said we'll do multi-site studies.

Saskatchewan, I don't believe, has done a study. I don't think they've done a study. I think they've put in place some procedures. Now, I haven't talked to the Minister of Health and I dare say members of this Chamber, perhaps people in the gallery, know better, but I don't think they've done a single study. I think they put money for it, but I suspect that if Saskatchewan did clinical studies and we put together a protocol that would allow clinical studies to be done here, that would satisfy a multi-site study procedure, perhaps one other jurisdiction.

But, remember, the member for Brandon is incorrect in saying it's 10 and three. That's not what we said. We didn't say a pan-Canadian study. We said a multi-site study. *[interjection]* Okay, I correct that. The member said pan-Canadian or multi-site, but the member for Brandon said if we wait for the 10 provinces and three territories, we would never go ahead, and he's correct in that. *[interjection]* He's not correct in that because that's not what the member said, and I thank the member for Charleswood (Mrs. Driedger) for paying a lot of attention to my words, as I did to hers.

Now, Mr. Speaker, the—I believe that this government, when it has the opportunity to do a multi-site or pan-Canadian study, will be there. I know that Saskatchewan has gone out ahead and said they're prepared to do one.

An Honourable Member: When?

Mr. Chomiak: Well, I—the member says, when. I don't think Saskatchewan's done a study yet, hasn't started, announced they're going to. The member for Charleswood said early 2011, but we'll see; we'll see because the Premier of Saskatchewan announced it about how many months ago? *[interjection]* He announced their initial interest this summer and he

said perhaps in 2011 he'll do a clinical study. Let's see what happens between now and then.

Manitoba has said they're prepared to do a multi-site study. Let's not turn this into the black and white, you're—someone's all angel, someone's all devils on this side of the argument. We all feel the same with respect to this. It's only a question of the medical and the sociological and the psychological and the physiological impact of what's going to happen.

Of course, we want people to take advantage of every cure that's available, but we don't want to put, at the same time, anyone at risk or put anyone in the system at risk. I add to you, Mr. Speaker, that anytime we do anything in a multi-universal system—let us say when we did blood transfusions in the 1990s, which was a pan-Canadian blood transfusion system, and it was found to be done incorrectly, the entire liability—the entire system ended up paying billions and billions of dollars in liability because the procedures were not found to be correct.

In other words, if we get it wrong in our system, we all have to bear the consequences, not just the patients but everyone in the system. So I'd like to close, Mr. Speaker, by reminding members this is not a one side cares for all, one side doesn't care, that it's all black and white. It's a situation of a very difficult decision based on science, based on people, based on anecdotal evidence that requires a very deft and a very proper response, looking at the factors, looking at the situation and being flexible, as the minister has shown, to be flexible in order to move forward as quickly as possible.

Thank you, Mr. Speaker.

Mrs. Bonnie Mitchelson (River East): Mr. Speaker, I welcome the opportunity to put a few comments on the record and certainly in support of the member for Charleswood's (Mrs. Driedger) resolution this morning and also the passionate comments that were made by the member for Brandon West (Mr. Borotsik).

I first got involved pretty aggressively in the whole petition process when the person that runs the health food store right across the mall from me came in and indicated that he had many, many individuals from our community and from areas that reached far beyond my constituency that were coming in and asking why there wasn't something happening here in Manitoba for the MS patients that so desperately

wanted some hope and some action from the government. And he was very confused about the message that this government was sending out. And, Mr. Speaker, I got involved and worked with him, and we've, as a result, had hundreds of signatures on petitions that is urging this government to take some action.

And I listened very attentively to the member for Kildonan (Mr. Chomiak) when he indicated that he has watched many, many individuals suffer the debilitating disease of MS. Well, Mr. Speaker, I would suggest to you that maybe it's time for this government to stop watching and starting showing some leadership and take some action to provide hope for these individuals, and I know, personally, of some that have travelled out of country to have that liberation treatment, and it has been successful.

Obviously, we have a government that isn't listening to those individuals, isn't taking action and isn't showing any leadership. And I also listened to the member for Kildonan, the former minister of Health, who indicated that when it came to vaccinations for children, what they did was waited for results from other provinces. Well, Mr. Speaker, why then wouldn't this province with the second-highest number of MS sufferers across the country be a leader, show responsibility and do the test so that the results could be proven right here in Manitoba?

Mr. Speaker, my colleagues have put very passionate arguments on the table, to move forward with a clinical trial here in the province of Manitoba. I would ask the minister today, I would plead with the government today, to show some leadership, to pass this resolution and to take some meaningful action for those that need the support, need the health care that they deserve, right here in the province of Manitoba. Thank you.

Hon. Stan Struthers (Minister of Agriculture, Food and Rural Initiatives): I, too, appreciate the opportunity to put a few words on the table in terms of this resolution, and I do want to thank the member for Charleswood (Mrs. Driedger) for bringing it forward. I'm not going to pretend that I know exactly what sufferers of MS go through; I don't have MS. I don't want to—I'm not going to pretend to be a doctor with any kind of medical expertise that could be useful in the discussion here today. I'm not going to do that.

I'm not going to play politics with this issue, as well, though, Mr. Speaker. I think we should speak

honestly and frankly to people who actually suffer with this multiple sclerosis. I think we owe that to them. We owe it to their families. I think we owe it to their friends. I think we owe it to their—that community, to be honest and upright and not turn this into a partisan political debate like I see happening here this morning.

Mr. Speaker, if we allow this to be turned into strictly the usual run-of-the-mill kind of a debate that we have around this building in terms of partisan politics, we do no one—especially the sufferers—any kind of favours. We don't move this agenda along one iota, and I don't want to participate in a process that leaves friends of mine out to dry like that.

This is a time when this Legislature needs to step up. Both sides of the House need to step up. Both sides of this House need to take a good, honest look as to what is happening. We have to take a good, honest look at what's happening in the field of medicine, when it comes to the actual ways we can help people with multiple sclerosis, instead of the kind of stuff that I see happening here this morning in terms of smart remarks, in terms of misinformation on the table, in terms of providing false hope for people who don't need that added to the kind of suffering that they do on a day-to-day basis, Mr. Speaker.

* (11:50)

We have—*[interjection]* See, here we go again, Mr. Speaker. I think I listened very intently to every word that was spoken by members opposite. I think they deserve—they should have the decency to listen to others, even if slightly we disagree with what they have to say. This is, after all, a building in which Manitobans depend on us to look at issues from a variety of angles, from a variety of perspectives, so that we could come up with the best decision that we possibly can for the people that we represent together.

So, Mr. Speaker, I hope that we can take this discussion from where I see it this morning to a much better place, to a much higher level, to a level in which we actually work together to provide relief for people who suffer from MS. We owe it to those folks in the gallery today. We owe it to the person who I've learned the most about MS from, and that's the person who—and let's talk about taking the politics out of this. This is a person who ran against me in the '03 election. She represented the Liberal Party and now she suffers with MS. Her husband—both her and her husband very articulate

people on this issue—was official agent for the Conservative candidate in the '99 election.

You got a Tory, a Liberal and a New Democrat who have met over and over in the city of Dauphin on this issue. They know much more about this than I think I will ever know. I would put forward that these two constituents of mine know a heck of a lot more than anybody in this House, members opposite included. They know what it's like. They've met with the doctors. They've met with doctors over and over again. They've met with specialists. She's gone to Poland. She's had the liberation therapy. I'll take my advice from her before what I see coming across the way here this morning.

Mr. Speaker, that doesn't let anybody off the hook, though—nobody. We have to address this on behalf of people who suffer from MS, and I want to say, right now, that our minister has been doing that. If we can move this issue forward and get more and more people in the same boat on this, with all our oars going in the same direction—federal-provincial health ministers and premiers—if we can have that surety that we're going to have pan-Canadian trials, a pan-Canadian approach, that's a strong, powerful message to the medical community.

I don't want the medical community going off and protecting their turf. I don't want the medical community, as I've seen in other instances, get themselves bogged down in a debate that doesn't serve my constituent, my friend, who actually suffers from this disease. And if we can get more and more decision makers across this country to agree to that, more and more decision makers across this country to take a serious approach—let's not dis what Saskatchewan's done. Let's work with Saskatchewan, as our minister has said she's going to do, and has already done, and has already had conversations with their minister. Let's not turn that into a political football that's going to get in the way of moving forward on this issue. Let's feed off the leadership that our Minister of Health (Ms. Oswald) has put forward on this, not turn that into a partisan, bickering debate in this House. Let's take that leadership on the part of our minister, on the part of the Saskatchewan minister, on the part of the federal minister, and turn this into something that works for my friend—who has educated me on this issue—in the city of Dauphin, Manitoba.

We—I was attending Countryfest and this friend of mine was having trouble negotiating the stairs at

Countryfest. And she was—she fell a couple of times and her husband had to help her up. Somebody sitting next to me thought she was a drunk. Somebody next to me didn't know what she was up against, thought this lawyer from town was a drunk. These are the kind of things that the sufferers of MS put up with. Her husband has to help—had to help her around. She came back from Poland. Couple of weeks back after Poland, my wife and I and my little guy were walking down the street there at Clear Lake, right in front of McTavish's if anybody knows the area. Who do we see striding along next to her husband? Something very good—something very good happened with my friend from Dauphin. I'm not going to allow and I don't think any of us should allow the kind of progress that we see happening—that we see happening—get mired in a political, partisan debate in this House.

Some Honourable Members: Oh, oh.

Mr. Struthers: I made—Mr. Speaker, once the opposition sets down—settles itself down and lets me continue, maybe they can learn along with me on this.

Mr. Speaker, this friend of mine who had gone to Poland for this liberation therapy has come back, and I think, anecdotally, she can make a very strong case that the medical community needs to hear, that the Canadian government needs to hear, that all of us need to hear in this building. We need to take that anecdotal evidence and we need to marry it with the kind of clinical trials that the Minister of Health (Ms. Oswald) in Manitoba—

Some Honourable Members: Oh, oh.

Mr. Struthers: Mr. Speaker, that's exactly the kind of partisan nonsense that I was talking about earlier. You have a member on this side of the House who is speaking honestly about a friend of his who has suffered with this disease, who is saying to you that there is anecdotal evidence out there that shows that we need to take this seriously, and they turn it into a political statement just as we just saw.

But, Mr. Speaker, we need to get beyond that. We need to get this anecdotal evidence and marry it with the kind of information that the doctors in this country need to have in order to move forward. I don't think anybody—and our minister and no minister has taken the anecdotal evidence that I just put on the record and shuffled it to the side.

We need more than that. If we don't have more than that, then we're not doing any service to anybody who suffers MS, and that's what we've been saying we're doing. That's what we've been working with the federal minister on. That's why our minister is talking to the minister in Saskatchewan. That is exactly why, Mr. Speaker, we need to have the kind of information, further than just anecdotal evidence, to move this whole file forward.

I'm really proud to be part of this side of the House, who through our leadership of our minister is moving exactly along those lines, and I hope members opposite can open their eyes wide enough to see that that's a better way than the kind of things I saw here earlier today in this debate, Mr. Speaker.

Mrs. Heather Stefanson (Tuxedo): Mr. Speaker, it looks like the member for Dauphin is prepared to support us. I wonder if there's other members opposite. Clearly, it's time to take this, for the sake of the 3,000 Manitobans who are continuing to suffer from this debilitating disease—for the sake of those 3,000 Manitobans I hope that members opposite do not talk this out, that they allow for this vote to go forward today for the sake of those 3,000 Manitobans, maybe follow the member from Dauphin and others who have spoken in this House and allow this to pass today and, even if they disagree with it, maybe, perhaps, they will have the courage to stand up and oppose it then, but let's have the vote.

Hon. Andrew Swan (Minister of Justice and Attorney General): I'm sorry the member for Tuxedo doesn't want members of this House to be able to get up and speak about this resolution.

You know, Mr. Speaker, like every member of this Legislature, I know how urgently we need to find a cure for multiple sclerosis and, like every member of the House, we want to provide the best treatment for those who suffer from MS. And I suppose I've been lucky I haven't had a family member—

An Honourable Member: Point of order, Mr. Speaker.

Point of Order

Mr. Speaker: Order. The honourable member for Steinbach, on a point of order?

Mr. Kelvin Goertzen (Deputy Opposition House Leader): Yes, Mr. Speaker, the member for Minto (Mr. Swan) indicated that there are members on his side who would like to continue to speak about the motion.

I would ask that we have the unanimous leave of the House to continue on the debate until everybody in this House has had an opportunity to speak and then we proceed to a vote on the resolution. I'm asking for unanimous support for leave.

Mr. Speaker: Does the honourable member have leave for members to continue speaking and for the Speaker to not see the clock until all speakers have exhausted their opportunity?

Some Honourable Members: Leave.

Some Honourable Members: No.

Mr. Speaker: No. It's been denied.

Order. The honourable Attorney General.

The honourable Minister for Innovation, Energy and Mines, on a point of order?

Hon. Dave Chomiak (Deputy Government House Leader): Yes, Mr. Speaker. The member, I know, is trying to make a political point on this, but he knows that, in fact, what he suggested and what he stood up on is, in fact, not a point of order.

It does not meet our rules of a point of order, and his standing up on that particular issue is not a point of order. And, in fact, there's a number of opportunities, for example, to look at an amendment that we've provided.

But he does not have a point of order, and I suggest that he allow debate to continue rather than raising on a bogus point of order.

Mr. Speaker: Order. For information of the House, I've already ruled on his point of order, and the honourable member—Minister for Innovation, Energy and science does not have a point of order.

* * *

Mr. Speaker: And the hour is now past 12 o'clock, and we will recess, and we will reconvene at 1:30 p.m.

Honourable minister for—honourable Attorney General will have nine minutes remaining when this matter is again before the House.

LEGISLATIVE ASSEMBLY OF MANITOBA

Thursday, December 2, 1010

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