

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

Official Report
(Hansard)

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The Honourable Daryl Reid
Speaker*

MANITOBA LEGISLATIVE ASSEMBLY
Fortieth Legislature

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<i>Vacant</i>	The Pas	

LEGISLATIVE ASSEMBLY OF MANITOBA

Thursday, May 29, 2014

The House met at 10 a.m.

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

Morning, everyone. Please be seated.

ORDERS OF THE DAY

PRIVATE MEMBERS' BUSINESS

SECOND READINGS—PUBLIC BILLS

Mr. Speaker: Are we ready to proceed with Bill 213?

Some Honourable Members: No.

Mr. Speaker: No? Are we ready to proceed with Bill 214? *[Agreed]*

**Bill 214—The Neurofibromatosis
Awareness Month Act**

Mr. Speaker: Okay, we'll call Bill 214, The Neurofibromatosis Awareness Month Act.

Mrs. Leanne Rowat (Riding Mountain): I move, seconded by the member for Lac du Bonnet (Mr. Ewasko), that Bill 214, The Neurofibromatosis Awareness Month Act, be now read a second time and be referred to a committee of this House.

Motion presented.

Mrs. Rowat: Thank you for the opportunity to bring this bill forward. I want to recognize Manitoba neurofibromatosis association organization that are in the Chamber today and the many families who are affected by this debilitating disease, neurofibromatosis, which is a very—not a rare disease but it is rare in the understanding or the knowledge that people have with regard to this.

Now, each of these people in the Chamber, in the gallery, have had a journey through life trying to determine how best not only that they can understand what neurofibromatosis is and how they can deal

with it, if it is inflicting a member of their family, but also to help Manitobans understand this debilitating disease and how it personally affects each and every one of them, because this disease does not just cause one type of issue; it could be tumours on the spine, it could be tumours on the face, it could be tumours in different parts of the body, it could be related to cancer. And I'll go into those details a bit, Mr. Speaker, as we go into debate.

But I wanted to, very clearly and 'geniously'—genuinely, thank everybody that was able to make it today, whether they were from Brandon, whether they were from Island Lake, or whether they from Virden or Minnedosa. I think it's important that they took the time to be here today, because it is part of awareness that we're trying to put forward today.

Now neurofibromatosis is a debilitating illness that affects many friends, many neighbours and family members throughout Manitoba. One in 3,000 people are affected by neurofibromatosis. And from the letters and the correspondence that I've received over the last several days, many people have had struggles in trying to get their diagnosis, Mr. Speaker.

Annette, who lives in the area of Lynn Lake avenue—I think it's Lynn Lake avenue. It's definitely in the Speaker's riding. And she tells a story of how she could—had to struggle for seven years to get diagnosis. How she struggled for seven years to have medical attention brought to her. She was told by several physicians and many people that it was all in her head. And finally, when she did receive her MRI, she—it was determined that she had tumours that were entwined in her spine. So she had been suffering for all these years, pushing hard to get recognized for the illness, and finally did, Mr. Speaker.

We have a young man, Lyndon, who's in the Chamber today, who's 26 years old, struggled to try to determine how to make people aware of the illness that he was inflicted with. So he took a picture of himself and put it on T-shirt and circled it and said, I have NF. Ask me what that is—or, neurofibromatosis, ask me what it is. So he was creating awareness in the best way that he knew how.

This is a group of people—group of families—who get together on a regular basis to share their challenges, their concerns, their frustrations, at not being taken seriously, or for people not understanding the significance of this disease.

So today we are introducing Bill 214 for second reading. And the bill is a very simple bill; it's not long in words. It really is just trying to get the organization or the families that have NF, or have a family member afflicted, to help create awareness—help promote awareness.

And like I said today, you know, I'm hoping that the bill passes to second reading today. But if it doesn't, we've done part of the job, we've created awareness, we've got people here today willing to share their stories. We have members of the Legislature going to be debating the significance of creating awareness for neurofibromatosis, and we are going to be continuing that debate. As I indicated, we are going to, hopefully, pass it through second reading today and go to committee. But if that doesn't happen, then we're going to bring it back in the fall, Mr. Speaker, and we'll continue to do that, and I've done that in other bills.

But I want people to know that these are individuals who are very frustrated with the lack of knowledge, the lack of understanding with regard to this illness. It is an illness that inflicts more people than a number of other illnesses, Mr. Speaker, that have received recognition or awareness days.

* (10:10)

Sadly, there's no cure for neurofibromatosis, but that doesn't mean that these individuals who are living with the disease have no hope. And today we had almost a full hour of discussion. And my goodness, that room was full of hope, and that room was full of encouragement, and that room was full of individuals who were here today truly wanting to believe that this government will support what they are trying to accomplish, which is to make government aware that this is a bill that needs to be introduced to help their cause.

Tonight, they have a run in Kildonan Park in celebration of the great things that they've been doing in creating awareness for NF and to get together and to give each other a hug and to provide support. This is the first run in Winnipeg. Minnedosa has had eight runs in support of NF. My dear friend Tracy Gregorash's son Seth suffers from NF. She has worked tirelessly as a mom who loves her son and

wants to see people in this province understand exactly what her son is going through.

And I think that when we talked about bringing this bill forward I thought, it's a no-brainer; we need to create awareness, we need to promote this disease in Manitoba so that people understand it, so that the medical profession has a better understanding of this. And we know that there are challenges within the medical profession with regard to this.

So it's not only everyday Manitobans who need an education on this very terrible disease. We know that the medical society also needs to recognize that this is something that is very serious.

We know—and Tracy was very good at sharing—that there a number of doctors that are aware that today is happening, that we are introducing this bill and that we are looking for government support for awareness. And they've indicated that they truly support and back what Tracy and others within this organization are doing and wish they could be here, but obviously could not, but shared their support in writing to Tracy which she shared with me.

So I—you know, I'm asking today for the members of the Legislature to put their politics aside, put their politics aside and recognize that these people in the Chamber today are here looking for their MLAs, their representatives, to support what they're asking for, which is awareness. They're not asking for money, they're not asking for, you know, deep, entrenched legislation; they're asking for a piece of legislation that would promote awareness, that would give them the opportunity to say Manitoba supports our cause, that they believe in what we are trying to do, which is create awareness, Mr. Speaker.

So I'm—you know, I've been raising this through petitions, I've asked the minister to consider it. I don't know what else we can do other—today than other—other than to ask that we support this unanimously in the Chamber and move it to committee and let this piece of legislation become law. And, as I said, if that doesn't happen, we'll be back.

So I want to thank you, Mr. Speaker. I want to thank the families for taking the time today to be here. I want to thank the families for sharing their stories. I want to thank the individuals who are afflicted with NF for being here today because I think by being a face in the audience and looking at the government, you're showing that you deserve

what we're asking, which is approval of this bill. Thank you very much, Mr. Speaker.

Mr. Drew Caldwell (Brandon East): I'd like to thank the member for bringing this resolution forward. Mr. Speaker. I should note for the folks in the gallery I'd also like to thank you for coming here. There's a lot from western Manitoba. In Brandon earlier this month, there was an awareness dance, a fundraising dance, Let's Dance for NF, and I know that that event was very well received in Brandon.

In the awareness of neurofibromatosis is growing through the work of the families and organization associated with the ailment. And as I said, Mr. Speaker, in Brandon earlier this month, there was an event that went a long way towards enhancing that sort of awareness in my home community. And today in the Legislature, as we debate this resolution, we're doing our part here to increase awareness amongst the members and then in—more directly, coming out of this session, the public.

I would also add that, Mr. Speaker, for private members' bills, there hasn't been a government that has passed as many private members' bills as this particular government. We have, in this Legislature—and the families should know this—conducted ourselves in a very non-partisan manner in a great many bills that were brought forth by members of the opposition, such as this one, and that we do have a very strong record in this House with this government of working across party lines to pass bills that are in the public interest. And, as we debate this bill today and perhaps at another sitting later on in the session, that should be known by folks in the public, that we do work across party lines in this House many times on bills of this nature.

Mr. Speaker, we have, in our caucus, folks that have experience with neurofibromatosis and we'll hear a bit more about that this morning as the debate continues, but neurofibromatosis is a chronic and, as the member opposite suggested, often disabling disease affecting one in every 3,500 births.

Neurofibromatosis can lead to disfigurement, blindness, deafness, learning disabilities, abnormal growth, epilepsy and cancer. Neurofibromatosis is a genetic disorder of the nervous system which causes tumours to form on the nerves anywhere in the body at any time and carry a high risk of causing brain tumours. This disorder affects all races, all ethnic groups and both sexes equally, so it is a very insidious condition.

It is more prevalent than cystic fibrosis, hereditary muscular dystrophy, Huntington's disease and Tay-Sachs combined, and the effects of neurofibromatosis are unpredictable and have varying manifestations and degrees of severity.

Mr. Speaker, our government is very dedicated to invest in health-care services that people throughout Manitoba need and depend on every day. Yesterday, I was in Brandon for—this week we opened Murray House, the City of Brandon and the Brandon regional health—I'm sorry, the prairie west regional health authority celebrated the opening of Murray House along with many benefactors and philanthropists in Brandon yesterday.

We have invested, as a government—and I reference this because of the reference to cancer in neurofibromatosis—we've invested at levels greater than any other government in Manitoba history in our health-care system and in infrastructure in western Manitoba. I'll speak to western Manitoba specifically. That's where I come from. But the largest investments in Manitoba history in health care in western Manitoba have been made by this government, and they are manifest in the new Brandon Regional Health Centre, the new western Manitoba cancer treatment centre, the renewed western Manitoba laboratory, the health ACCESS centre in the city of Brandon. We have ambitions to complete a bed tower in Brandon. Right now we're functioning on a bed tower that is notionally 1960s, '70s vintage. It would be the last piece of major infrastructure that is requiring replacement in the city of Brandon.

And folks in the audience should know because we are debating a bill that is seeking to raise awareness, awareness is one side of the equation for health care. Investing in infrastructure is the other side. Every single penny of that investment by this government in the western Manitoba cancer treatment centre, the west—the Brandon Regional Health Centre, the Westman laboratory, the health ACCESS centre and, in fact, every other health—piece of health infrastructure throughout western Manitoba, every single penny of that investment has been voted against by members opposite in budget votes in this House.

So, while words mean something, they do not speak louder than a vote on the funding to provide health-care support for Manitobans. And on that count, Mr. Speaker, members opposite have failed miserably. They've failed Manitobans. They've failed

the folks in the audience here today, in the gallery today, and they've failed us as a community.

Investment in health care is probably the single most important investment we can make in our communities. And it's one thing to talk a show, it's another to actually undertake the deeds necessarily to transform our communities and, in that regard, Mr. Speaker, members opposite have failed Manitobans miserably, and I think that that has to be underscored.

* (10:20)

As we work through successive budgets, we continue and we will continue to invest in our health-care infrastructure and to invest in our health-care support, and members opposite, if the record of the last 14 years can be used to judge their behaviour, we can count on those investments to be opposed in this Legislature as they have been for over a decade and a half here.

So, Mr. Speaker, our government does continue to invest in health-care services that the people throughout the province of Manitoba need and, certainly, in the area of neurofibromatosis, we are continuing to invest in this area as well. The Winnipeg regional health authority provides child and adult services for neurofibromatosis. In child health, patients have access to full genetic services and some speciality services for all Manitobans through a program in genetics and metabolism. There's also a very active parent support group that child health is involved with.

Mr. Speaker, genetic testing is available for documented cases of neurofibromatosis I or neurofibromatosis II. Critical management of neurofibromatosis is aimed at controlling the symptoms. Surgery can help in some bone malformations to remove painful tumours, and treatments can include surgery, radiation, and chemotherapy. And, as I said earlier, those services, up until the last five years, were only available in the city of Winnipeg. We are working to make those services available more widely throughout the province and our investment in the Western Manitoba Cancer Treatment Centre, recently opened, demonstrates, in a very real way, our commitment to ensuring that better health care is brought closer to home throughout the province of Manitoba. And I know in Brandon it's made an immense difference for people in western Manitoba to be able to seek treatment in our own region, as opposed to the emotional, financial, and spiritual stress of having to relocate to the city of Winnipeg

for extended periods of treatment. I think that the Westman cancer treatment centre, in fact, in Brandon, is one of the best investments we've made as a government in ensuring that health care is more widely available throughout the province.

So, Mr. Speaker, the purpose of this particular private member's resolution is to raise awareness for neurofibromatosis in the province of Manitoba. I think that's a commendable purpose. I do wish that members opposite would match their words with support for the dollars necessary to provide support for those suffering from health-care issues in the province of Manitoba, and I would urge those who do talk with members opposite to encourage them to actually support the money necessary to provide these health-care services because, in this House, which isn't oftentimes translated outside of this Chamber, but in this House, members opposite, day in and day out, oppose every single penny for health care in this province. They oppose every single investment. And that's not fiction; that's a fact. That's a fact that can be borne out in votes in this House. Every single capital vote, every single money vote in this House has been opposed by members opposite.

So I think that that's an important message to folks in the gallery and it's an important message to Manitobans. If you want more than words, engage the opposition in actually investing in health care.

Thank you, Mr. Speaker.

Mr. Wayne Ewasko (Lac du Bonnet): And it gives me great pleasure to rise today and put a few words on the record in regards to Bill 214, The Neurofibromatosis Awareness Month Act, brought forward by my colleague from Riding Mountain.

It saddens me, though, Mr. Speaker, that, as I'm sitting here and I listened to the member from Riding Mountain stand up and put her words on the record in regards to supporting this bill, thanking, of course, all the friends, family, and neighbours of people who suffer from this illness, from this disease, and then we hear, of course, the member from Brandon East stand up and start throwing some partisan comments onto the record.

The fact is, Mr. Speaker, this bill doesn't cost a single cent. This bill basically is bringing awareness and, as you know, and as many members of this House know, I'm a big believer in education throughout the province of this—this wonderful province of ours, Manitoba, and just as well as any other topic that we do bring forward in the

House, whether it is supported or it's not supported, education is the key, and we need to make sure that we bring awareness on many of the topics that we talk about here in the House to Manitobans on a daily basis.

And so with the member from Brandon East sticking to his speaking notes, Mr. Speaker, that has been developed for him to talk about the bill—and I have to set the record straight—it is a bill that we're debating this morning, it's not a resolution. But I'm sure he'll look through his speaking notes and maybe correct that point, as well.

But do you know what, I didn't stand up today to talk about the comments put on the record by Brandon—the member from Brandon East. I'm standing up to talk about supporting the bill, Bill 214, and for, as well, acknowledging all the people who came to the gallery this morning, again, to try to bring this—bring awareness to Manitobans.

As we know, Mr. Speaker, there is no cure for this illness and it can be—and it can seriously disable those who are afflicted. Even though roughly one in 3,000 people are affected by NF, many people in our province and country have no idea of what this illness is and the difficulties those living with the symptoms and their loved ones face. It is because of this that I rise today to ask all of the members of this House to support Bill 214 unanimously, no matter what colour or party stripe they tout when we're in the House. Bill 214 intends to proclaim the month of May each year as an official neurofibromatosis month in Manitoba. The first step towards awareness is a concerted effort of education, and that is exactly what we hope to do through Bill 214. Support of this bill would help to raise awareness for those devastating illness—for this devastating illness and send a strong message to those living with it and their families and loved ones that they are not alone.

In order to appreciate the importance of Bill 214 it is important to understand what neurofibromatosis is. NF is a genetic disorder that disrupts cell growth in an individual's nervous system causing the formation of tumours on all kinds of nervous tissue.

Neurofibromatosis has three distinct variations, the first of which occurs in one in 3,000 births worldwide. The other forms of neurofibromatosis affect one in 25,000 births and one in 40,000 people respectfully, worldwide. The symptoms of this disease are varied. Some people live relatively unaffected whereas others—other individuals become severely disabled. According to the Manitoba

NF support group, symptoms can often be seen during birth or throughout infancy and almost always will occur before the age of 10. In fact, symptoms can range from tiny bumps under the skin to bone deformities, enlarged head or limbs, balance difficulties and learning disabilities among others. Sometimes the symptoms can be so extreme it makes it hard for those living with NF to be part of the community. Some people can be afflicted with a disfiguring appearance and a—executive functioning deficits that leave them feeling isolated and alone and bearing the burden of psychological and social effects as well.

Sadly, there is no known cure for any form of neurofibromatosis, but this does mean those living with the symptoms have no hope.

Now, I want everyone to imagine that a person who you care deeply about was in pain constantly from this illness and you knew there was not a cure. Now imagine that you wanted to try and help support your loved one, but you find that there exists limited dedicated resources and support, and as you search you find many people are not even familiar with this condition or even have heard of it. You certainly are not sure where to point you to find options that you or your loved one may need or attend.

This is precisely the dilemma that Bill 214 will help to address. The creation of a designated month of awareness will help to eliminate and bring attention to this serious illness—and I just should repeat that—not eliminate illuminate—so basically to bring awareness to all those Manitobans.

Currently, in Manitoba an organization by the name of the Manitoba Neurofibromatosis Support Group operates to try and spread awareness of this illness, as well as provide support and information for members, family, health-care professions and various other organizations, Mr. Speaker.

* (10:30)

Understanding and awareness is key when it comes to treating and supporting individuals and families who live with the effects of neurofibromatosis and their quest to live lives free to physical and emotional pain caused by NF. By coming alongside the Manitoba NF support group, in bringing awareness, we can strengthen support networks and help attract more resources towards education, treatment and, maybe even one day, a cure.

I'd like to thank all those people again that have attended today in the gallery, and also all those people who have written in and shared their stories. And I know that we're not talking about one particular constituency, Mr. Speaker; there's many. And I know that the member from Riding Mountain had shared a couple of the stories and where those people are from.

Every now and again, an issue comes up where the need is severe, and the issue permeates partisan lines. These issues are ones that deserve unanimous support and unite us as legislators who are truly looking out for the Manitobans we sit here representing.

Bill 214 is exactly one of these times. The people of Manitoba who suffer daily with this illness deserve to have support for their health and well-being. Bill 214 will take a seminal step in bringing NF to a fore of Manitobans' consciousness and will help to expand and strengthen the support of these Manitobans, which they need, Mr. Speaker.

I, again, thank the member from Riding Mountain bringing forward Bill 214. I thank and I pray for all the members in the gallery, their friends, their family and their neighbours who are affected by NF. And I urge all members to do the right thing today, stand up unanimously and support Bill 214.

Thank you, Mr. Speaker.

Mr. Speaker: Before I recognize the honourable Minister of Family Services, I would like to thank our guests who are with us here this morning for—to observe this debate, but I want to also remind you that while members are debating this topic here this morning there's to be no participation in any form in the debate that's occurring here this morning, and that includes applause. So I'm asking for your co-operation.

Hon. Kerri Irvin-Ross (Minister of Family Services): Mr. Speaker, I stand today to speak as a family member affected by neurofibromatosis. It's a little different that I stand up today and speak because it is making reference not to myself but to the father of my children, my two sons, Kaleb and Ethan.

The story starts in Regina, Saskatchewan. Get married, we have two beautiful children. My husband starts to exhibit symptoms with his legs and with his arms and spends a lot of time meeting with doctors and trying to find out what is the cause of

this. And I don't have to tell the families what it's like going through that journey and meeting with doctors and thinking the worst every time.

And as we went through that journey, it took us a few years, and we got the diagnosis of NF. It sounds very strange, but for him, we had a sense of relief that we were able to identify what was causing the symptoms, what was causing the chronic pain for him. He had tumours at the base of his brain and tumours along his spine. And we were fortunate, I guess, that they were able to do surgery. And that's what we agreed to. We knew that the risks were heavy. We knew that there were many complications we would be facing following that surgery. But that was the choice that he made, and I certainly supported him.

And I think I've already said this, but just to set the context of the story, my sons were one and two at the time. And at that time, we were trying to raise our family, enjoy our life in Saskatchewan. The day that we went for surgery, I will never forget it. We went to the Pasqua Hospital, and I was alone. His family was here in Manitoba, and my family was in rural Saskatchewan. We had somebody stay with the kids. And I was told that the surgery would last approximately four hours, five at the top. Well, I sat and I sat. And I think, at the end, it was probably around 10 hours that that surgery took. And when they came to tell me the news that he had survived the surgery and that the surgery took longer because of the nerve endings wrapped around the tumours, that they—it was much more delicate than what they had expected—that they weren't able to get—remove all of the tumours, but they were able to do the one that they were the most concerned about, the one at the base of his neck—or of his brain.

It sounds strange, but, you know, I went in to see him, and it was very frightening. And we got a lot of support from the hospital and from the professionals, but I was so afraid of what our future would be, as he was too. We were very fortunate that when he recovered from the surgery that he was able to resume his employment as a boilermaker and continue to provide for our family and to do the best he could do. He continues every day, though, to be—to experience the pain and the fear of the impact of the tumours that remain in his body and whether he will have more or not.

So the journey is one that I know very well. My children have grown up knowing the impact of the pain with their father. When we moved to Manitoba,

very shortly after the surgery, he continued to receive services from the medical professionals here and continues to have regular MRIs to monitor his progress. He continues to provide for his children as a mentor and as a champion, but as you look at his face, you can see the pain every day.

And when you live with an individual—even though I don't live with him now, he still is a person that is valuable to me as the father of my children and ensuring that he is around for many, many years to continue to support my sons as they grow up into adulthood. But often, I know, speaking to him even as recently as last month, that the pain is unbearable, the fear of losing some of his abilities that he has now continues to weigh heavy on him. He does the best he can, as many people diagnosed with NF and other chronic diseases, to put his best foot forward and to continue to contribute to our province, as he continues to work as an international business manager for the boilermakers and continues to support my children.

So I want to say thank you to the member for bringing this bill forward and also acknowledge the families here that support their loved ones every day. And I have to tell you that, when we heard our diagnosis, that I had not heard about it before. And I have to be honest with you that we have not done our due diligence as a family to talk about NF and to actually acknowledge it on a daily basis and to build our own awareness.

So I want to thank you very much, and I wish you all the best as you go on your journeys. I hope that you, as you move on your journey, that you find the supports that you need from the community members that I know join you in your walks and your dances, and from the health professionals that come to your side and offer comforting words, give you some advice and direction. And I know that from your loved ones that you gather strength every day, seeing them as they meet their challenges and the pride that you have watching them overcome what is, for most of us, we just don't have that understanding. So thank you very much for your advocacy and for your support and for your commitment to making people more aware of NF.

Thank you.

*(10:40)

Hon. Jon Gerrard (River Heights): Mr. Speaker, I'd like to say a few words on this bill. I want to first thank the member for Riding Mountain (Mrs. Rowat)

for bringing this forward. It's an important initiative. It highlights a condition, neurofibromatosis, which is all too little understood and for which there needs to be a lot more awareness. I want to thank the minister for sharing her story, it—a very powerful story to have shared and a very, you know, familial story, and I think that the sharing of stories in this way can only help to enhance the general understanding of neurofibromatosis.

As a pediatrician, I've been aware of neurofibromatosis for many, many years, and it is certainly one of the conditions which, you know, can be confused, where diagnoses can be delayed, where there's a lot of uncertainty, but it's also a very important diagnosis to condition, to identify, partly because once we've identified it we can be in a better position to help people who have the condition, to help their families.

And, indeed, one of the things that we do know at the moment is that there has been a lot of advances in neuroscience and that the hope for research which will help to treat or to cure, we hope, neurofibromatosis is—the hope is there. It—maybe there will be a big breakthrough or maybe, as is more likely, it will be a contribution in small—a sum of small contributions gradually over time that will help us to better understand the molecular basis of the condition and what we can do or what can be done in order to treat it or to cure it.

And so although it is a, you know, a genetic condition which can be passed on, that knowing more about it, being intensively engaged in the research—the Health Sciences Centre prides itself for being a centre of neuroscience research. I don't know if they're doing anything specifically on neurofibromatosis, but let us hope that something will come from this that will make a difference, a big difference in the lives of people who have neurofibromatosis and in the lives of their children.

So I want to say a big thank you to all who have come today. Your efforts are important on the behalf of anyone or any family who has a member with neurofibromatosis. It is important that we raise the awareness as you are doing and hopefully out of this will come not only better awareness and understanding and better help for those with neurofibromatosis but, in time, and hopefully not—in the not too distant future, better treatment and hopefully, indeed, at some point a cure. So thank you for coming and participating today and helping all MLAs have a better understanding. Thank you.

Ms. Deanne Crothers (St. James): Well, I have to confess I was not at all familiar with this disease and, in fact, was rather intimidated even by the name of it, neurofibromatosis. It's new to me. And as I was reading the information about this condition, I became quite shocked to read that it affects one in 3,500 people and is more common, combined, than, as my colleague mentioned earlier, cystic fibrosis, hereditary muscular dystrophy, Huntington's disease and Tay-Sachs. I'm quite shocked that we're not more commonly aware of this, and, I mean, ultimately, that's the point of this bill, and I appreciate that deeply, having an experience with my own child, not with this but with something that was not particularly common.

And I think that awareness opens the door to understanding, which is very important when we're dealing with health-care issues, whether it's as a parent or whether it's as an adult who's suffering with a condition.

I think when you become a parent, especially the first time, you're frightened by all of the things that could go wrong. I remember my mother-in-law calling me—I think I was about eight months pregnant, and she picked up the phone one day and she needed to talk to me to tell me about this TV show she'd watched where a condition which affected one in 3 million children, and she went into great gory detail about—you know, I won't talk about what this was because that's not why we're here, but it scared the pants off of me. I mean, I had a month to go before I was to give birth myself, and sometimes, knowing all of the things that can go wrong is a dangerous thing, but when it's something that is common, is as common as this, I think that it's important for the public to know and to be aware.

The condition that my daughter had as a newborn was a hemangioma, which covered her eye and grew very, very rapidly, and for those of you that don't know what a hemangioma is, it's like a fleshy, red mass, so it was completely covering her eye. And, of course, we were frightened to death, and she could lose her sight, and we were dealing with all of these issues to try and figure out what our options were for her, and I remember, you know, going out with her in public and the comments that people would make—not in a mean-spirited way, but I think when people don't understand what a condition is and they see something that someone is going through, they say things rather thoughtlessly. I was asked if she had a black eye, which, of course, I was deeply offended at. People asked if it was a

condition—rather, you know, pitifully, they would look at her, oh, is that—is that always going to be there? And I think that when you're battling something, either by watching your children go through it, or you're battling something yourself, the last thing that you need are people making comments without thinking about how that's going to affect you.

And I remember even—my parents don't live in Manitoba—I remember sending my pictures of my newborn baby to my parents, and my mother told me later that my father couldn't bear to look at the pictures because he found it so painful to see my child with this condition.

And I relate this only because I think understanding from our community members makes dealing with issues that are maybe not commonly experienced a little bit easier to cope with. It doesn't take away any of the pain or any of the challenges of living with it, but I think having people aware certainly takes away just one more hurdle that you have to meet. And I do believe that awareness opens the door to understanding, and that's the point of this, making more people aware of this condition and helping them understand what it means for those that do have it.

I know that we've invested in health care for a variety of issues, but in terms of what impacts this condition, we have child and adult services for fibromatosis through child health. We have also invested in CancerCare, which has a high risk of occurrence with this condition by introducing a new initiative to ensure that patients have faster access to testing, to diagnosis, and treatment, and reducing that entire journey to two months or less, and these are important things, too.

I'd like to express my appreciation to the Manitoba Neurofibromatosis Support Group for their efforts in assisting those with the condition, but also their families and community education. I especially found that the recent purchase of the CinemaVision with Children's Hospital Foundation, I think this is one of those things that, when you're from a, I mean, this is meant to benefit children so that when they have an MRI they're going to have a less claustrophobic experience in that. I think that that kind of a move comes from experience, obviously, but it's one of those things that, when you're outside of that, you don't think of the little battles that are ongoing when you're fighting the bigger battle. And it's easy for people to not anticipate what it's like for

those that are dealing with a particular health issue, and I think that these kinds of moves are helpful, not just for the families, but it's important that we're making a way for coping with this and making it easier for those children to be able to deal with these conditions in a more manageable way.

* (10:50)

I think that fighting these battles, fighting this battle, obviously rests on those that have the condition. But it—the least that we can do as members of the public is to be aware and be more sensitive to what they are going through.

And I appreciate the member who brought this forward today, so thank you very much.

Hon. Erna Braun (Minister of Labour and Immigration): Thank you to the member opposite for bringing this act—pardon me—this motion forward, and also to my colleague for her heartfelt description of her journey living with NF, and also to my colleague from St. James because I, too, was very surprised at the—how common this is, and that this is a disease that I, too, was not familiar with. And when I look at the information on NF, to find out that it is a disease that affects one in every 3,500 births, I was quite astounded at that.

I think what is assuring is that there are the supports in place for this disease. I've been through the cancer journey with quite a number of my friends, and I know that as a result of all the awareness and work that has gone into making the public aware of cancer, and just in the last day we had indications that there are an increase in certain cancers such as melanoma, which is something that both I and my father experienced. And it certainly really is important to have communities aware of the significance and the amount that—effect that these diseases have. So I think that becoming aware of NF is also really important because it does draw attention to it and focuses people's attention on what the needs of the community that is affected by this disease.

So it—having gone through the cancer journey with some very, very good friends, I know what supports are there and what kinds of actions are able for these folks to access in order to either to save their lives or make their journey more comfortable if it does become an issue of not being treatable. So I'm pleased that there are supports for children and adults with NF and that patients have access to full genetic services and some specialty services through a

program in genetics and metabolism. I'm pleased that they would be referred to specific specialties if the services would be required, such as neurologists, neurosurgeons, dermatologists and other physicians as required, and that genetic testing is available.

Clinical management of NF is aimed at controlling the symptoms, and surgery can help some bone malformations and remove painful tumours, as was described by my colleague, and that treatment can include surgery, radiation and chemotherapy. So I am pleased to know that under circumstances that would require such interventions, that they are available for individuals who suffer from NF. And, certainly, as was pointed out by my colleague, having the support of community is—and family is so vital in making sure that the journey through a disease is, as painful as it may be, that there are people there that can help support that person through the difficult times ahead, and also for those individuals to gain the courage in watching and assisting their loved ones.

The Manitoba fibromatosis support group is a very important group that works with individuals and families and helps share their stories and helps direct them to resources and provides all sorts of really needed support to these individuals. And listening to my colleague from Brandon East, that the fundraising and the awareness that has gone on in his community with NF is to be applauded. And I thank again the group for coming today and helping in share in this awareness and making sure that other supports are there and other resources are in place.

The other thing that I think, and it was pointed out by my colleague from St. James, that recently raised money towards the purchase of CinemaVision with the Children's Hospital Foundation is certainly something that is noteworthy. Every child that has an MRI can be less claustrophobic, and, having had several MRIs on—in my lifetime, I can certainly share the feeling that having an MRI brings with it. And this also, then, eliminates the need for children to be sedated, which I had the pleasure of having had that process done to me, to produce clear images. MRIs are needed to monitor a tumour, tumour growth.

As I said earlier, awareness is really important. And we know that with cancer that there has been a great amount of effort through public education and awareness to increase the support of community to supporting that particular illness. And, certainly, going through the cancer journey with a number of

really good friends of mine, I know how being aware of the illness prompts you to be more vigilant.

And, certainly, that was the case with melanoma, which has become, sort of, which has become the story over the last number of days with—at the Canadian Cancer Society. That was something that assisted me in being able to identify melanoma with my father. When he retired, and as a redhead and someone who loved the outdoors and gardening, it became evident to me, simply because there had been a lot of awareness campaigns that had gone on to point out to people what the downfalls of embracing sunshine and becoming a sun worshipper, which was what my father was, and being able to identify the fact that the indications on his skin were not normal, and they weren't the freckles that he kept saying they were. And, because of the information that was at my fingertips with that, I was able to point out to my father's doctor that this was something that needed to me looked at.

And all of that comes as a result of having awareness campaigns, making sure that illnesses are brought to the attention of community and family members. And I can certainly say that having that information at my hand, through my—through the public campaigns that were happening through CancerCare and the Canadian Cancer Society, I was able to assist my father in his cancer journey with melanoma. So I think that I can appreciate the value of having an awareness on a variety of diseases.

And, as I say, this was an awareness for me today in having this bill come forward because, certainly, NF was something that I was not well aware of before this. And this is an opportunity to say that, yes, being able alert the public, give them information, that it provides not necessarily a level of comfort, but, certainly, it gives you a sense of support and it gives you a direction of where you might go to in order for additional information, what the processes might be that can assist you in the journey that you need to take with that particular disease.

So I think that it is really important to know that education, public education, serves a great value in our communities because it does draw attention to certain diseases and illnesses that can help mitigate them, if necessary, certainly help them with the processes of finding the proper resources and the supports that are needed in order to deal with that illness.

And, you know, certainly, there are many other organizations in the health field that have used public awareness as a way of making sure that the public is well informed, that encourages—*[interjection]* Pardon? Do I stop now?

And my understanding is that, with this important bill that was brought forward by our member from Riding Mountain, that this is a resolution that we can support fully and will pass unanimously.

Mr. Speaker: Any further debate on Bill 214?

Is the House ready for the question?

An Honourable Member: Question.

Mr. Speaker: The question before the House is second reading of Bill 214, The Neurofibromatosis Awareness Month Act.

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

* (11:00)

Hon. Dave Chomiak (Acting Government House Leader): Yes, Mr. Speaker, I wonder if it could be noted that the bill has been passed unanimously in this Chamber.

Mr. Speaker: Is it the pleasure of the House to let the record show that this bill has passed second reading unanimously? *[Agreed]*

Some Honourable Members: Oh, oh.

Mr. Speaker: The hour being—order, please.

RESOLUTIONS

Res. 21—Community Based Home Support for Seniors

Mr. Speaker: The hour being 11 a.m., it's time for a private member's resolution, and the resolution under consideration this morning is Community Based Home Support for Seniors, sponsored by the honourable member for Emerson.

Mr. Cliff Graydon (Emerson): I move, seconded by the member for Steinbach (Mr. Goertzen), that the Community Based Home Support for Seniors resolution be tabled. No?

An Honourable Member: You read it out.

Mr. Graydon: I read the whole thing? Okay. Thank you.

WHEREAS seniors in Manitoba deserve to remain their homes for as long as possible and should only be moved into a personal-care home when it's absolutely necessary; and

WHEREAS Manitoban's population for the age group 65 and older is growing, having increased proportionately in every regional health authority in the last five years;

WHEREAS a rapidly aging population in Manitoba means initiatives to properly care for the health needs of our older adults are necessary; and

WHEREAS a group of churches in southern Manitoba developed a supportive-care pilot project and ran it successfully for the three years; and

WHEREAS The Gardens on Tenth is a community-based project in Altona, founded by local churches, that allow seniors to continue living close to their home without placing a burden on personal-care-home services in the community; and

WHEREAS the supportive-care staff is available at Gardens on Tenth on a 24-hour-a-day, 7-day-a-week basis, allowing seniors to remain in the facility for as long as it safe to do so; and

WHEREAS the seniors and caregivers from all across the province would benefit from the similar programs and the health-care system would also benefit by potentially lessening the burden on personal-care homes across Manitoba.

THEREFORE IT BE RESOLVED that the Legislative Assembly of Manitoba urge the provincial government to partner with and support community groups to allow seniors to remain in their homes for as long as it is safe to do so through assisted living, supervised living projects—that other group living projects.

Mr. Speaker: It's been moved by the honourable member for Emerson (Mr. Graydon), seconded by the honourable member for Steinbach (Mr. Goertzen),

WHEREAS seniors in Manitoba deserve—

An Honourable Member: Dispense.

Mr. Speaker: Dispense? Dispense.

Is it the pleasure of the House to consider the resolution as printed in today's Order Paper? *[Agreed]*

WHEREAS seniors in Manitoba deserve to remain in their homes for as long as possible and should only

be moved in to a personal care home when it is absolutely necessary; and

WHEREAS Manitoba's population for the age group 65 years and older is growing, having increased proportionally in every Regional Health Authority in the last five years; and

WHEREAS a rapidly aging population in Manitoba means initiatives to properly care for the health needs of older adults are necessary; and

WHEREAS a group of churches in southern Manitoba developed a supportive care pilot project and ran it successfully for three years; and

WHEREAS the Gardens on Tenth is a community based project in Altona, founded by local churches, that allow seniors to continue living close to home without placing a burden on personal care home services in the community; and

WHEREAS supportive care staff is available at the Gardens on Tenth on a 24 hour a day, 7 day a week basis, allowing seniors to remain in the facility for as long as it is safe to do so; and

WHEREAS seniors and caregivers from all across the province would benefit from similar programs and the health care system would also benefit by potentially lessening the burden on personal care homes across Manitoba.

THEREFORE BE IT RESOLVED that the Legislative Assembly of Manitoba urge the Provincial Government to partner with and support community groups to allow seniors to remain in their homes for as long as it is safe to do so through assisted living projects, supervised living projects and other group living projects.

Mr. Graydon: Mr. Speaker, before I start to debate the resolution and put it forward, it's my pleasure to welcome in our gallery today the board chair of Gardens on Tenth, David Wiebe; the vice-chair, Len Schieman; the finance chair, Wes Sawatsky; and the honorary fundraising co-chair, and former MLA, Jack Penner.

Mr. Speaker, the seniors of the province have done their part in developing and growing Manitoba. They have contributed immensely and today on their behalf I'm calling on the government to do the right things for these seniors and make sure that they get the care and the support they need when they need it. It's a reality in our province that the population demographic above the age of 65 is growing rapidly in all regions. With this growth, comes the need to

expand care and the resources for seniors living in Manitoba. And The Gardens on Tenth is a great example of the community-led initiative that is helping to do just that particular thing.

We know that the seniors have contributed immensely to the growth of our province and they need and do deserve the respect to age in their communities. Now I know it's very difficult for some of the smaller communities to be able to have senior homes but at least where we can do it, we should be doing it, and how we can keep our hospitals and our personal care without a large waiting list is to use the supportive care that's being—that is being—the pilot project that has been done in the Altona district. And this has been started a number of years ago, and it was started by a group who felt, in 1962, that there was a need in their community. So in the community of Altona it was started by local churches. The funding model is and it always has been local. The culmination of this effort led to the creation of Ebenezer Home for the Aged.

Over the years the seniors' manor has been added to and the original building is still in use, and this was important. At one point there was a move that this building would be demolished. The volunteer group said no, no, we can renovate it. We are not wasting money. We need these units and we're going to make it work. So the Ebenezer—over the years Ebenezer Home for the Aged had worked at fundraising as well to do all of this, because they were doing it on their own dollar, their own dime. There were no government contributions from levels that I'm aware of, and the Ebenezer Home for the Aged has built a legacy.

In 1999-2000 they raised \$300,000 to convert 43 rooms into 23 suites to provide independent and assisted living with meals. In 2007 they raised \$450,000 to establish a three-year pilot project called 24-7 supervised living, which is now a provincially supplemented supportive housing program for 13 clients. That's 13 individuals that would otherwise be in a hospital bed awaiting a PCH bed or they would be in a PCH.

So—and most recently they've started planning for a new \$18.5-million, 66-suite assisted living facility, and in order to accomplish this they established a fundraising goal of \$3 million, and in the last two years, Mr. Speaker, they are currently at \$2.5 million. This is a testament to the community that they live in, to the volunteer board and to all of the people in Altona. When they put out the word,

we need money; this is what we're doing, the volunteers came forward. The money came forward, and it is still flowing in. I can tell you, at this point, October of 2013, they broke ground for the construction of the new building. So in two years, in less than two years, they've raised 2 and a half million dollars, and I would suggest that if there's anybody in the House today that would like to make a donation, the boys are here and they'd be more than happy to take it with them—and I look directly at my colleague from Steinbach when I said that—and not only will this greatly increase their unit numbers with this complex, but it will also include a kitchen complex capable of serving the entire complex then—*[interjection]* Yes, and you could pass the hat because you're just sit—you could walk around with the hat if you would like. They—it'll include a kitchen complex capable of serving the entire complex of 120 suites. This new project is called Gardens on Tenth, continues to grow and expand its scope but ultimately, it's aim is to remain a constant to provide assisted living, supportive housing and supportive care to the community.

We've—this leads to an increasing number—we have an increasing number of seniors waiting in hospital beds for care that could better be served elsewhere at a reduced cost to our economy. So the fact that a number of Manitobans waiting for placement in PCH is staggering, thousands of seniors cannot get the right care in the right place and then stuck in hospital beds or struggling at home.

In today's world—in a fast-paced world that we're in today and in many homes there's—we all know that there's two-income families and looking after a senior is very difficult. There are people that still do this. They make that sacrifice that the senior can age in the home with one of the—one of their children or one of their siblings, but at the same time, Mr. Speaker, that's not always available.

*(11:10)

And what the board in the Altona area, and I might remind everyone in the House that these are all volunteers on these boards, that they have—with the passion that they have, organized and built what they have now with the Ebenezer aged home and also The Gardens on Tenth that is now under construction, is allowing the people to age with respect in their communities.

As of February 2014, as many as 1,305 Manitoba seniors are waiting for placements in PCHs. Many of them are waiting in hospitals. Many

of them are waiting in assisted or supportive living where their needs are not being met. However, if we can keep some of these out of the hospitals and keep them in a seniors home with a 24-hour care, where they're familiar with the people around them, it gives them the opportunity to age gracefully. And some individuals, Mr. Speaker, they will have dementia, for example. And I will refer to an individual I knew very well; it was my father. And when he couldn't be taken care of by my mother or in an assisted living, he was panelled, went to a PCH.

He went to an area that he didn't know people. There was nothing familiar there. And, Mr. Speaker, it's so important to our seniors that do have dementia, the longer they can stay where they're familiar with their surroundings, familiar with the people around them, the much easier it is for them going through this dementia and for everyone. When my father went to the PCH, he went there as a happy, jovial individual that would ask you the same question five times in 20 minutes. And you've seen that in the House here, actually. However, he—all he needed was a little extra care, that 24-hour care that if he would—he would wander in the night; he would get up and wander. But it wasn't available in that facility. So when we took him to the PCH—and he was used to the fact that my mother was beside him all the time—within a month, he didn't speak and he didn't walk.

We need to correct this type of thing, Mr. Speaker, and this resolution here and the pilot project that was run by the three churches in Altona, at their expense, for \$450,000 for three years, would solve that issue and would help that. We need to expand that pilot project. I urge everyone in the House to support this.

Mr. Jim Rondeau (Assiniboia): First, I'd like to welcome Jack Penner back to the House. Welcome. I know I did a number of events with you when you were the MLA out there, and you did work very, very hard for your constituents.

Second, I'd like to say I'm actually a little scared because I agreed with some of the things that the member from Emerson actually said. And I'd like to say thank you because the people who do the volunteering, who raise the money to make sure that we have the facilities out in the communities are truly heroes; I'd like to say thank you to you, you've done a fabulous job out in the community. You should be proud of what you and your compatriots out there in the community have done because I think, together, we have to have a community that

looks after everyone. And I believe that as a society, we have an obligation to look after the most—the people who—at most risk. We have to look at—the seniors. We have to look at the people who have disabilities. We actually have a moral obligation to make sure all of us have a decent quality of life, and I'd like to say thank you to the people, the churches that have done that. I think it really measures a society on how you're looked after. So thank you very much for making a difference.

I'd like to mention a little bit about what some of the things that I'm very, very proud of achieving. And when I was minister of Seniors, I had the actual pleasure of introducing the first caregiver act in Canada, talking about how we, as a society, would support the caregivers helping those people who need assistance. And it was interesting because just recently, the—there was a seniors magazine that actually talked about caregiving and support for seniors. And they actually have a quote in there that says that Manitoba is a leader that should be followed by the federal government, other provinces, because we do need to make sure that the caregivers have the financial support, the community support, the government support to make sure that people can remain in their homes as long as possible.

And so I'm pleased that we went into an area that no one else had done. I'd like to say thank you to the caregiver council, because I got all sorts of advice when I was minister of Seniors that I didn't expect. They talked about the transition from home, and they talked a lot, a great deal about how people could be supported in their homes. And I'd like to say thank you to the Minister of Housing, because what we've been doing is we have an assisted-living supports. We have supported housing, but we are also working with Home Care to have Home Care teams and nurses that go into the homes. We actually are working with having experts deliver support for free out in the community and in the homes, and we—again, the support for the caregivers.

But it's not enough, and I'm pleased to be part of a government—and when I was minister of Seniors, moving the agenda forward to make sure people stayed home. It was wrong when we just had personal-care homes and hospitals. I think we need a whole range of facilities, and I'm pleased that our government has invested in them.

I would suggest that the member for Emerson (Mr. Graydon) and all opposition members start voting for things like the caregiver tax credit and the

housing and the supported living and the Home Care. I think that would be better. But, you know, the truth is we've come a long way. I hope that the members opposite all agree that we need to have more options out there.

And I know that it's interesting, because the member for Emerson (Mr. Graydon) was talking about dementia and Alzheimer's, and we've dealt with that, and it was interesting how people through dementia would have good weeks and bad weeks. They would have weeks that they needed tons of support and weeks that they didn't need any support. They had weeks where we actually had an investigation of how we had a GPS watch bracelet, that when a person went wandering we could find them. It was interesting when we went looking for two days for a person who had dementia.

But what we need to do is work together to make sure that we have all the services in place, and I'm pleased that we were able to do that while I was minister of Seniors and Healthy Living.

Other things that I'm very, very pleased with is we're one of the few provinces that have a home-care system that's free, that's dependent on need, not on the size of your wallet. I am proud that we, as an NDP government, brought that in 40 years ago. I'm pleased that we still stand up for a non-cost-delivered home-care model, and I hope that the members opposite continue to support that model, not just the user-pay model like they encouraged in the 1990s.

The other things that I think that we should mention is the whole idea about supportive housing units. We've done some very, very interesting experiments where we've had personal-care homes, we've had supportive housing and we've had apartments for rent all in one facility. So people could—when they've been together as a couple for 40 or 50 years, sometimes the partner needs more support, so they're in the personal-care home or supportive housing unit and the other spouse is in the apartment. But then you don't have the difficulty of one house staying at—one spouse staying in a house and another person in a personal-care home. They're travelling, trying to be together, and it causes a lot of stress, anxiety and often sickness. So I'm pleased that we've got more housing units like that.

I know that we, prior to 1999, there was only 52 housing units. I'm pleased that we've increased that to 168. I know that more needs to be done, and I'm—I'd really like to say thank you to all of the non-profit groups, all of the organizations that have

stepped up to help raise money for this, because I think as a society we need to make sure that we do that.

* (11:20)

A few other things that I'm very, very pleased with is the whole Age-Friendly Initiative. Way back when, I'd like to give credit to Jim Hamilton, because he talked about how we make all of society age-friendly, and that means whether you're a person with a parent with a stroller or whether you're a senior or you have disability or you have to walk with a cane or a wheelchair, then you need to deal with those services, and as a society, we have to make sure those services are available for all.

And so I'd like to say thank you to Jim Hamilton for stepping up. I'd like to say thank you to the member for Fort Garry for following it up and talking about how we are now world leaders in age-friendly with about 85 per cent of our population covered in age-friendly communities. And age-friendly is where city governments, provincial governments, businesses and all this make sure that their supports and services are available for all.

So it might be simple things like curb cuts, but it's also talking about building design. It's also talking about the fact that we now have a ramp at the front of this building where people have access and they don't have to come in through the basement backdoor, they can come through the front door. The fact that when we're talking about building codes in their public buildings now there are actually door openers there. The fact that we actually have paths, walking paths, throughout the community that are accessible to all, and I can still remember being invited to Europe—I didn't go because of the cost of travel—but we were invited because, in 2006, world-class cities like Calcutta, London, England and Portage la Prairie started the age-friendly journey. We actually got it where Manitoba moved from a very small start to 85 per cent of our population covered by age-friendly in six years, and everyone else said, how do you do this? And I said, through the spirit of co-operation, with working together, with partnership we're able to do that.

I'm pleased that we give out grants to communities and different organizations. We give out community awards for age-friendly. I think that it really is very eye-opening when you go to the awards every year and you see what some community groups—what organizations actually do as far as age-friendly to embrace all, and that was really a very,

very positive experience to talk about the structures and the different things that we have been able to do in a very short period of time.

So I'd like to say thank you to the members who let us, and who helped participate, and who helped create a model. I'd like to say thank you to the Minister of Health (Ms. Selby) and Family Services (Ms. Irvin-Ross) for embracing the changes and funding them and creating the money to make sure that society is there. And I'm really pleased that our government has moved forward on age-friendly, the caregiver act and the housing issues, because I think together we all are part of the solution, and I don't think that—we want to make sure that all—a rising tide raises all ships, not just for the select few, but for all.

Thank you very much, Mr. Speaker.

Mrs. Myrna Driedger (Charleswood): I'm pleased to have an opportunity to stand and add some comments to this resolution, and I would, you know, right off the hop say to the minister, who just made some comments, that I do think that there have been some good initiatives that have been put forward in the last number of years by the government, but I would also say I don't think there's enough and I don't think there's enough innovation that is actually happening to keep up with the aging demographic that we're seeing.

You know, everybody is talking about this grey tsunami that's moving in, and if you read the information from across Canada and even within Manitoba, that is very much the case; we do have an aging population. We are the big bubble in the demographic picture and there is going to be an inordinate number of people that fit this category for the next number of decades, and that means that there is going to have to be the services that we need for the demographic, this grey tsunami that's coming. And in part of that, as well, is the whole issue, as my colleague who introduced the resolution has also mentioned, is the issue of Alzheimer's and dementia that is going to have a significant impact on all of the resources that we have not just here but in other provinces as well, and for a long time now I have felt that Manitoba isn't even close to being ready for what is going to be coming, for this tide that is going to be coming.

Fortunately, one of the things that is happening is we have seniors that are more active nowadays. There are a lot of seniors that are doing very well into a long age. My mother-in-law is one of them. She's 99 years old and only last year did she end up

having to go into a personal-care home. Other than that, she was able to live independently but also in a facility where there were resources put around her that actually allowed her the opportunity to stay in the community. And I really believe that that allowed her the incredible opportunity to be independent until the age of 98.

Now, at the end of her independent living, she certainly was very incapacitated, and it was very frightening to watch also because she was living alone. She was so frail. She fell. She had Home Care, but Home Care can only do so much. They can only come so often. Otherwise, this 99–98-year-old woman laid in her bed hoping for visitors or hoping for Home Care to come or hoping for family to come. There were times that Home Care couldn't come to give her her medication. There were times where, you know—and we live across town, so it wasn't particularly easy to try to fill in the gaps, but you try your best, you do your best to ensure that there are meals. So you go in the morning and you, you know, you try to make sure there's a sandwich ready for later in the day. And you just keep your fingers crossed that the people that are supposed to be there are going to show up.

I did hear a real horror story, however, of one woman whose sister actually contacted us. And there were something like 17 times out of 29 supposed visits where a home-care worker did not show up. Yes, we have a home-care system in Manitoba that is providing a lot of needs. We are probably more advanced than some other provinces. But, indeed, Manitoba's home-care system is very stressed. And what is also happening within the home-care system is people are afraid to speak up. And I hear that time and again. They're afraid to speak up. They're afraid to indicate, you know, that they might not be getting the service that they wanted or needed—never mind wanted, but needed—in Home Care because they're afraid they'll be cut off. And we hear that story very, very frequently. I've had a number of home-care workers that have come to me and spoken to me about the same too. And at risk of, you know, them putting their jobs on the line, and with my assurances—I have never divulged, you know, who has spoken to me—but there, even amongst workers, there are some major concerns about the number of Home Care patients that are falling through the cracks.

So when there is an opportunity, as through this resolution, to actually have an opportunity and an innovation for something that is another model is

absolutely amazing. I know my colleague from Emerson has often spoken about this project at—that he put forward in the resolution, that a group of churches in Altona have come in together—have come together and have created this facility that sounds like it could fit the needs of so many.

And the fact that it came from, you know, community groups, I think, is something very, very worthy of acknowledging. It is a great innovation. And I know that my colleague actually feels quite passionately about this. And he's had the first-hand experience to know the effects that it can have on seniors, as we have heard from—in our caucus a number of times, the issues he has faced with his parents. And he is very passionate about recognizing what has been done in the—in his community of Altona. And when I look through the various notes that he has put forward on this particular facility, it really is wonderful. You know, you have the independent assisted living, you have communities come together to make it work, you've got the private dollars in there that are helping—because we all know that there's not enough, ever, money in the public system that we're going to be able to do all things for all people. We know that. It's just not a sustainable funding model.

* (11:30)

And so when there's challenges and when there are groups out there like the ones that have worked passionately for Ebenezer Home, I think we have to look much more carefully at something like that because certainly The Gardens on Tenth is a testament to the success of motivated community organizers with the collective vision of how to support our seniors, how to value them in—as they're getting older.

We're all experiencing—I'm sure most of us in here—are all experiencing the challenges of aging parents and we all know that we want the best for them and I think we need to be as innovative as we possibly can—and here is one great story from a community.

So to the community that's here, and I recognize that there are a number of them in the gallery today, they did something really wonderful for their community and it is a great model and I would hope—and I hope from the minister's comments that there will be unanimous support. I think the resolution itself, it sounds like it is something that the government is in favour of; they've certainly been

working towards looking for innovation and looking for a way to deal with these challenges.

I hope that the government will support this resolution today and that we can, you know, develop a system where we are working harder than we have been because we need to. This is something that you can't drag your heels on, it needs a speed-it-up process, because the tsunami isn't going to wait for us, it's not going to wait for the bureaucracy of a health-care system, it has to be something that is addressed quickly, immediately, fully and broadly so that we indeed can give the seniors what they very much deserve.

So I look forward today to the unanimous support in this House of this resolution.

Thank you, Mr. Speaker.

Hon. Kerri Irvin-Ross (Minister of Family Services): I've had the privilege of being at Gardens on the 10th. It will always be the Ebenezer Home to me though, like always. That's the name when I think about the good work that has happened in that—I hate to call it an agency because it's really a family—it's a group of volunteers that got together and had a vision that they were going to provide supportive senior services to their loved ones in their community and they've really been able to develop a campus. And I was so proud when I was able to tour Ebenezer Home and I think I had the privilege of touring with the member for Emerson (Mr. Graydon).

And the one thing that you need to know, and I'm going to digress just a bit—they do good quality care, but the meals there, oh, my, amazing, and the cookies, the cookies, I still get the cookies and I thank you from the bottom of my heart for those deliveries of those cookies. People have started to know that every once in a while when they see them in the building that the cookies are there and so I'm having to share, so that's a problem, but that's okay, I can—I have lots of room to share cookies with people.

But it was—I was struck when I went to Gardens on the 10th and I saw the continuum of service that they provided and heard about their vision for this pilot project. They put in front of me a proposal that you couldn't deny; that is was cost effective, that is in the best interest of the seniors. It was in the best interest of the seniors because they were able to stay home, they were able to get a quality of care and that they were able to transition within that campus. And they were able in their very dynamic and creative

way and innovative way to wrap around services no matter what that individual needed, that grandmother or that grandfather needed, they were there and passionately provided a quality of care, but the care goes much beyond physical.

At Ebenezer Home—I'm going to interchange them, okay? At Ebenezer Home, there's a quality of spiritual care. That is an extremely important value that many of the residents acknowledge and appreciate and find strength in. There's the recreational care that they provide and the unconditional support and love that they receive every day by the individuals that they meet as they go throughout their routine. The smiles in the Gardens on the 10th are contagious. So I've seen the work that they've done. I support the work that they've done. I know that our government has supported it too.

There was a recent announcement, and we had worked on this proposal for a number of years. Well, they did all the hard work, and they lobbied hard with help from the MLA for—from Emerson to expand their vision, to ensure that they were able to provide affordable housing options for the seniors of their community. And I am extremely proud that on March 21st, the sod was turned. And I am confident that, as that building is developed with the same principles, vision and passion and commitment, that it will, too, provide a good quality of care for the seniors of that region.

There are other supportive and assisted-living initiatives that we've supported throughout the province. Approximately two years ago, we had a RFP for seniors housing, and there was a resounding response. And I think—I'm having to go on my memory—that we were able to fund a number of projects, and I think it was five projects that totalled approximately 110 new units. Why we were able to do that was because of volunteers and professionals that came to the table with strong proposals. And in their strong proposals, they talked about a vision of supporting their seniors closer to home, of providing them with quality of service.

We were able to fund these because they also came to the table with assets, some of them, often, financial assets. We cost-shared the build. Sometimes it was with land, and that is extremely valuable. Because, as we know, the cost of housing is extremely high, and we need to do it in a co-operative way, and we are able to do that.

I'm extremely happy with the partnerships that we have between Housing and Community

Development and Health. Sometimes those partnerships are difficult because we need to work in coordination together, and one of us gets out of the barn quicker than the other, and then we have to slow down and sit at the table and negotiate what will this project look like, what are the needs of that community. And I am extremely pleased that we are able to find resolutions and make sure that we're able to provide those services.

There's another initiative that we have within Housing and Community Development, and, that is, we have developed supportive-housing units where we have gone in and we have redeveloped a floor, and in that floor, there are 12 suites. In the middle of that is a common area, and in that common area, people come together for programming, for meals, to share recreational opportunities. But they are also in a wraparound service.

I can tell you, in my experience over the 10-plus years that I've had the privilege to sit on this side of the House, that I have seen the passion and the commitment to providing a continuum of service for seniors across the province, no matter where. If they live in Winnipeg, in the rural or northern areas, we are there beside the volunteers, making a difference.

I'm not saying that the work is done. It's far from done. We have a lot more work to do. We know that the population is aging. We know that people are living longer because of the good health care that they're receiving and the supports that they receive. We need to make sure that we adapt the services for them.

* (11:40)

And I really—I think Gardens on the 10th is one of those examples that there are lots of lessons to be learnt. I often—when I meet with groups, I talk about what is happening in your great community and offer them to go for a tour and to find out.

So I strongly believe that working together as the voluntary not-for-profit sector and the Province of Manitoba that we're able to make a difference.

I'd like to put this on the record. I have the privilege of a lovely woman in my life who is my mother-in-law by the name of Betty Stephen. Betty Stephen is from Dauphin, Manitoba, a very proud doctor's wife who has chosen to reside in Winnipeg, and that has been a gift for me. She lives in a assisted-living facility called The Westhaven, and The Westhaven provides a number of—there are other members in this House that have experience with

The Westhaven, and we know about the good quality of service that they provide for our loved ones and the community that they have built. As we age, because we all will, God willing, we are going to age. I'm sorry, Mr. Speaker, you, too, will age—*[interjection]*—please do not call me out of order.

But why? It's a good thing. I learnt this working in—with seniors, that the best thing is if you're allowed the privilege to age. And we hope that everyone is able to age in a healthy way, but we also need to know that there are agencies and that there are people who are willing to embrace us as we age and provide us with those opportunities that we can maintain our independence, that we can stay in our communities, that we can feel supported and loved and grow old in dignity, and that's what we want for everyone.

Thank you.

Hon. Peter Bjornson (Minister of Housing and Community Development): Mr. Speaker, it's a pleasure to rise in the Chamber to speak to this resolution that's brought forward from the member from Emerson, and I do so having the privilege to represent the oldest constituency in Manitoba. Statistically, the Gimli constituency average age, I believe, is the oldest in the province. It's a beautiful community to retire in, and I know how important that is first-hand for people to have quality, affordable housing and community supports to ensure that they have safe, affordable housing to live in and, certainly, as our community continues to age, it's important that we do the best that we can to allow them to age in place, age at home and have a very fulfilling retirement.

Now, of course, my parents, my mom is 72 years of age and—she will be 72 this fall—and she likes to go to the Bethel seniors' home, the personal-care home, and read to the old people, just like my grandmother, my ama used to do, and she would do so when she was 82 years of age. She loved to go read to the old people.

And my father, at 81 years of age, just—continues to maintain a three-quarter acre lot with a push mower and he bags it; and he was out there with his tiller, tilling up the garden. And I would not want to run a foot race against my father, I tell you. He's in excellent shape.

An Honourable Member: My money's on your dad.

Mr. Bjornson: And my colleague Attorney General (Mr. Swan) says his money would be on my dad. I appreciate that. The point being that my parents have lived very good, healthy lives, and they continue to do so, and I hope that they continue to do so for many years to come.

Not everybody lives healthy lives as they age. There are many challenges that their health presents to them, and it's important that we find ways to provide the supports to the best of our ability, that they can enjoy their life in their home as long as they possibly can.

And following my colleague, who also is my predecessor in this portfolio, she talked about The Gardens on Tenth and Ebenezer Home, as she said. I had the opportunity to be there on a very cold, cold, windy day, where I, too, got to sample the fine food at a luncheon after we celebrated the capital expansion announcement and got to talk to the board, and it's great to see the members of the board here today to be a part of this conversation today. And it certainly is everything my colleague said in terms of the type of care that they receive and the environment that has been created in that home for people who are in their senior years.

Now, one of the things that I heard one of my colleagues on the opposite side of the floor mention is innovation and how important it is to be innovative, and this is a great example of innovation and there are many other examples of innovation. And every time I go to a new housing project that we're announcing or that we've built or that we're opening the doors and cutting the ribbon, I'm always struck by the variety of housing models that are being developed to support our seniors. My wife gives me a hard time, as I recently turned 50, she says every time I announce 55-plus I should declare a conflict of interest. But that said, as we—as I go to many of these complexes and see the things that we're doing, it's very creative ways of providing safe, affordable housing and supports for our seniors.

A good example is one that's going to be opening up in a couple of years in Transcona, actually. As you would well know, Mr. Speaker, there's a project there that will include a common space that connects housing for families and housing for seniors. So people whose parents are going to move into apartments could be living in apartments separated by a common area where they can get together and share in community activities. And I think that's a wonderful model where you don't have

to move away from your parents. In fact, you can be in the same building as your parents. I think that's a great model.

I was up in Riverton recently when we opened phase 1 of the Icelandic River Lodge. And it's a beautiful facility for—with 19 independent living suites in phase 1. Phase 2 will include a common area. But it will also include assisted living and supportive housing units so they can transition from one independent living into some supportive housing units as their needs require.

So I think, to the point of the member opposite, there are a lot of innovative things happening. And a lot of these innovative ideas are coming from the individuals that we work with when we submit requests for proposals. As my predecessor mentioned, in the first go-around, I believe the number she used is approximately 100 seniors housing units. Well, we've recently gone through that process with RFPs for 140 more seniors housing units, Mr. Speaker.

So we know that the demand is there and we know that the demand will grow. And we're certainly going to work to that end to achieve affordable, safe, clean housing for our seniors, as the community groups have come forward in large numbers to talk to us about their particular projects, to talk to us about the opportunities in their communities. And I think what makes it really interesting from my perspective is seeing these different proposals coming with so many different ideas and so many different clubs and so many different interests at the table to make these projects come to fruition.

So I think it's important that we do continue to work with the volunteer organizations, whether it's service clubs, whether it's church groups, whether it's simply a group of dedicated volunteers from the community who have said, we need to do something to support our seniors and we're going to work with our seniors to that end. And I see quite a variety of these organizations represented and have seen a number of them represented as they come to my table. Nobody's brought me cookies yet, not that I need cookies, but a variety of these groups do come to my table with a variety of different proposals, with a lot of innovation.

And I think what's really encouraging about this is that we see it happening at the grassroots level. People know their communities. They know the needs of their communities. They know their seniors. They know the needs of their seniors. So they are the

ones that bring very innovative ideas. And we do our best to try to find ways to support those innovative ideas. And, again, I think we've heard it a few times now that Gardens on the 10th is a stellar example of that type of innovation and bringing those ideas to the table. So we'll continue to work with those organizations. We'll continue to work to provide supportive housing, supportive living arrangements for our seniors. But it's also not just about the housing. It's also about the community at large.

And I'm very proud of the fact that Gimli is one of the age-friendly communities. I know there are lots of improvements that were made for access purposes for the community of Gimli, and we see a lot of changes that were made. And businesses became aware, as many of the businesses now that are serving our Gimli residents are targeting the seniors demographic because of some of their specific needs. So when you think about that, a good business model to be age-friendly, as well.

So the community has embraced age-friendly. We have a very active seniors organization in the New Horizons, where I believe they have 584 members of the New Horizons 55+ club, which is a substantial number when you consider that the population of the municipality is less than 5,000, or approximately 5,000. So more than 10 per cent of the population is participating in the seniors' organization, the New Horizons. And there are many seniors who aren't members of that organization, just to provide that context for how old my community is in that sense, as the oldest community in Manitoba.

*(11:50)

So there are a number of things that speak to this resolution. The fact that community organizations are very important to partner with, the fact that community organizations are very innovative and bring many ideas to the table for us to consider, but it's also the fact that we're at the table to have these conversations. We're at the table to work with these community organizations. We're at the table to deliver on affordable housing. We're at the table to deliver on seniors housing, and we're going to do so with this RFP and 140 additional units, and that's something that's very important. And I hear that time and time again not only from community organizations, but from municipal leaders and from the seniors themselves who say I want to stay in my community.

In fact, when I was in Riverton opening up the Viking river lodge—or the Icelandic River Lodge, I

should say—I asked one of the citizens—or one of the residents what she thought of her new home, and she couldn't have said it any better. She said, I've died and gone to heaven. I toured the old facility. It was bachelor suites that had been built in the '70s and had not had much—they had tender loving care but were in dire need of replacement, and certainly the suite that she lives in now is an absolutely beautiful suite, beautiful view of the Icelandic River and it's a place that she is very proud to call home. In addition to that, it's right across from the Riverton Medical Centre. It's right across from a new seniors organization that has sprung up recently to provide recreational opportunities and social opportunities and supports for those seniors living in that facility.

So, again, I think the key to moving our models forward is going to be—or has been and continues to be community involvement, and I'm very proud to be part of a government that works with our communities to deliver on these particular projects in supporting our seniors.

So with those few words, Mr. Speaker, I thank you for the opportunity to speak to this today.

Mr. Cameron Friesen (Morden-Winkler): It's my pleasure to stand and add to the dialogue on this subject this morning. I thank the member for Emerson (Mr. Graydon) for bringing forward this very, very important resolution on community-based home support for seniors. I listened carefully to the comments of the Minister for Housing, and I've heard him say they want to participate with communities that are putting in community capacity and that's an encouraging sign. And certainly we're paying attention to comments like that because the need is great, and I think the beauty of this pilot project that took place in Altona is that it has proven to have that community support. It has proven to have buy-in from the local community, a tremendous input from the community. The resources are there. The will is there.

We all exist—we all recognize that a gap exists in care in our communities. We say every day, even as I continue to introduce petitions on Tabor Home, too many of our seniors don't find the care they need when they need it in their local community. They are sent outside in isolation away from family and friends, and that's why in the brief time that is allotted to me, I would say that in the city of Winkler, exactly this is the situation.

And, Mr. Speaker, you've heard me say before that there is this new venture, the Buhler Centre,

formally referred to as the H.F. Wiebe Active Living Centre. It is an ambitious project on the books. It would take the location where the Winkler Senior Centre used to exist and build a multi-storey facility with assisted living in it, affordable housing and, indeed, the Province has partnered here with an affordable housing award. The senior centre would be in the main floor, but what is desperately needed for the community is that capacity for supportive living on the second floor. Winkler has looked at the Altona model. They have studied. They have engaged the minister in this conversation. They've engaged three ministers in the conversation. The time is now. We are inviting this government in. The community desperately needs the government's participation to say Home Care needed in that second floor. To make that work, it's that transitional component. It's the capacity that is needed through Home Care to make sure that people can live there in semi-independence with the care that they need.

The community will build it. They are building it as we speak. The former centre is down. There is tendering being done. It will go up. The drawings are there and the investment is in place. What we need from this government, what we need from the government is a willingness to participate and say, yes, this is a great model. It is affordable. It is proven. It is supported.

I welcome the member from Emerson's comments that this program should be expanded. I've heard it said that a good idea is a good idea no matter where it is found and, Mr. Speaker, I welcome this morning a broad-based consensus that this is a good idea, one that is meritorious of further exploration, one that requires the government's assistance to bring forward and we thank the government for the important indications they've put on the record this morning that this is the direction in which they are going.

I know my own community of Winkler and Morden and the RM of Stanley and the other areas, including Altona, pressed this government to continue in this path and put in place exactly that community supportive care that is so desperately required in our communities.

Thank you, Mr. Speaker.

Mr. Mohinder Saran (The Maples): I feel privileged to speak on this resolution regarding seniors, and lots have to be discussed on this issue. It's not an issue of only of privilege of a few who can raise funds and who can provide that kind of assisted

living. But I come from the area where lots of people who are low-income people are—they don't have knowhow. How do they—those funds? And they totally depend on the government assistance, and where that assistance will come from after you cut \$500 million from the budget? Where that is has to come from after you are not allowed to raise 1 cent per dollar? Money have to come from somewhere. And to provide those kind of services, and you cannot rely only—there's no funds.

And I think I, time to time, I raise a similar issue. Recently, I raised the issue of door-to-door services, where service should be provided to the people, and most of the seniors will be affected. And I was really surprised when the opposition talked out that resolution.

I went to house to house, and the people want their services should be provided to the seniors because rich people, a rich senior, they can have somebody to pick up that mail, but ordinary people, they won't have that amount of money to go over there. To sneakily privatize door-to-door delivery, that is, again, privatization. On one hand, we want government to spend money, but on the other hand, sneakily, their tendency to privatize these services.

I come from the country where everything's privatized, and the—where we are, you know, sometimes opposition think that we will make this country also Third World country after we—after we privatize the door-to-door services which most seniors will need. Then maybe their effort—they have their way. They will make that health service also privatized, and I think they have to think about that.

They want to keep this country affordable where people come from all over the world because of these services. And these services should be available, but to—available, these services, that money have to come from somewhere. For one hand, cut \$500 million from the budget, but, on the other hand, give us that money. We want to build this—we want to build this—give us that money, but only the—but when—on the other hand, we are not going to support your budget.

Mr. Speaker: Order, please.

Point of Order

Mr. Speaker: The honourable member for River East, on a point of order.

Mrs. Bonnie Mitchelson (River East): I was wondering whether you might canvass the House and

see—I know that government has put some very positive comments about this resolution on the record.

And I'm wondering if you might canvass the House to see whether there's leave to allow all of those that want to speak on this bill to speak on it so that we could pass it unanimously in the House this morning.

Mr. Speaker: The honourable Government House Leader, on the same point of order.

Hon. Andrew Swan (Government House Leader): Yes, well, I'm very pleased to see our government's very interested in this issue, and I know there's a lot of members who would still like to speak on this, which would be well beyond the time.

So, although I appreciate where the member for River East is coming from, we won't be giving that leave.

Mr. Speaker: On the point of order raised by the honourable member for River East, I believe, if I understand correctly, that she was seeking leave of the House to extend the time, if I understand correctly. And I believe that leave has been denied on that fact, to this point, to allow additional members who may wish to speak to this matter to have that opportunity to do so.

So, the honourable member for The Maples, to—excuse me one moment. I must respectfully rule that there is also no point of order.

* * *

Mr. Speaker: The honourable member for The Maples (Mr. Saran), to continue.

Mr. Saran: Thank you, Mr. Speaker.

I think the people continue this discussion because it really important to speak on this topic because we need a thorough discussion. We have to see where money will come from. We will—

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

When this matter's again before the House, the honourable member for The Maples will have seven minutes remaining.

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

LEGISLATIVE ASSEMBLY OF MANITOBA

Thursday, May 29, 2014

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