

Second Session – Forty-First Legislature
of the
Legislative Assembly of Manitoba
DEBATES
and
PROCEEDINGS
Official Report
(Hansard)

*Published under the
authority of
The Honourable Myrna Driedger
Speaker*

Vol. LXX No. 77 - 1:30 p.m., Wednesday, November 1, 2017

ISSN 0542-5492

MANITOBA LEGISLATIVE ASSEMBLY
Forty-First Legislature

Member	Constituency	Political Affiliation
ALLUM, James	Fort Garry-Riverview	NDP
ALTEMEYER, Rob	Wolseley	NDP
BINDLE, Kelly	Thompson	PC
CLARKE, Eileen, Hon.	Agassiz	PC
COX, Cathy, Hon.	River East	PC
CULLEN, Cliff, Hon.	Spruce Woods	PC
CURRY, Nic	Kildonan	PC
DRIEDGER, Myrna, Hon.	Charleswood	PC
EICHLER, Ralph, Hon.	Lakeside	PC
EWASKO, Wayne	Lac du Bonnet	PC
FIELDING, Scott, Hon.	Kirkfield Park	PC
FLETCHER, Steven, Hon.	Assiniboia	Ind.
FONTAINE, Nahanni	St. Johns	NDP
FRIESEN, Cameron, Hon.	Morden-Winkler	PC
GERRARD, Jon, Hon.	River Heights	Lib.
GOERTZEN, Kelvin, Hon.	Steinbach	PC
GRAYDON, Clifford	Emerson	PC
GUILLEMARD, Sarah	Fort Richmond	PC
HELWER, Reg	Brandon West	PC
ISLEIFSON, Len	Brandon East	PC
JOHNSON, Derek	Interlake	PC
JOHNSTON, Scott	St. James	PC
KINEW, Wab	Fort Rouge	NDP
KLASSEN, Judy	Kewatinook	Lib.
LAGASSÉ, Bob	Dawson Trail	PC
LAGIMODIERE, Alan	Selkirk	PC
LAMOUREUX, Cindy	Burrows	Lib.
LATHLIN, Amanda	The Pas	NDP
LINDSEY, Tom	Flin Flon	NDP
MALOWAY, Jim	Elmwood	NDP
MARCELINO, Flor	Logan	NDP
MARCELINO, Ted	Tyndall Park	NDP
MARTIN, Shannon	Morris	PC
MAYER, Colleen	St. Vital	PC
MICHALESKI, Brad	Dauphin	PC
MICKLEFIELD, Andrew	Rossmere	PC
MORLEY-LECOMTE, Janice	Seine River	PC
NESBITT, Greg	Riding Mountain	PC
PALLISTER, Brian, Hon.	Fort Whyte	PC
PEDERSEN, Blaine, Hon.	Midland	PC
PIWNIUK, Doyle	Arthur-Virden	PC
REYES, Jon	St. Norbert	PC
SARAN, Mohinder	The Maples	Ind.
SCHULER, Ron, Hon.	St. Paul	PC
SELINGER, Greg	St. Boniface	NDP
SMITH, Andrew	Southdale	PC
SMITH, Bernadette	Point Douglas	NDP
SMOOK, Dennis	La Verendrye	PC
SQUIRES, Rochelle, Hon.	Riel	PC
STEFANSON, Heather, Hon.	Tuxedo	PC
SWAN, Andrew	Minto	NDP
TEITSMA, James	Radisson	PC
WHARTON, Jeff, Hon.	Gimli	PC
WIEBE, Matt	Concordia	NDP
WISHART, Ian, Hon.	Portage la Prairie	PC
WOWCHUK, Rick	Swan River	PC
YAKIMOSKI, Blair	Transcona	PC

LEGISLATIVE ASSEMBLY OF MANITOBA

Wednesday, November 1, 2017

The House met at 1:30 p.m.

Madam 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.

Please be seated.

Good afternoon, everybody.

ROUTINE PROCEEDINGS

Madam Speaker: Introduction of bills?

COMMITTEE REPORTS

Standing Committee on Social and Economic Development Eighth Report

Mr. Dennis Smook (Chairperson): I wish to present the eighth report on—of the Standing Committee on Social and Economic Development.

Clerk (Ms. Patricia Chaychuk): Your Standing Committee on Social and Economic Development—

Some Honourable Members: Dispense.

Madam Speaker: Dispense.

Your Standing Committee on SOCIAL AND ECONOMIC DEVELOPMENT presents the following as its Eighth Report.

Meetings

Your Committee met on the following occasions in the Legislative Building:

- October 23, 2017 at 6:00 p.m.
- October 24, 2017 at 6:00 p.m.
- October 26, 2017 at 6:00 p.m.
- October 27, 2017 at 10:00 a.m.
- October 31, 2017 at 6:00 p.m.

Matters under Consideration

- **Bill (No. 30)** – *The Local Vehicles for Hire Act/Loi sur la gestion locale des véhicules avec chauffeur*

Committee Membership

Committee Membership for the October 23, 2017 meeting:

- *Hon. Ms. CLARKE*
- *Mr. EWASKO*
- *Ms. FONTAINE*
- *Mr. ISLEIFSON*
- *Mr. JOHNSTON*
- *Ms. KLASSEN*
- *Mr. MALOWAY*
- *Ms. Marcelino (Logan)*
- *Mrs. MAYER*
- *Mr. SMOOK*
- *Hon. Mr. WHARTON*

Your Committee elected Mr. Smook as the Chairperson at the October 23, 2017 meeting.

Your Committee elected Mr. Isleifson as the Vice-Chairperson at the October 23, 2017 meeting.

Committee Membership for the October 24, 2017 meeting:

- *Hon. Mrs. COX*
- *Mr. CURRY*
- *Hon. Mr. FIELDING*
- *Mr. ISLEIFSON (Vice-Chairperson)*
- *Ms. LAMOUREUX*
- *Mr. MALOWAY*
- *Mr. MARCELINO (Tyndall Park)*
- *Hon. Mr. PEDERSEN*
- *Mr. SELINGER*
- *Mr. SMOOK (Chairperson)*
- *Hon. Mr. WHARTON*

Committee Membership for the October 26, 2017 meeting:

- *Mr. ALLUM*
- *Hon. Mr. EICHLER*
- *Mr. ISLEIFSON (Vice-Chairperson)*
- *Ms. LAMOUREUX*
- *Mr. LINDSEY*

- Mr. MALOWAY
- Mr. MICHALESKI
- Mr. NESBITT
- Mr. PIWNIUK
- Hon. Mr. WHARTON
- Mr. WOWCHUK

Your Committee elected Mr. Pivniuk as the Chairperson at the October 26, 2017 meeting

Committee Membership for the October 27, 2017 meeting:

- Hon. Mrs. COX
- Mr. HELWER
- Ms. LAMOUREUX
- Mr. MALOWAY
- Ms. MARCELINO (Logan)
- Mrs. MAYER
- Mr. MICKLEFIELD
- Mr. SMITH (Southdale)
- Mr. SMOOK
- Hon. Mr. WHARTON
- Mr. WIEBE

Your Committee elected Mr. Smook as the Chairperson at the October 27, 2017 meeting

Your Committee elected Mrs. Guillemard as the Chairperson at the October 27, 2017 meeting

Your Committee elected Mr. Helwer as the Vice-Chairperson at the October 27, 2017 meeting

Your Committee elected Mr. Ewasko as the Vice-Chairperson at the October 27, 2017 meeting

Substitutions received during committee proceedings at the October 27, 2017 meeting:

- Mr. SWAN for Mr. WIEBE
- Mr. JOHNSON (Interlake) for Mr. SMITH (Southdale)
- Mr. BINDLE for Mr. JOHNSON (Interlake)
- Mr. ALLUM for Ms. MARCELINO (Logan)
- Mr. SMITH (Southdale) for Mr. BINDLE
- Mr. EWASKO for Mr. HELWER
- Mr. JOHNSTON for Mr. MICKLEFIELD
- Mr. Lagimodiere for Mr. Smith
- Mr. Lagassé for Mrs. Mayer
- Mrs. Guillemard for Mr. Smook
- Hon. Mr. Cullen for Hon. Mrs. Cox
- Mr. Lindsey for Mr. Swan
- Mr. Selinger for Mr. Allum

Committee Membership for the October 31, 2017 meeting:

- Mr. BINDLE
- Mr. GRAYDON
- Mr. ISLEIFSON
- Ms. LAMOUREUX
- Mr. LINDSEY
- Mr. MALOWAY
- Ms. MARCELINO (Logan)
- Mr. MICHALESKI
- Hon. Mr. PEDERSEN
- Mr. SMOOK
- Hon. Mr. WHARTON

Your Committee elected Mr. Smook as the Chairperson at the October 31, 2017 meeting

Your Committee elected Mr. Isleifson as the Vice-Chairperson at the October 31, 2017 meeting

Non-Committee Members Speaking on Record

Non-Committee Members speaking on the record at the October 23, 2017 meeting:

- Hon. Mr. FLETCHER
- Mr. KINEW
- Mr. MARCELINO (Tyndall Park)
- Mr. NESBITT
- Mr. SARAN

Non-Committee Members speaking on the record at the October 24, 2017 meeting:

- Hon. Mr. EICSHLER
- Hon. Mr. FLETCHER
- Mr. SARAN

Non-Committee Members speaking on the record at the October 26, 2017 meeting:

- Ms. MARCELINO (Logan)
- Mr. SARAN

Non-Committee Members speaking on the record at the October 27, 2017 meeting:

- Mr. CURRY
- Ms. FONTAINE
- Mr. SARAN
- Hon. Mrs. STEFANSON
- Mr. YAKIMOSKI

Non-Committee Members speaking on the record at the October 31, 2017 meeting:

- Hon. Mr. Gerrard

- Mrs. Mayer
- Mr. Saran
- Mr. Teitsma

Public Presentations

Your Committee heard the following 159 presentations on **Bill (No. 30) – The Local Vehicles for Hire Act/Loi sur la gestion locale des véhicules avec chauffeur**:

October 23, 2017 meeting

Kevin Rebeck, Manitoba Federation of Labour
 Chris Schafer, Uber Canada
 Allen Mankewich, Independent Living Resource Centre
 Abiodun Akinola, Private Citizen
 Tarlochan Gill, Private Citizen
 Bhupindert Mangat, Private Citizen
 Malkeet Makkar, Private Citizen
 Jaswant Singh, Private Citizen
 Darshan Singh, Private Citizen
 Kuldeep Toor, Private Citizen
 Gohar Aftab, Private Citizen
 Anandjot Kaur Dhillon, Private Citizen
 Iqbal Singh, Private Citizen
 Kulwinder Singh Pandher, Private Citizen
 Balkar Brar, Private Citizen
 Vishav Sidhu, Private Citizen
 Gurmeet Singh, Private Citizen
 Iqbal Dhillon, Private Citizen
 Paul Moist, Canadian Centre for Policy Alternative - Manitoba
 Rajinder Sharma, Private Citizen
 Harjinder Dhillon, Private Citizen
 Gurcharan Dhaliwal, Private Citizen
 Baljinder Bedi, Private Citizen
 Manjinder Ghuman, Private Citizen
 Sukhwinder Khosa, Private Citizen
 Jaspal Bedi, Private Citizen
 Kulwant Muhar, Private Citizen
 Kuldeep Bhullar, Private Citizen

October 24, 2017 meeting

Gurshvinder Singh Dhillon, Private Citizen
 Kulwinder Toor, Private Citizen
 Manmohan Uppal, Private Citizen
 Chamkaur Brar, Private Citizen
 Vikram Sandhu, Private Citizen
 Sharabjeet Sidhu, Private Citizen
 Sukhtap Sandhu, Private Citizen
 Edward Los, Private Citizen
 Jagtar Virk, Private Citizen
 Lathuinder Dullat, Private Citizen

Harpreet Sangha, Private Citizen
 Jaswant Deol, Private Citizen
 Arshdeep Kensray, Private Citizen
 Ranjodh Chhokar, Private Citizen
 Karam Brar, Private Citizen
 Inderjit Bedi, Private Citizen
 Sam Sidhu, Private Citizen
 Asmeen Gill, Private Citizen
 Sukhwinder Sharma, Private Citizen
 Baljit Chana, Private Citizen
 Kuljit Gill, Private Citizen
 Alem Hailemariam, Private Citizen
 Gaim Yohannes, Private Citizen
 Asmeron Woldeselassie, Private Citizen
 Rajwant Brar, Private Citizen
 Jasunder Jaswal, Private Citizen
 Kulwint Brar, Private Citizen
 Manjinder Grewal, Private Citizen
 Gurcharn Singh, Private Citizen

October 26, 2017 meeting

Chamkaur Brar, Private Citizen
 Satnam Singh Bassra, Private Citizen
 Amanpreetpal Singh Brar, Private Citizen
 Iqbal Gill, Private Citizen
 Inderjit Singh, Private Citizen
 Himat Singh Dhaliwal, Private Citizen
 Harjot Dhaliwal, Private Citizen
 Jattan Dhaliwal, Private Citizen
 Nirmal Dhaliwal, Private Citizen
 Navdep Bedi, Private Citizen
 TJ Bedi, Private Citizen
 Kiranjeet Bedi, Private Citizen
 Manjeet Dhillon, Private Citizen
 Harjinder Dhillon on behalf of Nachhater Sangha, Private Citizen
 Tebebu Telahun, Private Citizen
 Inderpal Grewal, Private Citizen
 Baljeet Kumar Sharma, Private Citizen
 Simarjeet Brar, Private Citizen
 Manoj Sharma, Private Citizen
 Charnanjit Gill, Private Citizen
 Dr. Barry Prentice, Private Citizen
 Manjit Dhillon, Private Citizen
 Zena Muzhie, Private Citizen
 Barry Homenick, Private Citizen
 Devinder Saran, Private Citizen
 Jaswinder Dhaliwal, Private Citizen
 Harbans Takhar, Private Citizen
 Balwinder Sidhu, Private Citizen
 Baljinder Sran, Private Citizen

October 27, 2017 meeting

Rupinder Brar, Private Citizen
 Kulgit Brar, Private Citizen
 Daljinder Chahal, Private Citizen
 Yadwinder Sabioura, Private Citizen
 Manjit Panesar, Private Citizen
 Lachhman Dhaliwal, Private Citizen
 Hardeep Mangat, Private Citizen
 Rupinder Mann, Private Citizen
 Sukwinder Dhaliwal, Private Citizen
 Beant Kindra, Private Citizen
 Kewal Brar, Private Citizen
 Gurmail Mangat, Private Citizen
 Pamjeet Grewal, Private Citizen
 Ram Valeluru, Private Citizen
 Jaspal Singh, Private Citizen
 Scott McFadyen, Winnipeg Community Taxi Coalition
 Harprit Jammu, Private Citizen
 Ruby Bains on behalf of Harpreet Bains, Private Citizen
 Ruby Bains on behalf of Upkar Bains, Private Citizen
 Sukhjiwan Sidhu, Private Citizen
 Ruby Bains on behalf of Salwinder Phind, Private Citizen
 Jaspal Bedi on behalf of Satwinder Singh, Private Citizen
 Richhpal Singh, Private Citizen
 Satvir Brar, Private Citizen
 Herman Sodhi, Private Citizen
 Jaswant Gill, Private Citizen
 Gurminder Hunjan, Private Citizen
 Yegzaw Berhane, Private Citizen
 Karamoit Kensray, Private Citizen
 Diwinder Randhawa, Private Citizen
 Rajwant Randhawe, Private Citizen
 Balwinder Mann, Private Citizen
 Pardeep Chopra, Private Citizen
 Prabhdeep Singh, Private Citizen
 Harprett Dhillon, Private Citizen
 Varinder Ghuman, Private Citizen
 Solomon Derzie, Private Citizen
 Soman Khosa on behalf of Gatar Khosa, Private Citizen
 Harinder Maan, Private Citizen
 Gurmail Gill, Private Citizen
 Kaur Sidhu on behalf of Baljinder Chahal, Private Citizen
 Komalpreet Sangha, Private Citizen
 Harbans Brar, Private Citizen
 Harvinder Singh, Private Citizen
 Gemil Petros, Private Citizen

Gureet Brar on behalf of Jadtar Brar, Private Citizen
 Vhegwamp Dhaliwal, Private Citizen
 Amitoj Gill, Private Citizen
 Tsegai Golom, Private Citizen
 Jagjit Deol, Private Citizen
 Joban Brar on behalf of Harvinder Brar, Private Citizen
 Rajesh Amilal, Private Citizen
 Gurpreet Singh, Private Citizen
 Gurshvinder Singh Dhillon on behalf of Guriqbal Dhillon, Private Citizen
 Buta Sandhu, Private Citizen
 Narinder Chahal, Private Citizen

October 31, 2017

Bhupinder Mann, Private Citizen
 Govinder Singh, Private Citizen
 Carlos Sosa, Private Citizen
 Alexander Ashton, Private Citizen
 Ranjit S. Jauhal, Private Citizen
 Harjit Sodhi, Private Citizen
 Tarlochan Gill on behalf of Gurinder Singh, Private Citizen
 Paramjit Bhangoo, Private Citizen
 Zeweldi Beyene, Private Citizen
 Jagtar Sidhu, Private Citizen
 Jaswant Dhillon on behalf of Manjit Sidhu, Private Citizen
 Sasan Riyazi, Private Citizen
 Karnail Dhillon, Private Citizen
 Tarlochan Gill on behalf of Jaipal Gill, Private Citizen
 Sukhvinder Kalaat, Private Citizen
 Harjinder Dhillon on behalf of Balreep Mann, Private Citizen
 Mandeep Singh Sidhu on behalf of Gurdeep Sidhu, Private Citizen

Written Submissions

Your Committee received the following three written submissions on **Bill (No. 30)** – *The Local Vehicles for Hire Act/Loi sur la gestion locale des véhicules avec chauffeur*:

Barry Rempel, Winnipeg Airports Authority
 Gurdial Singh, Private Citizen
 Subhdeep Singh Sidhu, Private Citizen

Motion agreed to at the October 23, 2017 Standing Committee meeting:

- THAT for this Committee any presenter be permitted to have a person of their choice translate their presentation into English.

Motion agreed to at the October 24, 2017 Standing Committee meeting:

- *THAT for this Committee any presenter be permitted to have a person of their choice translate their presentation into English.*

Motion agreed to at the October 26, 2017 Standing Committee meeting:

- *THAT for this Committee any presenter be permitted to have a person of their choice translate their presentation into English.*

Motion agreed to at the October 27, 2017 Standing Committee meeting:

- *THAT for this Committee any presenter be permitted to have a person of their choice translate their presentation into English.*

Motion agreed to at the October 31, 2017 Standing Committee meeting:

- *THAT for this Committee any presenter be permitted to have a person of their choice translate their presentation into English.*

Bill Considered and Reported

- **Bill (No. 30) – The Local Vehicles for Hire Act/Loi sur la gestion locale des véhicules avec chauffeur**

Your Committee agreed to report this Bill, without amendment.

Mr. Smook: I move, seconded by the honourable member for Brandon East (Mr. Isleifson), that the report of the committee be received.

Motion agreed to.

TABLING OF REPORTS

Hon. Heather Stefanson (Minister of Justice and Attorney General): I'm pleased to table the Vital Statistics Agency Annual Report for the fiscal year 2016-17.

MINISTERIAL STATEMENTS

Madam Speaker: The honourable Minister for Sustainable Development, and I would indicate that the required 90 minutes' notice prior to routine proceedings was provided in accordance with our rule 26(2).

Would the honourable minister please proceed with her statement.

Semaine nationale de l'immigration francophone

Hon. Rochelle Squires (Minister responsible for Francophone Affairs): Madame la présidente, j'ai le plaisir de prendre la parole aujourd'hui pour souligner la Semaine nationale de l'immigration francophone.

C'est sous le thème « Une langue, mille accents! » que la cinquième Semaine nationale de l'immigration francophone a lieu du 29 octobre au 4 novembre. Cette célébration vise à promouvoir l'immigration et la diversité partout au Canada.

À cette occasion, des activités ont lieu dans toutes les régions du pays pour célébrer les contributions des nouveaux arrivants à la vitalité des communautés francophones.

Or l'immigration francophone joue un rôle clé dans notre stratégie pour appuyer l'épanouissement et la vitalité de notre francophonie manitobaine.

Madame la présidente, j'aimerais aussi prendre cette occasion de reconnaître et célébrer le travail de l'Accueil francophone.

L'Accueil francophone, une initiative de la Société franco-manitobaine mise sur pied en décembre 2003, a facilité l'établissement des nouveaux arrivants francophones au Manitoba.

Nous reconnaissons que les nouveaux arrivants francophones renforcent et accroissent la francophonie manitobaine, et la rendent encore plus diversifiée et inclusive.

Madame la présidente, je demande à tous les membres de l'Assemblée de se joindre à moi pour féliciter l'Accueil francophone de son succès continu et pour célébrer la Semaine nationale de l'immigration francophone. Merci beaucoup.

Translation

Madam Speaker, I am pleased to rise today to highlight National Francophone Immigration Week.

"One language a thousand accents" is the theme for the 5th annual National Francophone Immigration Week being held this year from October 29th to November 4th. This celebration aims to promote immigration and diversity throughout Canada.

Activities are being held in all regions of the country to celebrate the contributions of newcomers to the vitality of Francophone communities.

Francophone immigration plays a key role in our strategy to support the development and vitality of Manitoba's Francophonie.

Madam Speaker, I would also like to take this opportunity to acknowledge and celebrate the work of l'Accueil Francophone, an initiative of the Société franco-manitobaine launched in December 2003, in facilitating the settlement of Francophone newcomers to Manitoba.

We recognize that Francophone newcomers help strengthen and develop Manitoba's Francophonie and make it even more diverse and inclusive.

Madam Speaker, I ask all members to join me in congratulating l'Accueil Francophone on its continued success and in celebrating National Francophone Immigration Week. Thank you very much.

Mr. Wab Kinew (Leader of the Official Opposition): Merci, Madame la présidente.

Cette semaine, le Manitoba et le Canada en entier célèbrent la cinquième Semaine nationale de l'immigration francophone. Il s'agit d'une occasion pour célébrer les accomplissements issus de la création d'une province aussi diverse et multiculturelle que la nôtre.

Les profondes racines françaises du Manitoba remontent jusqu'à nos tout débuts. Parmi nos plus grands leaders sont des francophones qui aident à rendre notre province un excellent endroit où vivre et travailler aujourd'hui. Ils continuent à bâtir un Manitoba meilleur pour l'avenir. Cette semaine offre l'occasion de promouvoir les contributions de nos immigrants et réfugiés francophones à la vitalité de nos communautés francophones et à l'économie de la province.

Dans le passé, les gens ont eu l'habitude de déménager au Manitoba grâce à un modeste coût de vie et une bonne qualité de vie. Cependant, avec une augmentation des taux, un manque de financement pour les logements et une réduction dans les services de santé, il devient un plus grand défi pour les nouveaux arrivants de demeurer ici au Manitoba.

L'immigration est fondamentale dans les communautés comme la mienne pour assurer qu'on préserve la riche diversité de l'histoire française. Je tiens à souligner le travail des organisations telles que l'Accueil francophone, qui aide l'établissement et l'intégration des nouveaux arrivants et des réfugiés au Manitoba.

La Semaine nationale de l'immigration francophone est une opportunité pour célébrer les contributions de la francophonie manitobaine et les immigrants francophones manitobains dans l'histoire et le façonnement de notre province.

Au nom des membres de notre parti NPD, nous sommes heureux d'accueillir les nouveaux arrivants francophones au Manitoba.

Translation

Thank you Madam Speaker.

This week, Manitoba and all of Canada are celebrating the fifth annual National Francophone Immigration Week. The week is an opportunity to celebrate the achievements made in creating a province as diverse and multicultural as ours.

Manitoba's deep French roots stretch into the past to our very beginnings. Among our greatest leaders are Francophones who make our province a great place to live and work today. They are continuing to build a better Manitoba for the future. This week provides an opportunity to promote the contributions of our Francophone newcomers and refugees to the vitality of our Francophone communities and to the province's economy.

In the past, people came to Manitoba because our cost of living was low and our standard of living was high. However, rate increases, a lack of funding for housing, and cuts to health services, are making it a greater challenge for newcomers to settle in Manitoba. Immigration is key in communities like mine to ensure that the rich diversity of our Francophone history is preserved. I would like to acknowledge the work of organizations such as l'Accueil Francophone, which assists in the settlement and integration of Francophone newcomers and refugees.

National Francophone Immigration Week is an opportunity to celebrate the contributions of Manitoba's Francophonie and Francophone immigrants in shaping the province's history and development.

On behalf of the members of our NDP party, we are pleased to welcome Francophone newcomers to Manitoba.

Ms. Cindy Lamoureux (Burrows): Madam Speaker, I ask for leave to speak in response to the minister's statement.

Madam Speaker: Does the member have leave to respond to the ministerial statement? *[Agreed]*

Ms. Lamoureux: Madam Speaker, I rise today to recognize National Francophone Immigration Week.

It's a time for Manitobans to celebrate the positive contributions francophone immigrants have made and continue to make to all our communities across the province.

This week also provides Manitobans the opportunity to learn more about our francophone culture and how our francophone culture has contributed so enormously to our economy.

Madam Speaker, I encourage this government to remain true to their commitments in improving the Provincial Nominee Program, as this would help immensely in ensuring we continue to have our francophone community here in Manitoba grow.

I would also like to encourage all Manitobans to participate in the wonderful francophone culture here in our province throughout the year, whether that be grabbing a coffee at Café Postal, exploring our Festival du Voyageur annual event or attending and participating in our French-Canadian pavilion.

Thank you, Madam Speaker.

Domestic Violence Awareness Month

Hon. Scott Fielding (Minister of Families): Today, I rise and speak on an issue that's uncomfortable for some to talk about, one that crosses many people in different ways but really leaves a lifelong of impact. November 1st is the official recognition of domestic violence prevention month, a situation that is not contained to just one month of the year.

* (13:40)

It's imperative that every Manitoba to look for signs of domestic abuse and speak up and support both those who are continuing to suffer and those brave enough to break away and speak out on the suffering.

In today's modern age, victim blaming those who speak out is not acceptable. It's not acceptable in our society, and we want a moral responsibility to support victims and at the same time work to educate those who inflict the violence and end the cycle. This is one of the reasons why domestic violence continues to be an unreported issue here in Manitoba and across the country.

Domestic violence knows no social-economic boundaries and affects all genders, young and old,

female and male. Although men and women both experience domestic violence, women unfortunately are more likely to suffer a higher level in regards to the forms of violence that tend to be physical in nature and injuries.

While domestic violence is still a prevalent thing that's happening in our society too much, we are seeing some progress. Now we are seeing more engagement by men and boys, by public, by personalities, by business leaders, by sports clubs and individuals using their collective voices against violence against women and girls. We have the resources for women seeking refugees while escaping violence.

As a government, we are working to be more responsive to the changing needs and face of domestic violence in partnerships with groups like the Family Violence Consortium of Manitoba. Society is waking up to the reality that domestic violence is not something that happens behind closed doors and ends—affecting people in a much broader context here in Manitoba and abroad.

Our government is very much committed to making domestic violence history, but still moving more in terms of an area where there's a reality in terms of how we can deal with this and prevent this from happening, Madam Speaker.

In the 'meantime'—in meantime, our government continues to support those impacted by violence at the hands of those who know.

Thank you, Madam Speaker.

Ms. Nahanni Fontaine (St. Johns): November is Domestic Violence Awareness Month, a month to courageously confront and deconstruct the manifestation and prevalence of domestic violence in the pursuit of the elimination of violence in the lives of Canadians.

According to Canada's chief public health officer, approximately 760,000 Canadians reported incidents of domestic violence in the last five years. Intimate partner violence accounts for one in every four violent crimes reported to police.

We must always take a dual approach in eliminating violence with both investments in community-based prevention programs and the engagement of boys and men in creating safe, healthy relationships.

We must also work to make our legal system more equitably responsive in accessing protection

orders, ensuring victim supports and compassion within both the reporting and 'judiciary' stages, giving complainants confidence their experiences will be taken seriously, justice rendered and safety offered.

Our NDP government was proud to pass legislation which made it easier for domestic violence victims to seek protection and support. In March of 2016, we offered victims paid leave from work and guaranteed job security while they find a safe place to live. We amended The Domestic Violence and Stalking Act to increase access to protection orders. Sadly, we've seen in the last several days that we know many victims are still turned away with what could only be understood as a lack of awareness on the nature of domestic violence and its urgency.

Advocates call for greater investments in support programs that help in making decision—the decision to leave abusive relationships easier. They call for greater security in shelters, expanded services in rural Manitoba and investments in programs to target youth exposed to domestic violence.

Finally, Madam Speaker, I want to offer my profound respect and love to the thousands of women and girls and some men who've shown profound courage and strength with the #MeToo campaign in highlighting sexual violence not only here in Canada, but across the world.

Miigwech.

Ms. Judy Klassen (Kewatinook): Madam Speaker, I ask for leave to respond to the ministerial statement.

Madam Speaker: Does the member have leave to respond to the ministerial statement? *[Agreed]*

Ms. Klassen: Violence against women has been at the forefront of many conversations recently. We haven't had a day pass in months where media stories didn't highlight the extent of this enormous issue.

In 2015, almost 92,000 people in Canada were victims of intimate partner violence, representing just over a quarter of all victims of police-reported violent crime.

One quarter of indigenous women have been victimized by a current or former spouse. I am a proud survivor today of domestic violence. I was only—I was six months pregnant when my partner hit me so hard that I passed out on the ground, only to be found by a patrolling RCMP a little while later. I

managed to survive that episode in my life and I proudly stand here today and speak out and speak up for women that still can't speak for themselves.

Manitoba has the second highest police-reported intimate partner violence of all the provinces, a title we've held for far too long. What is often missed from the conversation is how we move forward to end the violence. This government has an extraordinary opportunity to make proactive changes to ensure this tragedy ends.

Madam Speaker, we need to teach our children about interpersonal violence. All children in Manitoba need to learn that domestic violence is wrong. We know that acts of violence are often committed by individuals for whom violence has become normalized. We need to end this trend now. We need to support those who need our protection by investing in safe places, education and victim services.

Miigwech, Madam Speaker.

Madam Speaker: The honourable Minister for Sustainable Development and Status of Women, and I would indicate that the required 90 minutes notice prior to routine proceedings was provided in accordance with our rule 26(2).

Would the honourable minister please proceed with her statement.

Lori Rudniski

Hon. Rochelle Squires (Minister responsible for the Status of Women): Manitoba has the second highest rate of intimate partner violence in Canada. Intimate partner violence can range from verbal or emotional abuse to physical or sexual assault including homicide. This type of violence accounts for one in every four violent crimes reported to police.

Madam Speaker, right here in Manitoba, we are fortunate to have dedicated and hard-working Manitobans who fight to end intimate partner violence.

Dr. Jane Ursel, who is the executive director at the University of Manitoba RESOLVE program, works in conjunction with research centers in Saskatchewan and Alberta where they research, analyze and work toward solutions on the staggering amount of violence against women and girls in Canada.

Last week, on October 19th, RESOLVE recognized three women who are making great strides in their provinces as service providers or policy-makers in the domestic violence field.

Madam Speaker, it gives me great pleasure to rise in the House today and recognize Manitoba's RESOLVE award winner, Lori Rudniski. Ms. Rudniski is the executive director of Bravestone Centre, a non-profit haven for women and children who leave abusive relationships. Bravestone Centre is a secure, live-in treatment centre where women and children can reside for up to one year. The centre offers counselling services during their stay as well as aftercare while guests reintegrate back into their communities.

The work that Bravestone carries out is awe-inspiring and offers beneficial programs such as individual and group counselling, parenting groups, healthy coping programs and an on-site food bank.

Ms. Rudniski and her team provide vulnerable women and children with a safe place to turn in times of their need.

Madam Speaker, I would like to offer my heartfelt appreciation to Ms. Rudniski, Dr. Ursel and all those who work on the front lines of domestic violence and stand shoulder to shoulder with all those seeking a better life, a life free of intimate partner violence.

Thank you, Madam Speaker.

Ms. Nahanni Fontaine (St. Johns): The RESOLVE award is given annually to recognize the contributions made by service providers and researchers working in the field of domestic and interpersonal violence. This year's RESOLVE award winner is Lori Rudniski.

Lori has worked with women, children and families as they deal with the impact of trauma and abuse from domestic violence for over 25 years. Since 2004, Lori has served as the executive director of Bravestone Centre. The Bravestone Centre is a non-profit that provides women and children affected by domestic violence with safe, on-site housing, individual and group counselling, advocacy, connection to community resources and support programs.

Under Lori's courageous leadership, the Bravestone Centre has been helping women and their families as they break free from family violence. Lori has ensured that research and evidence-based

programming plays an integral part of the ongoing development and delivery of a variety of services provided at the centre.

In addition to her work at Bravestone Centre, Lori co-chaired the family prevention consortium of Manitoba and continuously involves herself in projects to raise awareness for domestic violence. As a licensed therapist and counsellor as well as an instructor in the applied counselling program at the University of Manitoba, Lori is a tremendous resource and an inspiration for those looking to fight for the prevention of domestic violence.

* (13:50)

On behalf of our NDP caucus, we lift up Lori today and we say miigwech for her transformative work in the lives of Manitoba women and children.

Miigwech.

Ms. Cindy Lamoureux (Burrows): Madam Speaker, I ask for leave to speak in response to the ministerial statement.

Madam Speaker: Does the member have leave to speak to the ministerial statement? [*Agreed*]

Ms. Lamoureux: We've heard from all parties today about the tragedy that domestic violence causes in our communities. This is why I'm truly honoured to rise and congratulate Lori Rudniski on her RESOLVE award.

Madam Speaker, this award is about unsung heroes in our community, and Lori is one of them.

For almost 14 years Lori has been the executive director at the Bravestone Centre, a center that helps women and children rebuild their lives after leaving violent relationships. Bravestone's work, along with Lori's contributions, has been groundbreaking, and that is why we stand here today to both congratulate and thank Lori for all of her hard work and efforts.

Thank you.

MEMBERS' STATEMENTS

Bonivital Inferno Flames Soccer Champions

Mrs. Colleen Mayer (St. Vital): I am excited to rise today to congratulate the Bonivital inferno Flames U17 boys soccer team for bringing home a gold medal from the 2017 Toyota National Championships on October 19th.

The Bonivital Soccer Club is one of Winnipeg's largest clubs and is considered one of the most

successful soccer clubs in Canada, and I am so proud that they call St. Vital their home. The exceptional athletes that make up this team have put countless hours of practice and study into the sport that they love and have demonstrated what years of motivation and hard work can do.

Soccer athletes are well known for being some of the most elite and fit competitors, and this team is no exception. With many of the players having been teammates since elementary school, it should come as no surprise that they have formed an enduring bond that took them all the way to the national championships.

After taking the top spot in their pool, Bonivital went on to defeat CS minstrel Sherbrooke in Quebec for—with a score of 3 to 1. Congratulations to Rinor Hoxha for scoring all three goals in that final game.

I'd like to also recognize the coaches and the managers for volunteering their time to these players. What makes our community so great is that coming together of passionate individuals who create a welcoming environment for our youth to achieve their dreams, and I can't thank you enough for your years of dedication.

Victory is sweet but what makes the win even sweeter is the fact that the gold medal game was the last game that many of these boys will ever play together. As the graduating players move forward to the careers on—in university or professional soccer teams, or if they choose to create a new path for themselves, I'd like to wish them success and fulfillment as they enter into adulthood.

Madam Speaker, I invite all members to join me as I congratulate the Bonivital inferno Flames U17 boys soccer team, who are with us today, and celebrate all of—for all of their achievements.

Thank you.

Madam Speaker: The honourable member for St. Vital.

Mrs. Mayer: Madam Speaker, I ask for leave to have the names of the boys and the coaches for the Bonivital inferno Flames boys soccer team entered into Hansard.

Madam Speaker: Is there leave to enter those names in Hansard? *[Agreed]*

Bonivital Flames U17 boys soccer team. Players: Svyatik Artemenko, Veri Concepcion, Eric Chaput, Caleb Loewen, William Paul, Reid Saint Cyr,

Mohammed Albu Mohammed, Danny Grossett, Jake Martin, Thomas Boles, Zach Minski, Mensur Lika, Rooman Chaudhry, Micah Kroeker, Jasdeep (Ricky) Gill, Damian Truong, Ilyich Gharahmadani, Joseph Owikoti, Joshua Hillstrom.

Coaches: Tony Mazza, head coach; Vasko Komlenovic, assistant coach; Greg Nordman, travelling coach; Jodi Martin, manager.

Family members: Naseer, Huma and Saif Chaudhry; T & F Gharahmadani; Ahmet and Lule Hoxha; Terry Martin; Chris, Sandra, Aaron, Katie, Olivia and Marc Saint Cyr; Geri Concepcion; Terry Loewen; Simergit Gill; Donna Labun; Phil Chaput; Carolyn Grosset; Oai and Maya Truong; Waleed and Ibrahim Albu-Mohammed; William, Maria, Marco and Katie Paul; Vlad, Lydia, Glen, Nika and Lydia Artemenko; Brynne Loewen; Allan Labun.

204 Neighbourhood Watch Volunteers

Mr. Ted Marcelino (Tyndall Park): Today, I would like to recognize the volunteers of the 204 Neighbourhood Watch and its founder, Leila Castro. Listening to the concerns of her community, Leila founded this amazing volunteer organization, which patrols different areas of the city upon request.

In my constituency of Tyndall Park, the 204 inspected the parks and playgrounds where children play, picked up drug baggies and liquor bottles and kept a watchful eye over the community. I know the residents of the area highly appreciated the concern and support of the volunteers.

Leila and the 204 believe that everyone should be involved in protecting Winnipeg and want Manitobans to get to know each other so that everyone, especially newcomers, feel welcome and safe. They are planting seeds for a flourishing community through their simple actions and conversation.

I want to say a special thank you to all the volunteers, some of whom are in the gallery here today, for helping build 'strongel'—stronger relationships in the city and for giving families peace of mind about the safety of their children, communities. We are very appreciative of all your hard work.

I ask for leave to include the names of those who are in attendance today in Hansard.

Madam Speaker: Does the member have leave to include those names that are in attendance today? *[Agreed]*

Elmer Aquino, Leila Castro, Rene Castro, Elizabeth Olesco, Charina Oyong, Christopher Omar Tirao, Liz Ross

Dawson Trail Apartments Knitting Volunteers

Mr. James Teitsma (Radisson): Madam Speaker, on a cold, wintery day like today, there's nothing like a pair of nicely knitted woollen mittens or a scarf or a toque. There's just something about hand-knitted items that warms the soul. And I know my children—my own children's favourite winter items are those that are made by hand by my mother who's now 80 years old. That's their grandma, of course. But not everybody has a grandma to knit things for them and to show them those acts of love.

So that's where the women from Dawson Trail Apartments in my constituency step in. For seven years running, this group of about 20 women gather every Wednesday afternoon to knit hundreds and hundreds of items, over 600 this year, and donate them to Koats for Kids, Osborne House, Centre Flavie-Laurent, Siloam Mission, the Christmas Cheer Board, Villa Rosa and more.

And as so often the case, those who are generous with their time and their talents also receive a reward. Certainly, they receive the gratitude of all those who receive the products that they make, but they also have the opportunity to socialize with each other and enjoy a cup of coffee. And I can tell you just from chatting with them now, they're a great group to hang around with.

Even more remarkably, many of these women use their own money to purchase the supplies that they need for their work. And that said, they do accept donations, so earlier today members of the PC caucus and myself gave them a donation of a little over 12 kilometres of yarn. So I'm told that that should keep them busy for at least a little while.

But more donations are welcome, and if you would like give to them, they are having a pancake breakfast this Saturday morning, November the 4th, 8 'til 11 p.m.—or, 11 a.m., rather—and it's, I think, just \$5, so come on down and—*[interjection]*

Yes, you'd be cooking a while, eh?

All right. Well, I'm thankful for the amazing work of these dedicated women, and I ask that all members join me in showing our gratitude for what they do for our community week in and week out.

Madam Speaker, I ask for leave to have the names of all the members of the Dawson Trail

knitting group present in the gallery entered into the Hansard.

Madam Speaker: Does the member have leave to include those names in Hansard? *[Agreed]*

Phyllis Ash, Paulette Barthel, Connie Cross, June Crossly, H. Pat Desmarais, Elayne DeWandel, Mildred Fringas, Paula Greer, Mildred Lind, Annette Lafrenière, Geraldine Matthews, Brenda Noseworthy, Jean Paraschuk, Joyce Pfeil, Lucie Joyal, Margaret Lima, Marie Mallette, Annette Viailer

Reformation Day

Mr. Andrew Swan (Minto): Five hundred years ago yesterday, on October 31, 1517, a German monk named Martin Luther is said to have nailed thirty—95 theses to the door of the All Saints' Church in his hometown of Wittenburg. His actions sparked the Protestant Reformation, which changed forever the face of Western civilization and the world.

Luther went public as possible in 1517, because he knew it was necessary to challenge certain beliefs promoted by the established church at the time, including the idea that Christians could buy their way into heaven through the purchase of indulgences. Luther's view, based on scripture, was that salvation was not for sale, but came by grace through faith alone. His leadership inspired a priesthood of all believers, and through the use of the existing media—the printing press and the pulpit—both the Bible and Luther's message were able to reach across and beyond the Holy Roman Empire, dividing Europe and dramatically reshaping the world.

The Reformation unleashed great conflict, which some would say is not fully resolved today. Weakened central authority led to Europe's Thirty Years War, but also resulted in the formation of modern statehood and the emergence of many pillars of Western thought, philosophy and governance.

* (14:00)

Today, one in eight people on the face of the earth belongs to a Protestant denomination. Here in Manitoba, a large and diverse number of faith-based communities point to Reformation Day as part of their history. It is a time to reflect on both positive outcomes of the Reformation as well as the mistakes and hardships and affirm the need to work together as human beings, whatever our beliefs.

Grace should not be for sale, but neither, too, should human beings, nor the protection of the

environment, nor the provision of health care. Martin Luther's radical idea that some things are simply not for sale, remains important today.

Thank you.

Stephen and Ruth Chipman

Hon. Heather Stefanson (Minister of Justice and Attorney General): Madam Speaker, for centuries the Jesuits has—have provided countless individuals with an education of the whole person, ensuring they receive instruction in academics and athletics, as well as the moral education that will make them true leaders in their communities.

I am proud to say that the Jesuits here in Manitoba put this philosophy into action every day at St. Paul's High School, which is committed to educating men for others in my Tuxedo constituency.

It is with this goal in mind that St. Paul's High School will be honouring community leaders Steve and Ruth Chipman at the Ignatian Challenge Award Tribute Dinner next Tuesday, November 7th, at the RBC Convention Centre.

Since 1994, the tribute dinner has raised money for the school's needs-based bursary program while recognizing individuals who reflect the values of faith, service and community leadership inherent in an education at St. Paul's.

Throughout their successful careers and 38-year marriage the Chipmans have truly exemplified these principles.

Steve serves as secretary on the board of Gonzaga Middle School and has served on the board of CancerCare Manitoba. Ruth has served on many volunteer committees, including the North Point Douglas Women's Centre, and for the last 14 years, they have provided food to the poor and marginalized in Point Douglas at the Immaculate Conception Drop-In where they co-ordinate together.

Madam Speaker, I ask all members of this House to join me in celebrating Steve and Ruth Chipman, and in recognizing St. Paul's High School director of advancement, Darla Hooker, and alumni affairs manager, Randy Van De Mosselaer, who are here and joining us in the gallery today.

Thank you, Madam Speaker.

Introduction of Guests

Madam Speaker: Prior to oral questions, we have some guests that I would like to introduce to you.

We have two grade 9 students that are here for Take Our Kids to Work Day. In the gallery we have Austin Chmelnitzki and Sylvie Malo, and they're the guests of the honourable member for Radisson (Mr. Teitsma).

On behalf of all members here, we welcome you to the Manitoba Legislature.

ORAL QUESTIONS

Deer Lodge Centre Nursing Staff Layoffs

Mr. Wab Kinew (Leader of the Official Opposition): Today is Wear White Wednesday where we stand with nurses who are speaking out against cuts to health services and what impact that has on patient care.

Now, the Premier seems to be going in the opposite direction from what this campaign asks us to do with closures of emergency rooms and an urgent-care centre around Winnipeg, the women's health centre at Victoria hospital also closed and patients seeing fewer services.

Cuts to physiotherapy will cost people thousands and could potentially cost taxpayers millions down the road through repeat hospitalizations and reinjuries. Now we're hearing about cuts to front-line staff as well. Nurses have been cut at Victoria hospital, with others cut at Deer Lodge Centre.

Now, the Premier should know that we cannot cut our way to health-care sustainability. He should know that patients get better care at the bedside with more nurses and not less.

Knowing the Premier has a final say on all health-care decisions, will he reverse the call on laying off nurses at Deer Lodge Centre?

Hon. Brian Pallister (Premier): Well, an additional focused investment, strategically placed, of over half a billion dollars more than the NDP ever invested in health care is testament to our belief that this is the top priority of Manitobans. It certainly is the top priority of this government.

But because patient care has suffered—and the member spoke about his alleged concerns about patient care—we need to make changes, Madam Speaker, because patient care was suffering as a consequence of the system that was broken under previous administration. Patient care was suffering as a result of not only delays in being able to have procedures done, but excessive delays, some of the

longest in Canada, for having diagnosis done. And so when the member speaks about patient care he needs to understand that the changes we're making will improve patient care and, certainly, when he defends the record, which is 10th out of 10, of the previous administration in providing patient care, he makes a case that is very weak.

Madam Speaker: The honourable Leader of the Official Opposition, on a supplementary question.

Mr. Kinew: It's clear that patient care will suffer with less nurses at Deer Lodge Centre, which is why we are asking the Premier to reconsider that decision. After all, we've previously established in this House that he has the final sign-off on all the cuts that are taking place in our health-care system.

In September, we heard reports of more than 100 health-care aides cut at the Health Sciences Centre in Winnipeg, as well. Now, with this additional news around nurses we know that the real impact will be felt by patients who need to access strong health care.

Now, what's of particular concern with this issue is the impact on those seniors in the Deer Lodge Centre, who will suffer. Fewer nurses by their bedsides will mean the care gets worse.

Now, will the Premier reverse these short-sighted cuts? Will the Premier ensure that no nurses are laid off at Deer Lodge?

Mr. Pallister: The member references the need for Manitobans to have access to health care in his preamble, Madam Speaker, but fails to acknowledge a broken system prevented that access to be made available to Manitobans. In fact, Manitobans waited record lengths of time for diagnosis, for treatment and in emergency rooms under the previous administration. He is defending the status quo. He's arguing against improvement and change.

The man to his left spoke about Martin Luther—Martin Luther, who stood for reformation and facing the challenges of change. One has to have courage to face the challenges of change, Madam Speaker. They broke the system; we're now having the courage to fix it.

Madam Speaker: The honourable Leader of the Official Opposition, on a final supplementary.

Mr. Kinew: Cutting nurses, cutting health-care aides—these are not the way to fix a health-care system. Fewer nurses by the bedside, fewer resources for patients, that's what the Premier calls a fix. But

the Premier's in such a rush to change our health-care system that he forgets he can actually be making things worse, and he probably is.

Now, these cuts and deletions discourage front-line staff. When people's work is changed, when they're transferred away from their areas of expertise they're more likely to retire early. Some may even leave Manitoba. Now, the Premier's cuts mean all those folks are less likely to stay where we need them: at the bedside.

Will the Premier listen to the patients and families across Manitoba who are speaking out on days like today, Wear White Wednesday, and reverse the decision to lay off nurses at Deer Lodge Centre?

Mr. Pallister: Fifty additional health-care positions at Deer Lodge, Madam Speaker. The member references—falsely references reductions—that's not accurate—and, of course, in so doing misrepresents the reality of the change that is occurring, but also serves no other purpose than to try to frighten personnel working there and patients who will need the services of qualified people who will be providing those services at those facilities.

Madam Speaker, the fear mongering the member has demonstrated in his first three preambles is, of course, demonstration of a lack of courage on his part and on the part of his party to face the challenges we need to face to make the system work better.

They broke it, Madam Speaker; we'll fix it.

Madam Speaker: The honourable member—or, the honourable Leader of the Official Opposition, on a new question.

Healthy Food and Primary Prevention Means of Accessibility

Mr. Wab Kinew (Leader of the Official Opposition): Canada's chief public health officer is speaking out about the need for more Canadians, particularly those living in low-income situations, to have access to fresh, healthy food. Now, it improves their lives both in the here and now, because everybody feels better when they have a good diet, but it also helps us in the long term because fresh, healthy food can reduce the incidence of chronic conditions like diabetes.

Now, Theresa Tam says, and I quote here, Canadians can be real innovators in how to be active even in the most remote, in the most cold or extremes of climate. She's obviously talking about

Winnipeg when she said that. But in order for this to be possible she says we must, and I quote, build our environment so people can walk or take public transport to get to the grocery store or get to work or school. End quote. Then, she says, we will all be healthier.

* (14:10)

Does the Premier agree with the Chief Public Health Officer of Canada?

Hon. Brian Pallister (Premier): Well, Madam Speaker, I actually walked and biked to my school when I was a kid, and I know about the necessity for becoming fit in the environment I grew up in because we didn't have the extra vehicle we needed to haul us to school every day. *[interjection]* I'm not—

Madam Speaker: Order.

Mr. Pallister: —a silver-spoon guy; I didn't grow up privileged. And I understand that it's challenging for people to have a proper diet in parts of our province where foodstuffs are very expensive to ship in and to purchase. I get that.

I also wanted to, if I could, Madam Speaker, just pay a compliment to the member for Kewatinook (Ms. Klassen), who spoke eloquently and deeply personally with courage about her personal situation. I think that that is something we should all respect and something we should all learn from. If we could share each other's stories, as I attempted to do in a poor way, Madam Speaker, in reference to my own boyhood, perhaps we'd understand each other a little better and wouldn't launch the kinds of personal attacks all too frequently launched in here. What I'd like to say, though, is that our commitment to end domestic violence is emboldened by the comments of members like the member for Kewatinook, and I thank her for her comments.

Madam Speaker: The honourable Leader of the Official Opposition, on a supplementary question.

Mr. Kinew: One of the points made by the chief public health officer is that fresh, healthy food is sometimes even difficult to access for those right here in Winnipeg. We know that the Premier is cutting the funding for transit that municipalities and Manitobans rely on for transportation. Now, if transit fares are increased, if services are reduced, that will happen as a result of the decisions this Premier is making.

We know that because of these reductions, that will only put more pressure on the remaining bus

routes and the Manitobans who rely on them. Now, based on what the chief public health officer has said, that could reduce opportunities for people in the inner city, downtown and surrounding areas to access fresh, healthy food.

Will the Premier reverse his decision to cut transit funding for municipalities as part of a broader health initiative focused more on primary prevention?

Mr. Pallister: Madam Speaker, affordability for working families is a critical issue to understand. Of course, the people in our province who must purchase their food do so with the money left over after they're taxed. The previous administration jacked up taxes, disproportionately impacting middle- and low-income families. They did so without any concern for affordability, at that point in time, other than to have the green money that is coming from the pockets of hard-working families in their pockets to spend and to get credit for spending.

Madam Speaker, we believe that there is an obligation to develop a sustainable practice in our province around all issues. Someone who is needing to buy food needs to sustain their family. The word sustenance is the same root word, of course. And the reality is that by having a more efficient and effective, compassionate government that limits unnecessary waste, such as paying staffers to go to another province for doing no work, is going to be able to demonstrate that sustenance in a real way.

We need to sustain our services and we need to help Manitobans sustain their families.

Madam Speaker: The honourable Leader of the Official Opposition, on a final supplementary.

Mr. Kinew: Why, then, is the Premier hiking up hydro rates so quickly? It doesn't make any sense.

The report by the Public Health Agency of Canada—

Some Honourable Members: Oh, oh.

Madam Speaker: Order.

Mr. Kinew: —points out that poor Manitobans also have to rely on taxis to get to their shopping destinations—

Some Honourable Members: Oh, oh.

Madam Speaker: Order.

Mr. Kinew: So, with the Premier's cuts to transit funding, the squeeze will get even tighter, and things

will get harder for more Manitobans. Less transit funding means that trips—more trips in hired vehicles, less money for healthy food. In the long term, what it could mean for the health-care system is more chronic conditions like diabetes.

Now, we know our health-care system has to focus more on primary prevention. It has to focus more on keeping people healthy at home by encouraging good diets and exercise. But we ought also help make healthy choices within reach, with a strong public transit system.

With that in mind, will the Premier reverse his decision to cut transit funding from municipalities?

Mr. Pallister: Well, Madam Speaker, again, there is—there's great consistency in the member's arguments. Of course, they're facile in the fact that they don't recognize that there is no way to sustain the programs of a government that has a billion-dollar deficit on an annual basis. And there's consistency, too, in the fact that this year, for the first time, we'll have to—no choice—have to spend a billion dollars servicing the massive NDP debt that was handed—pushed forward, with no compassion for those of us who get older and need health services, or our children or our grandchildren. No compassion in that. Mismanagement is not a compassionate thing, Madam Speaker, and we've seen so much evidence of it.

But the member's consistent in the sense that over the last six months he's had the chance to put some new ideas on the record. He's put none. He's put a billion dollars of spending ideas on the record, that's all: an additional billion dollars of spending ideas and not one dollar of savings ideas, Madam Speaker. That is not how we grow a stronger province or help Manitobans grow stronger, more secure families.

We know that we inherited a broken system from the previous government, and we will fix it.

Introduction of Guests

Madam Speaker: Prior to proceeding with oral questions, we have a few more guests in the gallery to introduce to you: Jarvis Ewasko, who is the son of the member for the Lac du Bonnet area, and Jenna Szajewski, who's also a constituent in the Lac du Bonnet area, and also Chad Gillert, who's the nephew of the member from Arthur-Virden.

On behalf of all of us here, we welcome all of you to the Manitoba Legislature.

Lifelight Air Ambulance Pilot Recertification

Mr. Andrew Swan (Minto): Manitoba's Lifelight Air Ambulance service is a vital part of our health-care system. Lifelight's two air ambulances transport Manitobans in medical emergencies within our province or, if necessary, to another province, for specialized medical treatment. The service features specially trained flight nurses as well as a team of other health-care professionals, and it's available 24 hours per day, seven days a week.

Does the minister agree that the Lifelight Air Ambulance service is indeed a front-line service for Manitobans?

Hon. Kelvin Goertzen (Minister of Health, Seniors and Active Living): I thank the member for the question.

Of course, there are a number of different ways that patients are transported from the place that they need assistance, whether that is on a roadside because they've been in a vehicular accident or whether it's from their home because they've called the 911. There are a number of different parts of that medical transportation system, both in the air and on the ground, that are important to ensure that those who need help get help as quickly as possible.

We're proud of the paramedics who work both on the ground and in the air, and we continue to support them through our actions and our investments, Madam Speaker.

Madam Speaker: The honourable member for Minto, on a supplementary question.

Mr. Swan: It's maybe not surprising the minister couldn't directly answer the question, because we've learned that this government is now putting the future of Lifelight at risk.

There are nine pilots employed by Lifelight needed to keep two aircraft available for Manitobans 24-7. We understand each of these nine pilots is required to be recertified each year because of the complex nature of their work. Yet, the department has refused to commit to sending pilots for recertification, meaning that, by the end of this month, Lifelight will begin losing available pilots and patient care will suffer.

Will this minister assure Manitobans today that certification will take place as usual to ensure air ambulances remain available 24-7 for Manitobans?

Mr. Goertzen: Of course, we know that there are many different ways that those who are in need, whether they're calling from their home because of a 911 call or whether they need assistance somewhere other than their home, that they find their way to a medical facility so that they can get that help. In particular, they're often assisted by paramedics. Some arrive by STARS air ambulance, some arrive on the ground.

And they do a great job each and every day. Madam Speaker, we continue to support our paramedics. It's one of the reasons I was proud to announce we're moving forward with self-regulation for paramedics, something that this previous government, the NDP, never did, often for politics reasons.

We continue to support paramedics because those paramedics are supporting Manitobans each and every day.

Madam Speaker: The honourable member for Mino, on a final supplementary.

Mr. Swan: Madam Speaker, I asked this minister a very simple and a very important question, and he's either unable or unwilling to answer simple questions, even when the health of Manitobans is at risk.

We already know this government would love to privatize this important service, and it appears the department's failure to recertify pilots may be a plan to ground Lifeflight and privatize the service by stealth because this minister and this Premier (Mr. Pallister) know they can't provide a valid business case to do so.

* (14:20)

Will the minister answer the question, stop playing games with the health of Manitobans and commit today to his department recertifying Lifeflight pilots?

Mr. Goertzen: I'm very proud that this government has provided, I would say, unprecedented support for our paramedics here in Manitoba. For many years paramedics in Manitoba were asking for self-regulation. The former government, the NDP, they ignored it. In fact, they made it a political issue. It became a political issue on the convention floor of their leadership, Madam Speaker.

So we've made it a priority to bring forward self-regulation for those paramedics. More than that, we've supported them in the various places that they

do their work, whether it's on the ground or in the air, Madam Speaker. We continue to hire more full-time paramedics and we'll continue to support that very, very important service in Manitoba.

Increase in Rental Housing Costs Impact on Manitoba Housing Clients

Mrs. Bernadette Smith (Point Douglas): Barely a year into the office the Premier increased housing costs for thousands of Manitobans, forcing some tenants to pay thousands of dollars more a year. These past few months we've been hearing from many Manitobans that this increase has caused pain and has made them choose between rent and putting food on their table.

Why is this government continuing to make these changes on the backs of low-income Manitobans?

Hon. Scott Fielding (Minister of Families): Ensuring that vulnerable Manitobans have the support is a very big priority for this government. We know that under the last NDP government—*[interjection]*

Madam Speaker: Order.

Mr. Fielding: —a priority for them was taxes. Increasing taxes, the PST, that's going to impact low-income people more than anyone else.

This government has taken strong action, increasing the Rent Assist budget by over \$39 million, which means 2,200 more Manitobans are supported under our plan as opposed to your plan.

Madam Speaker: Order. Order.

Just a reminder to members that when answering questions or posing questions that they be posed through the Chair in a third-party fashion, and I would appreciate the co-operation of all members.

Mrs. Smith: Members opposite talk about the PST. Housing residents are facing rent increases up to \$700 a year. They aren't spending \$70,000 on—a year in consumables, as this minister suggests.

Starting today, November 1st, Manitoba Housing contracts, they come up for renewal but will be subject to this government's increase to rent: 3 per cent. We've heard from many Manitobans that this is an unfair burden, especially for those on a fixed income.

Why is this government doing this to those who need our support the most?

Mr. Fielding: To answer the question, what is unfair to Manitobans, including the 117 residents of the Point Douglas area that are supported under the Rent Assist program that we introduced, that's something that we think is unfair. That's going to be a tough conversation for the members opposite, to talk to—*[interjection]*

Madam Speaker: Order.

Mr. Fielding: —those 117 people, to tell them why they wouldn't be supported under an NDP administration that are supported under our administration.

Madam Speaker: Order.

The honourable member for Point Douglas, on a final supplementary.

Mrs. Smith: I find it ironic that the members opposite would take credit for Rent Assist when it was actually the NDP government that brought that in.

We're joined here today by—with some residents of Fred Tipping Place in the gallery. They're deeply concerned about increases to their rent. It's unaffordable and a betrayal of this government's promise to help low-income families.

What will the minister say to these families who feel betrayed by this government's actions?

Mr. Fielding: What I would remind the member opposite is that over 2,200 more individuals are supported under the Rent Assist program that we established. That's—there's over 333 more seniors that are supported under our program. There was over—*[interjection]*

Madam Speaker: Order.

Mr. Fielding: —1,300 more families that are supported under our Rent Assist program that this government has passed in two consecutive budgets: over \$39 million of support for low-income Manitobans

This government has also reduced the basic personal exemption, taking over 2,100 low-income Manitobans off the tax rolls altogether.

That's what I call some progress. That's some results that we'll—we're very proud of in terms of this government in supporting low-income Manitobans.

Introduction of Guests

Madam Speaker: Prior to oral questions, we have another guest in the gallery. I think this is take your kid to school day. We have Eden Lagassé, who's the daughter of the MLA for Dawson Trail.

And on behalf of all of us here, we welcome you to the gallery.

Provincial Court Amendment Act Judicial Training and Continuing Education

Ms. Nahanni Fontaine (St. Johns): I also just want to say a little shout out to Eusenna *[phonetic]* from Churchill high school who is with me this afternoon as well.

The Canadian Judicial Council wrote a response to Rona Ambrose's Bill C-337, which mandates sexual assault training to judges on the Court of Queen's Bench. In that response, they say, and I quote: to engage in social context education is to learn about people and their problems and to ensure that myths and stereotypes do not influence judicial decision making.

Does the minister believe provincial court judges must understand the social context of sexual assault in order to avoid unfair influence in their final verdict?

Hon. Heather Stefanson (Minister of Justice and Attorney General): We're very much in favour of working together and finding ways to further protect victims of sexual assault and domestic violence, and I believe that they are ways, and I mentioned this to the member yesterday, that we can—that this can be done without disrespecting the Constitution, without disrespecting judicial independence. So we stand by that, Madam Speaker.

Madam Speaker: The honourable member for St. Johns, on a supplementary question.

Ms. Fontaine: Madam Speaker, after Justice Robin Camp asked a rape victim why she couldn't keep her knees together, the CJC concluded that his behaviour was, and I quote, profoundly destructive of the concept of impartiality, integrity and independence of the judicial role. End quote.

They argued that inappropriate comments like Camp's and others' undermined public confidence in the judicial process so much that these judges are incapable of executing their judicial office.

Accordingly, the minister must take action to ensure the power of Manitoba's 'judiciary' is

protected and that complainants are given their full legal rights.

Will she pass 227 tomorrow?

Mrs. Stefanson: We have a tremendous amount of respect for the chief judge. It's her role to educate the judiciary and we respect her judicial independence in doing so.

Madam Speaker: The honourable member for St. Johns, on a final supplementary.

Ms. Fontaine: The CJC's response to 'justice' Camp also notes, and I quote: Canadians expect their judges to know the law, but also to possess empathy and to recognize and question any past personal attitudes and sympathies that might prevent them from acting fairly.

Manitobans want to be assured that they should—if they should ever become victims of crime, any crime, that they will be heard and respected by the people appointed.

Will the minister stand up for Manitoba sexual assault victims and pass Bill 227?

Mrs. Stefanson: Well, Madam Speaker, we will stand up for victims of sexual assault and domestic violence each and every day, and I know the Minister responsible for the Status of Women (Ms. Squires) works with various organizations to ensure and protect the safety of all Manitobans.

And I just want to say to the member opposite that Bill 227 violates the judicial independence, which is a central principle in our constitutional democracy. We respect the Constitution. We respect—*[interjection]*

Madam Speaker: Order.

Mrs. Stefanson: —the law and we will continue to find ways to protect victims of sexual assault and domestic violence.

* (14:30)

Addiction Services Access Options

Hon. Jon Gerrard (River Heights): Madam Speaker, last Thursday I asked in question period about crystal meth. The Premier did not take my question seriously and never even mentioned meth in his answer.

Twenty-five-year-old Wesley Elwick died a year ago because the Main Street Project and the

health-care system in general are not provided with adequate resources to give the services that addicts most need when they need it.

When the actions needed to help people with addictions are known, when the government has received millions of dollars for mental health from Ottawa, why has the Premier not addressed this in the year and a half he's been in office?

Hon. Brian Pallister (Premier): Crystal meth's a problem, Madam Speaker. It's a tremendous problem. The opioid crisis is real. The minister is addressing it and addressing it well.

But, again, the member should not confuse my disrespect for his lack of opposition to his federal colleagues cutting health-care support in our province with my disdain for the issue he raises. Those are two different things.

The member has said not a word in opposition to a \$2.2-billion reduction in health-care resources from Ottawa to our province, not one word. And then he stands in this House today and talks about resources being made available for a very real crisis that needs attention? There's a real contradiction in those points, Madam Speaker.

The member needs to re-examine—he needs to re-examine his lethargy, his disdain for the people of Manitoba in the face of his acquiescence, his bowing to the east, Madam Speaker.

Madam Speaker: The honourable member for River Heights, on a supplementary question. *[interjection]*

Order.

Mr. Gerrard: Madam Speaker, the Premier might start by thanking the government of Ottawa for providing billions dollars more in health care.

Indeed, as Robert Lidstone observed —

Some Honourable Members: Oh, oh.

Madam Speaker: Order.

Mr. Gerrard: —recently, people who decide to stop using drugs like crystal meth and opioids in our province have to jump through a series of unnecessary hoops and wait far too long to access a safe, supportive environment.

We need to look at creating stabilization programs that can bridge the gap between active substance abuse and rehab or treatment programs, which often have wait times of one or two months before a person can be admitted.

What is the Health Minister doing to bridge this gap?

Mr. Pallister: In the 1990s, the federal Liberal government, of which the member for River Heights was a part, gutted transfer funding for health care to all provinces, including Manitoba. I decided to leave provincial politics, run for a two-person party, to fight for health care because we need health-care support from Ottawa.

We used to have equal support, then we had a junior partner, and now we have a mini-me partner that doesn't—thinks it can call the shots while funding health care less and less each passing year.

Half of the Liberal Cabinet spoke against these measures, which see a reduction, during the run-up to the last election. But now, suddenly, they've embraced the position where they are reducing transfers for health-care support across the country of Canada and the member sits on his hands and says that's fine with him.

It's not fine with this government and it never will be fine with this government, Madam Speaker. *[interjection]*

Madam Speaker: Order.

The honourable member for River Heights, on a final supplementary.

Mr. Gerrard: Madam Speaker, if the Premier's going to request more money, he better have some good plans. And all we've seen is bad plans in health care so far.

In Manitoba, there are many stories of addicts—*[interjection]*

Madam Speaker: Order.

Mr. Gerrard: —leaving emergency rooms, crisis centres, or even welfare offices, in despair because they didn't get the help they needed. Often, today, this is for addiction to drug combinations like meth and opioids together.

In Ontario, hospitals operate withdrawal-management centres that directly admit people without having to go through an emergency room and are open 24 hours a day, seven days a week for those who want to get clean and access help.

When will the government consider moving to the more successful Ontario model? Minister?

Mr. Pallister: Well, Madam Speaker, the Premier of Ontario's not any happier with the health-care reductions from Ottawa than I am, but she's just a

little more reluctant to talk about it publicly, I suppose.

The member speaks about health care as if it's a priority. It is. It's the number one priority for this government; it's the number one priority for Manitobans. I believe it's the number one priority for Canadians. *[interjection]*

The member from Minto speaks up now, but says nothing when the federal government cuts health care to Manitoba. The NDP say nothing, the Liberals say nothing. One—one—political party in this House is standing up for health care for Manitobans, and that's the Progressive Conservative Party. We stand up for health care and we will oppose federal cuts to health care now, as we did in the 1990s, when that member was part of gutting and cutting them then, as he is now supporting them today.

Need for Increase in Organ Donations Establishment of Standing Committee

Mrs. Sarah Guillemard (Fort Richmond): Madam Speaker, organ donations save lives. Just one person could be a donor for up to 10 people. I'm so very proud of my own nephew, Justin Einarson, and his parents who donated his organs to six recipients at the time of his passing.

This is why I'd like to encourage all Manitobans that want to donate their organs to discuss their wishes with family members and register their donation intentions at signupforlife.ca.

Can the Minister of Health please tell this House what other approaches our government is taking to improve organ and tissue donations?

Hon. Kelvin Goertzen (Minister of Health, Seniors and Active Living): Madam Speaker, I want to thank the member for Fort Richmond for the question and for her personal story. Organ donation is a very important and a very personal issue to Manitobans.

In Manitoba, our sign-up rate for organ donation is unacceptably low. There needs to be a broad discussion about why the sign-up rate is so low and how can we increase it. That discussion must be broader than what is being proposed in private member's legislation before the House now. That's why our government will call a special standing committee and bring in witnesses and experts to inform all of us, all of us collectively as members, in terms of how we can increase the rate of organ donations in Manitoba, and I am proud to announce,

because there would be nobody better to do it, that the member for Brandon West (Mr. Helwer) has agreed to chair that important committee.

Public Transit Funding Municipal Funding Formula

Mr. James Allum (Fort Garry-Riverview): Well, Madam Speaker, I was pretty sure I wasn't getting a standing ovation for asking questions, so I'm sorry for standing up.

You know, this province, it talks a lot about partnerships—*[interjection]*

Madam Speaker: Order.

Mr. Allum —they just don't know how to be a good partner. A classic example of that is the Finance Minister's decision to renege on the 50 per cent commitment to fund public transit.

Now, this has left a lot of people scratching their heads, including the mayor of Winnipeg, who said, and I quote: Do we have a strong provincial partner on transit or not? Because right now we're dealing with a transit cut while we're also hearing about investments in partnership in transit.

So, can the Finance Minister tell us: Will he call the standing committee so that Manitobans can have their say on this critical issue?

Hon. Cameron Friesen (Minister of Finance): Well, I thank the member for that question about Manitobans being able to have their say. That is a strong commitment that we have to Manitobans in the lead-up to the next budget. That commitment to letting Manitobans have their say means that we received over 36,000 interactions with Manitobans.

We're listening, Madam Speaker. Some disregard that approach and they say it's full of junk. We think that is very, very unadvisable. These are Manitobans giving their time, opinion, expertise. We're listening.

Madam Speaker: The honourable member for Fort Garry-Riverview, on a supplementary question.

Mr. Allum: Well, Madam Speaker, if the Finance Minister's listening, he's got a funny way of showing it, because he's not listening to Functional Transit and he's not listening to the mayor of Winnipeg. He froze funding for municipal infrastructure and now he's cancelled the 50-50 plan to fund transit. It's an approach which the mayor of Winnipeg says is going to cause a lot of pain for Winnipeggers.

So will he—will he reconsider and restore 50-50 per cent funding for public transit?

* (14:40)

Mr. Friesen: I thank the member for the question, and the member's aware that the support of the provincial government for municipalities is among the most extensive in all of Canada. He's aware of that. Imagine how much more our capacity would be had our predecessors not left Manitobans with a Halloween surprise of \$900 million in deficit.

Madam Speaker, we are fixing the finances. We care about our relationship with our partners. We are making progress together as Manitobans. Why doesn't he support those efforts?

Madam Speaker: The honourable member for Fort Garry-Riverview, on a final supplementary.

Mr. Allum: Well, Madam Speaker, we support full funding—50 per cent funding of public transit because we support seniors, we support students, we support families; and this is a Finance Minister who's refusing to listen to anyone.

The—it's very simple, Madam Speaker—*[interjection]*

Madam Speaker: Order.

Mr. Allum: —all he needs to do is call the budget implementation bill to committee and let Manitobans and Winnipeggers have their say.

Will he do so today?

Mr. Friesen: Manitobans continue to know what that former government supported. They supported payments to technical officers on their way out the door to the tune of hundreds of thousands of dollars so that they wouldn't—so they'd go quietly. They supported—*[interjection]*

Madam Speaker: Order.

Mr. Friesen: —a PST at the expense of all Manitobans, but disproportionately those at the low end of the earning spectrum.

What we support is a fairer say for municipalities. We support giving Manitobans the right to give us their opinion and their expertise on these very important matters that matter to all of us. We're making progress; we'll continue to make progress. We hope that that member will come aboard these good efforts.

Thompson Rail Service Government Intention

Ms. Amanda Lathlin (The Pas): Last week on Tuesday, I was attending the Northern Health summit meeting in—on—in Thompson, October 24th. On that same day, I was invited to attend a meeting with mayor and council and other service providers regarding reduced rail line services. We learned that OmniTRAX is reducing service to another northern community. The damage caused by this government's lack of action to fix and transfer the northern rail line is expanding.

Can the Minister for Indigenous and Northern Relations tell the House: What is this government doing to restore adequate rail service to Thompson so that we'll have affordable fuel for this winter?

Hon. Ron Schuler (Minister of Infrastructure): I thank the member for the question. And, in fact, some time today the Sven [*phonetic*] Fjord is scheduled to arrive in the Port of Churchill, which is part of the Woodward's Coastal Shipping company. It will take at least half a day to prepare for the ship-to-shore fuel transfer to be taking place. And, Madam Speaker, we are seeing that there will be the proper fuel supply to Churchill.

And I'd like to point out to members opposite that ports and railways are a constitutional obligation of the federal government. Why don't they join us in convincing the federal government to stand up to their obligations?

Some Honourable Members: Oh, oh.

Madam Speaker: Order.

Local Vehicles for Hire Act Presenters at Committee

Mr. Jim Maloway (Elmwood): My question is to the Premier (Mr. Pallister), and the question is about Bill 30, Local Vehicles for Hire Act committee hearings last night.

For the first time in history, a committee of this Legislature did not let every speaker present their case. Over 100 Manitobans came to committee and were prevented from making a presentation. There were 267 people registered and only 142 presented. Over 100 were denied. The government could have called the hearings for Saturday, Sunday and Monday to hear all of the presenters.

The question is: Why did the Premier not accommodate the over 100 Manitobans who took time out of—out to attend the hearings last night?

Hon. Cliff Cullen (Minister of Crown Services): Certainly, it was a pleasure to sit on committee and hear from Manitobans and that's what this government is doing. We are listening to Manitobans.

I hope the member appreciates the new rules we're working under and it's—you know, it's his—actually, his members of the previous government who actually wanted those rules in place. We're playing by the rules. [*interjection*]

Madam Speaker: Order. Order.

And according to our rules, the member for The Maples would have had one question prior to the clock ending, so I would now call on the member for The Maples to pose his question.

Federal Immigration Plan Request for Update

Mr. Mohinder Saran (The Maples): Even I could have asked that question. Still I will be—ask one question out of three questions—two supplementaries. I think this is a kind of prejudice over here, but I will talk about that later.

My question is to the immigration minister. We are waiting for the new agreement with the federal government, and I think we had a meeting in June. But still we have not heard anything. Many people from my constituency, they're asking those questions: when the new rules will be there and how they can apply, whether we actually will get preference over—

Madam Speaker: The member's time has expired.

Hon. Ian Wishart (Minister of Education and Training): I appreciate the member's question. Today or tomorrow we're supposed to get new levels of immigration through from the federal government for Manitoba's Provincial Nominee Program, a program that we're very proud to have created back in the 1990s and we continue to support.

We have certainly worked very hard to make this program work better and certainly eliminated a very long-standing wait list which was very disrespectful of those on the list. So the program is now working much better and we look forward to the opportunity to expand that program.

Madam Speaker: The time for oral questions has expired.

Speaker's Ruling

Madam Speaker: I have a ruling for the House.

Following oral questions on Wednesday, October 25th, 2017, the honourable member for Minto (Mr. Swan) rose on a point of order regarding comments he attributed to the honourable member for Emerson (Mr. Graydon) regarding voter suppression in the St. Johns constituency. The honourable member for Emerson also spoke to the point of order, and offered his clarification of what was said.

I took the matter under advisement in order to review Hansard at the time of the incident. In looking at the printed Hansard on page 3133, and from listening to the audio from that period of time, there are no remarks that appear on the record about voter suppression in the St. Johns constituency. I would like to note for the House that, at two separate times while the member for St. Johns (Ms. Fontaine) was asking her questions, the questions and answers were interrupted by disorder.

Turning to the substance of the point of order, what we have is a situation where there are two members that have different perceptions of the same event. When ruling on a comparable point of order on September 25th, 1995, Speaker Dacquay quoted Beauchesne's citation 494, which states, and I quote: It has been formally ruled by Speakers that statements by members respecting themselves and particularly within their own knowledge must be accepted. On rare occasions, this may result in the House having to accept two contradictory accounts of the same incident. End quote. Speaker Dacquay went on to rule that, since there were two differing perceptions of the same event, there was no point of order. Similar rulings were also made by Speaker Hickes.

I would therefore rule that there is no point of order, but I would call on members to be mindful that comments made from the floor have the ability to create disorder and impede the asking of questions and provisions of answers during oral questions.

PETITIONS

Transit Funding

Mr. James Allum (Fort Garry-Riverview): I wish to present the following petition to the Legislative Assembly.

* (14:50)

The background to this petition is as follows:

Bill 36, the budget implementation and statutes amendment act, 2017, section 88(8) repeals the portion of The Municipal Taxation and Funding Act, which states, quote: The municipal grants for a fiscal year must include, for each municipality that operates a regular or rapid transit system, a transit operating grant in an amount that is not less than 50 per cent of the annual operating cost of the transit system in excess of its annual operating revenue. End quote.

(2) Public transit is critical to Manitoba's economy, to preserving its infrastructure and to reducing the carbon footprint.

(3) Eliminating the grant guarantees for municipal transit agencies will be detrimental to transit services and be harmful to provincial objectives of connecting Manitobans to employment, improving aging road infrastructure and addressing climate change.

We petition the Legislative Assembly of Manitoba as follows:

To urge the provincial government to withdraw its plan to repeal the annual operating grant for municipal transit agencies and remove section 88(8) of Bill 36, the budget implementation and statutes amendment act, 2017.

This petition is signed by many Manitobans.

Madam Speaker: In accordance with our rule 133(6), when petitions are read they are deemed to be received by the House.

Fisheries

Mr. Rob Altemeyer (Wolseley): I wish to present the following petition to the Legislative Assembly.

The background to this petition is as follows:

(1) Many fishers are opposed to the provincial government's Bill 23, The Fisheries Amendment Act, which will pull Manitoba out of the Freshwater Fish Marketing Corporation, also known as FFMC.

(2) Fishers are concerned their livelihoods will be negatively impacted by this legislation in multiple ways such as loss of revenues, higher expenses, uncertain market conditions and potential depreciation of the value of quota entitlements.

(3) Multiple recent court rulings have shown that a government must engage in proper consultation with indigenous communities when a government decision is going to impact treaty rights. No such consultations occurred before Bill 23 was introduced.

(4) Additional court rulings have established that a government cannot delegate its responsibility to proper consultations to a third party. The meetings hosted by the fisheries envoy after Bill 23 was introduced did not constitute proper consultation.

(5) Fishers are alarmed by public comments made by the fisheries envoy that the decision to pull out of FFMC was final and that the provincial government has no intention of changing its decision no matter what the fisheries envoy heard from fishers during meetings.

(6) Bill 23 could very well face court challenges, which will be expensive for all involved, including the provincial government.

(7) Fishers are additionally concerned that Bill 23 could lead to excess fish processing capacity in Manitoba, thereby putting unsustainable pressure on fish stocks.

We petition the Legislative Assembly of Manitoba as follows:

(1) To urge the provincial government to immediately withdraw Bill 23, The Fisheries Amendment Act; and

(2) To urge the provincial government to initiate proper and respectful consultations with fishers on the future of Manitoba's valuable fisheries and the families and communities that depend on them.

This has been signed by Shannon Thomas, Cyndi Asham and Dustin Frevell and many other fine Manitobans.

Northern Patient Transfer Program

Ms. Amanda Lathlin (The Pas): I wish to present the following petition to the Legislative Assembly.

The background to this petition is as follows:

(1) Manitoba has recognized that everyone deserves quality accessible health care.

(2) The people of northern Manitoba face unique challenges when accessing health care, including inclement weather, remote communities and seasonal roads.

(3) The provincial government has already unwisely cancelled northern health investments, including clinics in The Pas and Thompson.

(4) Furthermore, the provincial government has taken a course that will discourage doctors from practising in the North, namely, their decision to cut a grant program designed to bring more doctors to rural Manitoba.

(5) The provincial government has also substantially cut investments in roads and highways, which will make it more difficult for northerners to access health care.

(6) The provincial government's 'austerity' approach is now threatening to cut funding for essential programs such as the Northern Patient Transportation Program, which was designed to help some of the most vulnerable people in our province.

(7) The provincial government has recently announced it would cancel the 'airfare'—airfare subsidy for patient escorts who fly to Winnipeg for medical treatment, which will be devastating for patients with mobility issues, dementia, or who are elderly and need assistance getting to the city.

(8) The challenges that northerners face will only be overcome if the provincial government respects, improves and adequately funds quality programs—[interjection]

Madam Speaker: Order.

Ms. Lathlin: —that were designed to help northerners, such as the Northern Patient Transportation Program.

We petition to the legislative of Manitoba as follows:

To urge the provincial government to recognize the absolute necessity of maintaining and improving the Northern Patient Transportation Program by continuing to respect Northern Patient Transfer agreements and funding these services in accordance with the needs of northern Manitobans.

This petition has been signed by many, many Manitobans.

Thank you.

Madam Speaker: The honourable member for Flin Flon.

An Honourable Member: Point of order.

Point of Order

Madam Speaker: The honourable member for The Maples, on a point of order?

Mr. Mohinder Saran (The Maples): Yes, Madam.

Madam Speaker: The honourable member for The Maples, on a point of order.

Mr. Saran: Just, Madam, today again I have to repeat the same request or the same objection.

And I used to get the eighth question previously, and it was certain I will get a—will be able to ask one question and two supplementary. But I don't know why these two House leaders decided to give me the 10th question. That takes away my chance to represent my constituents and their issues.

And my constituents trust me, does not matter how the other people try to defame me. They signed, 900 members, during the leadership race. They provided 87 of the delegate on my side, out of 93. It means they trust me.

And—but I want to represent them properly, and to represent them properly, I should be able to ask at least eighth question, although I—

Madam Speaker: Order, please. Order, please. Order, please.

The honourable member for Assiniboia, on the same point of order.

Hon. Steven Fletcher (Assiniboia): Madam Speaker, not expecting that this would come up, but—in this way—I have to agree with the member from The Maples.

The fact is, the House leaders—and with all due respect—have not consulted with the five independent MLAs appropriately and have effectively blocked five independent MLAs from question period.

So I—that is what has happened, and that's what they are trying to do. But it's not consistent with the rules or parliamentary tradition, and it's quite unfair.

Madam Speaker: Order, please.

I would indicate that this House is following the rules in these respects, and I would also indicate that I have dealt with this issue on October 11th. It has already been ruled on, and it is not appropriate or respectful to bring this up again.

As with the concerns that the members are raising, those are issues that have to be dealt with outside of this Chamber. They are not points of order or matters of privilege because, when we are discussing rules, they are dealt with outside of the Chamber.

So I would indicate to the members raising this that they do not have a point of order. I have ruled on this before and I'm not changing my ruling, and it is absolutely disrespectful to bring this up again. And I would urge the members to take their discussions where they should be, which is outside the Chamber with the House leaders, and come to some resolution.

* (15:00)

Northern Patient Transfer Program

Mr. Tom Lindsey (Flin Flon): I wish to present the following petition to the Legislative Assembly of Manitoba.

The background to this petition is as follows:

(1) Manitobans recognize that everyone deserves quality accessible health care.

(2) The people of northern Manitoba face unique challenges when accessing health care, including inclement weather, remote communities and seasonal roads.

(3) The provincial government has already unwisely cancelled northern health investments, including clinics in The Pas and Thompson.

(4) Furthermore, the provincial government has taken a course that will discourage doctors from practising in the North, namely, their decision to cut a grant program designed to bring more doctors to rural Manitoba.

(5) The provincial government has also substantially cut investments in roads and highways, which will make it more difficult for northerners to access health care. The provincial—oh, sorry.

(6) The provincial government's austerity approach is now threatening to cut funding for essential programs such as the Northern Patient Transportation Program, which was designed to help some of the most vulnerable people in the province.

(7) The provincial government has recently announced it would cancel the airfare subsidy for patient escorts who fly to Winnipeg for medical treatment, which will be devastating for patients with mobility issues, dementia, or who are elderly and need assistance getting to the city.

(8) The challenges that northerners face will only be overcome if the provincial government respects, improves and adequately funds quality programs that were designed to help northerners, such as the Northern Patient Transportation Program.

We petition the Legislative Assembly of Manitoba as follows:

To urge the provincial government to recognize the absolute necessity of maintaining and improving Northern Patient Transportation Program by continuing to respect northern patient transfer agreements and funding these services in accordance with the needs of northern Manitobans.

And this petition, Madam Speaker, has been signed by many, many, many Manitobans.

Taxi Industry Regulation

Mr. Jim Maloway (Elmwood): I wish to present the following petition to the Legislative Assembly.

The background to this petition is as follows:

(1) The taxi industry in Winnipeg provides an important service to all Manitobans.

(2) The taxi industry is regulated to ensure that there are both the provision of taxi service and a fair and affordable fare structure.

(3) Regulations have been put in place that has made Winnipeg a leader in protecting the safety of drivers through the installation of shields and cameras.

(4) The regulated taxi system also has significant measures in place to protect passengers, including a stringent complaint system.

(5) The provincial government has moved to bring in legislation through Bill 30 that will transfer jurisdiction to the City of Winnipeg in order to bring in so-called ride-sharing services like Uber.

(6) There were no consultations with the taxi industry prior to the introduction of this bill.

(7) The introduction of this bill jeopardizes safety, taxi service, and also puts consumers at risk, as well as the livelihood of hundreds of Manitobans, many of whom have invested their life savings into the industry.

(8) The proposed legislation also puts the regulated framework at risk and could lead to issues such as what has been seen in other jurisdictions, including differential pricing, not providing service to some areas of the city, and significant risk in terms of driver and passenger safety.

We petition the legislative of Manitoba as follows:

To urge the provincial government to withdraw its plans to deregulate the taxi industry, including withdrawing Bill 30.

And, Madam Speaker, this petition is signed by many Manitobans.

Concordia Hospital Emergency Room

Mr. Ted Marcelino (Tyndall Park): I wish to present the following petition to the Legislative Assembly.

And the background to this petition is as follows:

(1) The provincial government has announced the closures of three emergency rooms and an urgent-care centre in the city of Winnipeg, including closing down the emergency room at Concordia Hospital.

(2) The closures come on the heels of the closing of a nearby QuickCare clinic, as well as cancelled plans for ACCESS centres and personal-care homes, such as Park Manor, that would have provided important services for families and seniors in the area.

(3) The closures have left families and seniors in northeast Winnipeg without any point of contact with front-line health-care services and will result in them having to travel 20 minutes or more to St. Boniface Hospital's emergency room for emergency care.

(4) These cuts will place a heavy burden on the many seniors who live in northeast Winnipeg and visit the emergency room frequently, especially for those who are unable to drive or are low income.

(5) The provincial government failed to consult with families and seniors in northeast Winnipeg regarding the closing of their emergency room or to consult with health officials and health-care workers at Concordia to discuss how this closure would impact patient care in advance of the announcement.

We petition the Legislative Assembly of Manitoba as follows:

To urge the provincial government to reverse the decision to close Concordia Hospital's emergency room so that families and seniors in northeast Winnipeg and the surrounding areas have timely access to quality health-care services.

This petition was signed by many Manitobans. Thank you.

Transit Funding

Ms. Flor Marcelino (Logan): I wish to present the following petition to the Legislative Assembly of Manitoba.

And the background to this petition is as follows:

(1) Bill 36, the budget implementation and statutes amendment act, 2017, section 88(8) repeals the portion of The Municipal Taxation and Funding Act which states, quote: The municipal grants for a fiscal year must include for each municipality that operates a regular or rapid public transit system a transit operating grant in an amount that is not less than 50 per cent of the annual operating cost of the transit system in excess of its annual operating revenue. Unquote.

(2) Public transit is critical to Manitoba's economy, to preserving its infrastructure and to reducing the carbon footprint.

(3) Eliminating the grant guarantees for municipal transit agencies will be detrimental to transit services and be harmful to provincial objectives of connecting Manitobans to employment, improving aging road infrastructure and addressing climate change.

* (15:10)

We petition the Legislative Assembly of Manitoba as follows:

To urge the provincial government to withdraw its plan to repeal the annual operating grant for municipal transit agencies and remove section 88(8) of Bill 36, the budget implementation and statutes amendment act, 2017.

Signed by many, many Manitobans.

Thank you.

Health-Care Workers

Mr. Greg Selinger (St. Boniface): I wish to present the following petition to the Legislative Assembly.

The background to this petition is as follows:

The Premier has launched attack on Manitoba's health-care system, imposing reckless cuts to the facilities and services which will leave a devastating impact on the health and safety of Manitobans.

The Premier has broken his promise to protect the front-line health-care services families and

seniors depend on, as well as to protect the front-line workers who deliver those services.

The Premier is closing three emergency rooms and an urgent-care centre in Winnipeg, forcing families to in south and northeastern and western Winnipeg to travel further for emergency health care.

The Premier has already shattered the St. Boniface QuickCare clinic—shuttered. Excuse me—and has announced plans to close four more clinics in Winnipeg, meaning families will no longer be able to access primary health care in their own communities.

The Premier cancelled \$1 billion in health-care capital projects, including a new facility for CancerCare Manitoba, primary-care clinics for St. Vital and The Pas, a consultative—a consultation clinic for the—Thompson, a new facility for the Pan Am Clinic, two new personal-care homes and an international centre for palliative care.

The Premier's millions of dollars in budget cuts have forced the WHRA to cut crucial services like occupational therapy and physiotherapy in hospitals, lactation consultants for new mothers, the Mature Women's Centre at Victoria Hospital, a homeowner program—and a homeowner program for the chronically ill.

The budget cuts have also resulted in raising of fees for seniors in the long-term-care program and cancelled a program that recruited doctors to work in rural communities.

On top of these cuts, the provincial government has opened the door to privatization by bringing in private home-care companies and expressing interest in private MRI services.

We petition the Legislative Assembly of Manitoba as follows:

To urge the provincial government to immediately reverse these cuts which hurt families and seniors' care, weaken health-care services and drive health-care workers out of the province and to instead invest in the provincial government health-care system in order to protect and improve patient care.

Signed by Riley Box, Ed Miller, Robert Smith, wily—Will Whyte, Jill Keller [*phonetic*] and many, many other Manitobans.

Thank you.

Concordia Hospital Emergency Room

Mr. Andrew Swan (Minto): I wish to present the following petition to the Legislative Assembly.

The background to this petition is as follows:

(1) The provincial government has announced the closures of three emergency rooms and an urgent-care centre in the city of Winnipeg, including closing down the emergency room at Concordia Hospital.

(2) The closures come on the heels of the closing of a nearby QuickCare clinic, as well as cancelled plans for ACCESS centres and personal-care homes, such as Park Manor, that would have provided important services for families and seniors in the area.

(3) The closures have left families and seniors in northeast Winnipeg without any point of contact with front-line health-care services and will result in them having to travel 20 minutes or more to St. Boniface Hospital's emergency room for emergency care.

(4) These cuts will place a heavy burden on the many seniors who live in northeast Winnipeg and visit the emergency room frequently, especially for those who are unable to drive or are low income.

(5) The provincial government failed to consult with families and seniors in northeast Winnipeg regarding the closing of their emergency room or to consult with health officials and health-care workers at Concordia to discuss how this closure would impact patient care in advance of the announcement.

We petition the Legislative Assembly of Manitoba as follows:

To urge the provincial government to reverse the decision to close Concordia Hospital's emergency room so that families and seniors in northeast Winnipeg and the surrounding areas have timely access to quality health-care services.

This petition, Madam Speaker, is signed by many Manitobans.

Mr. Matt Wiebe (Concordia): I wish to present the following petition to the Legislative Assembly.

And the background to this petition is as follows:

(1) The provincial government has announced the closure of three emergency rooms and an urgent-care centre in the city of Winnipeg, including closing down the emergency room at Concordia Hospital.

(2) The closures come on the heels of the closing of a nearby QuickCare clinic, as well as cancelled plans for ACCESS centres and personal-care homes, such as Park Manor, that would have provided important services for families and seniors in the area.

(3) The closures have left families and seniors in northeast Winnipeg without any point of contact with front-line health-care services and will result in them having to travel 20 minutes or more to St. Boniface Hospital's emergency room for emergency care.

(4) These cuts will place a heavy burden on the many seniors who live in northeast Winnipeg and visit the emergency room frequently, especially for those who are unable to drive or are low-income.

(5) The provincial government failed to consult with families and seniors in northeast Winnipeg regarding the closure of their emergency room or to consult with health officials and health-care workers at Concordia to discuss how this closure would impact care in the advance—would impact care in advance of the announcement.

We petition the Legislative Assembly of Manitoba as follows:

To urge the provincial government to reverse the decision to close Concordia Hospital's emergency room so that families and seniors in northeast Winnipeg and the surrounding areas have timely access to quality health-care services.

And this petition is signed by many Manitobans.

Madam Speaker: Grievances?

ORDERS OF THE DAY

Hon. Steven Fletcher (Assiniboia): Madam Speaker, on a point of order.

Point of Order

Madam Speaker: The member for Assiniboia, on a point of order.

Mr. Fletcher: Madam Speaker, I'd like to seek—and you may find it—to have—to please canvass the House for leave to proceed today through all remaining stages of Bill 202, The Insurance Amendment Act.

Madam Speaker: Is there leave of the House to—for the—as per the request of the member, is there leave

to proceed today through all remaining stages of Bill 202?

Some Honourable Members: No.

Some Honourable Members: Yes.

Madam Speaker: Leave has been denied.

Point of Order

Mr. Fletcher: On another point of order, I—

Madam Speaker: I would just indicate to the member that these are probably not points of order. I urge the member to continue on as there is no other way for him to be able to present his request. So he can go ahead with raising them as a point of order.

Mr. Fletcher: And these are No. 5 in reading questions on the Order Paper follows this.

But, Madam Speaker, could you please canvass the House for leave to proceed today through all remaining stages of Bill 203, the electoral division amendment act?

Madam Speaker: Is there leave this afternoon to proceed today through all remaining stages of Bill 203?

Some Honourable Members: Leave.

Some Honourable Members: No.

Madam Speaker: Leave has been denied.

* (15:20)

Mr. Fletcher: I wonder if you could please canvass the room—the House for leave to proceed today through all remaining stages of Bill 205, The Brookside Cemetery Recognition Act.

Madam Speaker: Is there leave to proceed today through all remaining stages of Bill 205?

Some Honourable Members: No.

Some Honourable Members: Yes.

Madam Speaker: Leave has been denied.

Mr. Fletcher: Could you please canvass the House at—to seek leave to proceed today through all remaining stages of Bill 40, the government bill on—the Legislative act.

Madam Speaker: The member is—does not have the authority to ask for leave to move forward on a government bill. So leave would be denied.

Mr. Fletcher: You're absolutely correct. I was simply asking if there would be unanimous consent to approve Bill 40, notwithstanding that I don't have standing.

Madam Speaker: And I have denied that.

Mr. Fletcher: That last statement has ironies, but I won't get into it. Okay.

Madam Speaker, I ask if you could canvass the House for leave to proceed today through remaining stages of Bill 206, The Legal Profession Amendment Act.

Madam Speaker: Does the member have leave to proceed through the—or, does the member have leave for the House to proceed this afternoon through all stages of Bill 206?

Some Honourable Members: No.

Madam Speaker: Leave has been denied.

Mr. Fletcher: I wonder if you could canvass the room today—or the House today, to proceed with all remaining stages of Bill 212, the conflict of interest amendment act.

Madam Speaker: Is there leave of the House to proceed today through all remaining stages of Bill 212?

An Honourable Member: No.

Madam Speaker: Leave has been denied.

Mr. Fletcher: Almost.

Point of Order

Mr. Fletcher: On a point of order, could you please canvass the House for leave to proceed today through all remaining stages of Bill 213, The Gift of Life Act.

Madam Speaker: Is there leave of the House to proceed with all remaining stages of Bill 213?

An Honourable Member: No.

Madam Speaker: Leave has been denied.

Point of Order

Mr. Fletcher: On another point of order, I'm really disappointed the government's denying leave for all these bills.

On—could you please canvass the House for leave to proceed today through all remaining stages of Bill 225, The Manitoba Public Insurance Corporation Amendment Act.

Madam Speaker: Is there leave of the House to proceed through the remaining stages of Bill 225?

An Honourable Member: Yes.

An Honourable Member: No.

Madam Speaker: Leave has been denied.

Point of Order

Mr. Fletcher: On another point of order, on October 4th, I put on the Order Paper five written questions. I—the government must respond by next week. They've had 21 days.

Could the government please provide the answers to these written questions ahead of time if they've done the work?

Madam Speaker: I would just indicate to the member that a point of order cannot be used as a vehicle to answer questions, and I would encourage him to talk directly to the government about his latest request.

Point of Order

Mr. Fletcher: On a point of order, Madam Speaker, could you share with the House what the consequences are when written questions on the Order Paper are not answered within the 30 days as required by the rules?

Madam Speaker: I would point out for the member that a point of order cannot be used to ask a question, and it is not appropriate to ask the Speaker questions in the House, so on that final note, the member does not have a point of order.

If I haven't already called it, orders of the day.

GOVERNMENT BUSINESS

Hon. Cliff Cullen (Government House Leader): Would you call Bill 34, Bill 40, Bill 35, and Bill 39.

Madam Speaker: It has been announced that the House will consider second reading of the following bills: 34, 40, 35 and 39.

DEBATE ON SECOND READINGS**Bill 34—The Medical Assistance in Dying (Protection for Health Professionals and Others) Act**

Madam Speaker: Moving, then, to the first bill, Bill 34, The Medical Assistance in Dying (Protection for Health Professionals and Others), standing in the name of the member for Flin Flon, who has one minute remaining.

Mr. Tom Lindsey (Flin Flon): Madam Speaker, one minute seems hardly enough to finish all my thoughts on this bill. *[interjection]*

Madam Speaker: Order.

Mr. Lindsey: As we said yesterday, we'll probably support this bill, but there's so much missing that this government needs to address when it comes to palliative care, when it comes to mental health services, when it comes to providing all the services and all the protections to everyone, not just the people in the health-care system that refuse to participate in the end of life, but also the protections need to be provided to practitioners who choose to participate if they happen to be in a health-care facility that claims, for religious reasons, to be against it.

So we need to make sure that all aspects are covered, that all aspects are addressed and then this bill gives us the opportunity to really have that bigger discussion.

Thank you, Madam Speaker.

Mr. Matt Wiebe (Concordia): Madam Speaker, it's certainly an honour to rise in the House this afternoon to debate the very serious, a very important bill, something that I know many members of this Chamber have strong opinions about, strong feelings about, who—a bill that members surely want to take serious and to seriously debate here in the House, not to suggest that some of our debate isn't always serious, but this is certainly an issue that is important not only to us as legislators, an issue that we need to—that it take proper time to think about, to take seriously, but we also know, of course, that our constituents take very seriously and that many Manitobans across this province take very seriously.

Mr. Doyle Pivniuk, Deputy Speaker, in the Chair

I am quite surprised, and I'll put this on the record, Mr. Speaker, that I'm following a member from the opposition. There was an opportunity for a

member of the government to rise to speak to this, an opportunity for one of the independent members of this Chamber to rise to speak to this important bill, and yet we hear nothing from those parties.

Again, on an issue that I believe people have strong feelings about, they have strong feelings about on both sides of the issue, but I would also say, as I started to say, is that I also think it's an issue that gives a lot of Manitobans pause, and it gives them—it forces them to stop and to think very thoughtfully about these issues, because this isn't a straightforward simple issue. This isn't something that, I think, you know, most Manitobans would like to be spending their time thinking about. It's not an issue that's pleasant, but it is an issue that I think affects many Manitobans when they experience the end of life with a loved one, you know.

Not in every case, of course, Mr. Speaker, does this issue become—come to the forefront in those circumstances, but in many of those and in many that we don't hear about, many private moments amongst families that, you know, that struggle with this and wrestle with this.

* (15:30)

So I know it is an issue that we certainly, as our opposition caucus, the NDP caucus, is taken very seriously, one issue that we have spent a lot of time discussing, and not just around this bill, Mr. Speaker, but around the issue in general around assisted death, and about ways that we can help ensure that that service is available for those who request it here in this province.

As you know, Mr. Speaker, in *Carter v. Canada*, the Supreme Court of Canada declared unconstitutional the prohibitions of the Criminal Code against aiding and abetting a person to commit suicide or consenting to having death inflicted upon them. Parliament subsequently enacted amendments to the Criminal Code to permit medical assistance in dying in specific circumstances.

Under this new federal legislation, Mr. Speaker, no one is compelled to participate in medically assisted dying. And we know that an individual can, without any disciplinary or employment repercussions, refuse to participate in medical assistance in dying because of personal convictions. As well, a professional regulatory body cannot require its members to participate in medical assistance in dying.

As I said, Mr. Speaker, our main concern of the opposition caucus is that every Manitoban should have access to care when they need it. We believe that end-of-life care should respect both the dignity of patients and, of course, uphold the Supreme Court rulings.

Any legislation that's brought forward, we believe, with respect to end-of-life wishes need to be patient-centred. They need to respect informed choices by individuals. But at the same time, they need to protect those vulnerable people who are in a very vulnerable place in their lives.

We believe very strongly that the government should ensure that any legislation regarding physician-assisted dying is focused on dignity, is focused on respect for those nearing the end of their lives. And this requires a balance between those personal convictions, between the values and the beliefs of health-care professionals and Manitobans and of patient's rights to access those medical services, such as the physician-assisted dying which needs to be found.

So, Mr. Speaker, we, as I said, had an opportunity within our own caucus to spend some serious time debating this, to discussing this issue and not to tell tales out of school, but to share a lot of very personal stories. And, as I said, we're certainly not alone in those types of stories. Manitobans across this province have taken the time to communicate with us whether it be by email, phone calls to our offices.

I know I've met with a number of individuals who feel strongly, again, one way or another, about this issue. I've met with individuals in the health-care field, the health-care professionals who are impacted by this legislation. I've talked to members of my own community, my own faith community, as well as my own neighbourhood and geographic community. And this is an issue, again, that we have taken very seriously, looked to consult, to talk to Manitobans and get some real significant feedback.

And, you know, what we've heard time and time again from Manitobans is that, you know, regardless of the choice that the—an individual makes before that point is reached that, you know, good strong palliative care is foremost in the minds of Manitobans in ensuring that those who do reach that stage of life have the opportunity to approach that time in their lives with dignity, approach that time in their lives with a sense of full understanding of their situation and of the options available to them, and

that they do so with all the supports that are absolutely possible to be given for somebody who's facing those difficult times.

You know, this is—this bill, I think, begins to start understanding the issue or addressing concerns that people have had with the issue of medically assisted—assistance in dying. However, I do feel that it falls much short in other ways, and, as I said, palliative care is an issue that Manitobans have raised with us time and time again. You know, we—I think we as a society like to believe that those resources are there, that they are as complete as they need to be, and I think those who have lived through the end-of-life process oftentimes give us a different message.

You know, we've made great strides, I think, in this province, with regards to palliative care. I think there have been, you know, certainly experts in our province who are known throughout the world who have given government good advice, but those resources remain out of reach for some, and this is a concern that I think Manitobans have brought forward to us very clearly and have communicated to certainly our caucus that this is a priority for them going forward. So I feel that this bill begins to unravel or unpack this issue. It starts to, you know, put in certain protections. However, it certainly doesn't address that particular issue, and I think it's incumbent on the government to step forward now to take this issue further, to understand the needs of patients and to ensure that those services are available as well for them.

The other piece that this legislation itself doesn't address is the issue around mental health services for individuals at the end of life, and, again, with—in the same vein as palliative care, I think there is a great value in ensuring that mental health services are appropriate, that they're delivered in a timely way and that they're available to absolutely everybody who needs those. And, of course, that includes not only the people here in Winnipeg but throughout our province and to, you know, rural Manitoba and northern Manitoba, where resources are sometimes stretched already to their limits. You know, people in the situation where they're nearing the end of life or making difficult decisions and in order to make those decisions they need to make sure—or we need to make sure that they have all the resources that they need in order to make those decisions in a thoughtful way and in a way that most meets their needs, which is so important.

So, again, I—you know, while this legislation begins to discuss the issue, begins to unpack and unravel this complex issue, it falls short in addressing that particular issue, and I know, you know, members of the opposition caucus have spent a lot of time, again, discussing this, but also then bringing that forward here for debate, whether it be in debate on this particular bill or in a number of different ways.

And I did have the opportunity to serve as the Health critic for the opposition, which was an eye-opening experience, maybe I'll just put it that way, Mr. Speaker. It—certainly there's no shortage of issues. I can certainly appreciate the hard work that's put in by the Health Minister, no matter the political stripe of that particular Health Minister of the day, but it is certainly an—there are a number of issues that, as a—the Health critic, you are, you know, engaged with and engaged with stakeholders, understanding from professionals, health professionals and others, the nuances of these particular issues. And so this was one of those issues that I, you know, delved into. That I undertook to learn and to understand as best I could. And, again, to have these tough conversations not only with our caucus, but with health professionals, with other Manitobans.

* (15:40)

And I could tell you, again, this is the kind of nuanced conversation that oftentimes doesn't lend itself to the thrust and parry of political debate, especially in this particular Chamber. And I'm not singling out this Chamber in relation to other chambers, but just in this political arena. This is not necessarily the—oftentimes, especially on the floor of the Legislature, a place that this kind of debate can happen in a real, substantive way. Oftentimes, the debate here can sort of only scrape the surface, if you will. And that doesn't lend itself to understanding complex issues like this.

So I did undertake that conversation, and I spent a lot of time working with my caucus colleagues to understand their positions and, quite frankly, I heard from members of the government, as well. And, again, there's a broad range of concerns and issues that come with this conversation, and so I'm in no way painting this as being a—you know, one political party has one stance and another has another. This is certainly an issue that affects everybody in Manitoba, and so I think everybody has an understanding of what that nuanced conversation can look like.

But what I heard time and time again was that those individuals wanted to ensure that we did spend the time we did, you know, take a very thorough look at this. And, again, what it—what is actually most moving—to me, anyway—was—and, again, I heard from health professionals, I heard from a lot of experts, I heard from people who are affected daily by this. But, actually, it was the stories of the family members and the personal stories that struck me. Those were the ones that stuck, I guess, the most in my mind, Mr. Speaker. And so those are the ones that I think have come forward in this debate, I think, in a very thoughtful way.

So I appreciate the people who have chosen to put words on the record that speak directly to their own particular experiences, but it's certainly not—it's not the full story. It's part of the story, and I think that's important for us to continue to talk about.

So, again, we feel that we need to have real investments in those palliative care resources, those pain therapy management techniques when patients are asking for it. It's so important that we have real investments in mental health supports so that patients and families can access those services when they need them. We need real investments. We believe in home care, Mr. Speaker. Services for the elderly that all Manitobans are able to access, and then they are able to then live their lives in dignity. And, when appropriate, we understand that medical assistance in dying is an important part of the health care picture.

Now, I did want to put on the record, Mr. Speaker, maybe just briefly, but I did want to put on the record that while I appreciate the opportunity to rise on this issue, you know, there's a number of health care concerns that Manitobans are coming to us with that they are concerned about, that they're facing in their own communities. And, you know, we've spent quite a bit of time now in this short session talking about this particular piece of legislation. I know many members in my caucus want to speak to this. But, you know, what we don't see are protections for health care and investments in health care in other areas.

And, you know, at a time when services are being cut, when there's pressures on front-line workers who are trying to deliver these services, this is one added pressure that I think is difficult for them to focus on. It's certainly difficult for members of the public to focus on when there are so many changes and cuts coming to the health-care system.

So, you know, I—just before I had an opportunity to stand up and debate this, I was bringing forward a concern—petition concerned citizens in my constituency have signed about the Concordia Hospital. And yet, you know, we hear nothing from this government on Concordia Hospital, a hospital that, you know, presumably is going to be facing some of these exact same questions that we're debating here today. And yet we're losing the emergency room there. There's added pressures on the hospitals, on health-care services, and so it concerns me, Mr. Speaker, when this government puts its focus on a bill—and, again, I think it's important that they brought forward—we've begun to discuss this—but refuses to bring other important issues to this House so that we can have the same amount of time and effort and debate being put into those issues which I know, quite frankly, the members opposite hear on a daily basis, when they knock on doors themselves.

So this is—these are the kinds of issues I hope that we'll have an opportunity to discuss. I realize we're coming to the end of this particular session but, you know, stay tuned because we're coming right back and we're going to have an opportunity to debate. And I do hope that there will be an opportunity then for all members of all political stripes to put their true thoughts on the record with regards to the cuts that are coming to the health-care system and talk about issues beyond this contained in Bill 34.

So, you know, Mr. Speaker, I do recognize that there are others who are very eager to also put some thoughtful words on the record, so I won't take all of the time this afternoon. I think it's important that we hear from as many as impossible. And there is an opportunity, again, for the government to put their words on the record, to have this debate in a thoughtful and a thorough way and, again, I think that's possible for everyone in this House to participate in. I don't think that's simply the job of the opposition to do that.

So I do encourage other members, members of the government, to stand up to put their views on the record, but I do recognize that there are others in my own caucus who are very anxious to speak as well. So I will maybe end my comments there. I simply want to end, Mr. Speaker, by saying, again, that this an important issue. I think there's a lot more to unpack here. There's a lot more to understand about this issue. But, more importantly, there are more services and more supports that Manitobans have

been asking us about, been asking this government to support, and we hope that they're listening; we're—they're not just listening to one side of the discussion, but really listening to all interested parties and all Manitobans because, quite frankly, this is, again, something that affects everybody in this province.

I do hope that they are seeking out that advice and that they will continue to unpack this issue and ensure that all Manitobans have access to medical assistance in dying when required but, most importantly, they have the palliative and the mental health care that they need to make those informed decisions and that they have the best quality of life at that stage in their life when they are end of life.

Thank you very much, Mr. Speaker.

Ms. Flor Marcelino (Logan): It's an honour to be able to speak and add a few words to the debate on Bill 34, Medical Assistance in Dying Act. We thank the honourable Minister of Health for introducing this bill to this House, and just as my friend and colleague did say a few minutes ago, we're just kind of wondering why the government members of this House are not speaking for their bill. But, anyway, that's for another time maybe. Maybe we'll hear from them, maybe not.

* (15:50)

But this is a very important debate, very important discussion and lives are at stake here and we, in this House, take our constituents' concern, our constituents' input very seriously. And I would like to thank many, many Manitobans who weighed in on this issue. They provided us their input by phone, by email and by—through personal conversations. There's too many of them to be mentioned individually. I just want to thank them all for their input; some are for this bill, some are against this bill. Everyone's opinions are respected and then it's incumbent upon us members of this House to debate and have a robust discussion on the merits or demerits of the case.

As for this bill, Mr. Deputy Speaker, I'd like to inform my colleagues that I support this bill and I think our caucus supports this bill, but we firmly believe this bill is not enough. It could even be more strengthened and improved.

Mr. Deputy Speaker, in *Carter v. Canada*, the Supreme Court of Canada declared unconstitutional the prohibitions of the Criminal Code against aiding and abetting a person to commit suicide or consenting to having death inflicted upon them. This is a

very important pronouncement by the highest court of the land. No one, I think—my personal view and I know many, many people also firmly hold this view that we should not aid or abet anyone to end his or her life and definitely consent to have death inflicted upon anyone.

We believe in the sanctity of life. We believe that it's only the Creator who can—who should allow or let any creation, a created individual especially, when that life that was lent—or life that given, be ended, or should end.

Mr. Deputy Speaker, this bill—also, one of the purposes of this bill is also—by the way, under the federal legislation no one is compelled to participate in medically assisted death. We've learned in the past of several cases when people found it untenable when people have decided and they have all of the—they made an informed decision to end their life because of extreme pain and hardship due to the illness that they are experiencing.

We as members of this House, or ordinary members of our family or our community, may not be in a position to make judgments and tell that person: no, you have to await your time on earth, there's time for everything, a time to live or a time to die. We may not be in that position because we are not in the person's shoes.

I know of a couple, very dear friends, very wonder—a wonderful couple; they truly loved each other. The woman contracted Lou Gehrig's disease—beautiful woman, well-respected in the community, very talented woman. And, of course, the husband, a very loving husband, was approached—or was talked to by the wife and said, you don't know how much pain I'm experiencing. Please help me get the needed medical assistance so I could go. Our children are adults. Well, no—two girls, they are both single, unmarried. Although it pains me to be not around when our girls will get married or have children, but the pain that I'm experiencing is so unbearable.

The poor husband was so deeply conflicted. How can she—how can he, in conscience—well, it's against his conscience to agree to the wishes of the wife. However, he daily, every minute that he's awake, he could see—he had seen the sufferings of the wife. Deeply conflicted, yet he agreed to what the wife wanted.

Thankfully, it did not have to come to pass that the medically—that medical assistance will be brought in because, by the grace of the Creator, she

was taken before that action would have been committed, the assistance, the medical assistance.

What I'm saying is, there are extreme cases, when even those whose consciences are against allowing medical assistance, they would be compelled by the very sight of a loved one in deep, deep, extreme pain all the time.

Anyway, that's one particular case that I became personally aware of. There are other cases that I have read about, and, again, I don't pass judgment why members of the family of those terminally ill patients, nor even some of the dear, dear friends of those persons consented to their loved one going through the medically assisted route.

In fact, we have heard of stories, because, at that time, it was not allowed in Canada yet, those terminally ill patients had to travel abroad so this procedure could be done.

* (16:00)

But this bill, Bill 34, also states that an individual can—or this bill supports that an individual can, without disciplinary or employment repercussions—and this individual could be medical practitioners—refuse to participate in medical assistance in dying because of personal convictions, and a professional regulatory body cannot require its members to participate in medical assistance in dying. So we respect that. We respect that intent of this bill, but we also have to take into consideration that the Supreme Court of Canada had declared unconstitutional the prohibitions of the Criminal Code against aiding and abetting a person—or consenting to having death inflicted upon this person who had wished that it be done to them.

Again, based on some recent personal experiences in our community and in several other communities that I'm familiar with, we have to be very careful and we have to help. Maybe, if we know family or friends of that patient wanting to obtain medical assistance, we have to ensure that great care had been taken in ascertaining that individual's wishes.

What if that individual who had wanted to go through that procedure at that time that he or she made the decision, what if he or she was just too depressed or just being so overwhelmed by the pain that is being experienced as a result of the illness? What if the mental state of that individual at that time that that decision was made was not stable? And what if—there's so many variables. So it doesn't mean

that if that individual who have come to the conclusion without interference or that individual came to that conclusion voluntarily, but what if—there are other variables or those situations could change. We don't know.

I've seen actual—and there's—here's an actual situation I'm familiar with. My daughter's husband's father had—what do you call that medical term? It's eluding me right now. Anyway, something—the blood vessel in the brain erupted. There's a term there, whatever—I'll remember that. And so, he—

An Honourable Member: Aneurism.

Ms. Marcelino: Aneurism. Thank you. I didn't hear you.

He was brought to the hospital and medically attended to. They had to put holes so the pressure—immediate pressure would be let go, and then, of course, then MRI or whatever was done and they said, oh, it's—we won't do any further treatment because the blood was all over. He won't survive, but just the same he was in ICU and then—in coma and just breathing because of the apparatus attached to him. And the doctors told the family this is a lost case, he won't survive. He won't even—even if it's a miracle if he does survive, and if that happens he'd be vegetable because the brain was without oxygen for so long, and there's too much damage. We better pull the—pull out the tubes that are keeping him alive.

The wife and the two children—or three children—pleaded to the medical director not to do that. They pleaded, we believe our loved one will recover. We are ready to take care of him, even if he were to be a vegetable for the rest of his life.

Well, because they didn't allow those gadgets to be removed, the patient was still in coma but made alive by those supports, life supports. So they watched—they took turns watching that old man. He wasn't too old at that time. They took turns watching him and after two weeks, by some miracle, the man survived or woke up and started to be responsive but, of course, still couldn't speak. And the medical—the doctors were astonished, because it's—they have never seen such a case with so much brain damage recover.

Well, to make a long story short, that man got out of the hospital, had to have rehab so he could walk, or even with some very slow movements, walk, stand up, sit down and even eat by himself. And now that man is able to even speak a little bit, could engage in a conversation. And I think he's

about as old as I am—is now able to care for our common grandson, who happens to be my fifth grandson.

So if at that time when—if at that time that they were presented with the medical evidence that this patient has no chance of being revived or getting out of coma then, if they had agreed to the life support system being pulled out, then we won't be—today, he would've been long gone. And today this guy could even swim quite well because he was a good swimmer and he was told swimming would be a good kind of therapy for his extremities. So he goes swimming in a swimming pool.

So we can never really put a death sentence. So I thought, because of that one instance and maybe there are many, many more, I think the intent of this bill is quite good, so we support it. But, as we've said, it is not enough.

This bill should also take into consideration so we won't have to go through the medical assistance, this bill should ensure that our palliative-care units—or our palliative-care centres are well resourced and supported.

* (16:10)

Thankfully, under our watch, we were able provide support to Riverview palliative-care centre, one of the best. I've been to that centre. I applaud and I thank the many, many staffpersons there—doctors, nurses, health-care aides, orderlies—for the care that they provide to the terminally ill people there. They're so good, Mr. Deputy Speaker, that, you know, there was even one palliative-care patient, who personally I know, left out that centre alive, against all odds.

We know of many, many people, when they go to a palliative-care centre, that would be the—we're just counting weeks or days, but this particular terminally ill patient left out of—left Riverview palliative care alive. My colleague, he happens to be the mother-in-law of that patient, but he's not here. And she lived to be—she lived after that incident for a few more years.

So it doesn't mean that if you're in palliative care, that's the end of life for you. That's why miracles could happen. So it—if we have—if we continue supporting our palliative-care centres, we might get some miracles happen, just like what happened to that lady.

And speaking of another palliative-care centre, I've also visited a terminally ill friend at the Grace Hospital palliative-care centre—beautiful building, another centre that the former government supported and have it built. The person—the friend who was a resident of that palliative-care centre lived his remaining life in peace and joy. We visited him a few times at that centre, and he was so grateful for being at that place. It's more comfortable than my home, he said. And the people who provide care are exceptional. And he lived the remaining weeks of his life in peace and joy, as I've said, because of the support and of the great facility that Grace palliative—Grace Hospital palliative-care centre provided him.

Mr. Deputy Speaker, we believe that every Manitoban should have access to care when they need it, and end-of-life care should respect both the dignity of patients and the Supreme Court rulings. Therefore, any legislation with respect to end-of-life wishes needs to be patient-centred and respect informed choices by individuals, while at the same time protecting vulnerable people.

This is quite interesting, Mr. Deputy Speaker. There are indeed vulnerable people. Sad to say, there might be people who are even members of—family members who would wish to see some vulnerable people's lives be terminated.

So we should be careful if, in their moment of vulnerability, that patient would say yes, I want to go and I want to go fast. Let's be mindful—what are the circumstances surrounding that decision? Is it because of the neglect or the lack of care that the person has felt from the community or from his or her own family? We don't know.

That's why we need our palliative-care centres to be truly, truly provided the needed resources because it could spell the difference among people—or among terminally ill patients. One thing to opt for the medically assisted-in-dying procedure, or they may simply decide, my life is in the hands of my creator, and it will be taken away from me when my time is up with no intervention—with no medical intervention.

I believe, Mr. Deputy Speaker, if we will—if such an environment is provided in our palliative-care centres, and with the help of family and friends, we don't need to have this bill because people will not go for that.

So our government must continue to consult with a range of Manitoba stakeholder groups including disability advocates, religious organizations, health-care workers and Manitoba families to balance the rights of all concerned.

And, of course, as I've said, we respect personal convictions. So a balance between the personal convictions, values and beliefs of health-care professionals and Manitobans' and patients' right to access medical services such as physician-assisted dying needs to be found.

So, for those whose desire—and as I've said, we don't know what they're going through, the pain they are experiencing—desires that their life be ended, who are we to deprive them of their desire? In the same manner, if there are practitioners, medical practitioners, who believe that it's against—

Mr. Deputy Speaker: The honourable member's time has expired.

Mr. Greg Selinger (St. Boniface): I wish, today, to rise to speak to Bill 34, Medical Assistance in Dying Act.

We know the context of this legislation is the *Carter v. Canada* decision with the Attorney General, where the Supreme Court of Canada declared unconstitutional the prohibitions of the Criminal Code against aiding and abetting a person to commit suicide or consenting to have death inflicted upon them.

Parliament enacted amendments to the Criminal Code to permit medical assistance in dying in very specific circumstances, and under the federal legislation, no one is compelled to participate in medical assistance in dying. And an individual can, without disciplinary or employment repercussions, refuse to participate in medical assistance in dying because of personal convictions, and a professional regulatory body cannot require its members to participate in medical assistance in dying. That applies to doctors and nurse practitioners. This legislation broadens that to include all of those participating either directly or aiding in the medical assistance in dying.

*(16:20)

Our message is that, even though we support this legislation, that it is not sufficient to address the issue. We need to ensure that end-of-life care respects the dignity of patients as well as the Supreme Court rulings and Manitobans need to have

access to care when they need it, and there are many innovative ways to provide care to Manitobans, some of which I will elaborate on further.

When you focus on dignity and respect, Mr. Speaker, it speaks to the needs of what we prioritize in our budget-making process, and that means that we have to work with community organizations that provide palliative care, some of which include the Catholic Health Corporation, which is through the St. Boniface Hospital, pioneered palliative care there. And my family's had the benefit of that care, found it to be extremely valuable and provided great comfort, support and dignity to members of my family, including my mother, as they were going through the final stages of their life suffering from cancer. But there's also the Riverview centre—health centre, in the member from Fort Garry-Riverview's ward, where—which provides excellent care to people at the end of life as well, and that facility has been a great comfort to many hundreds of families in Manitoba.

So we need to 'consinue' to consult with Manitobans, disability advocates, religious organizations, health-care workers and families to get the balance right on what we're doing with respect to follow up after Bill 34 comes to a conclusion in this Legislature.

And palliative care can have many different forms. Palliative care in Manitoba—there is an organization called Palliative Manitoba and they actually have a training program for volunteers to understand the—what palliative care means to an individual and to a family and to provide support to people. There has been the recent stories in the media about an individual who wanted access to medical assistance in dying and one of his primary complaints was feeling lonely and there are many resources in the community that could aid that individual not to have that great sense of loneliness and being alone at the end of his life, and those resources are not necessarily expensive resources, such as the programs offered by Palliative Manitoba.

So we should be supporting those programs, not only institutional-based programs like at Riverview and St. Boniface, not only community-based programs such as Jocelyn House, which was started by the Hutton family when their daughter Jocelyn died from cancer there. They actually gave up their family home along the Seine River in St. Vital and made it a facility for end-of-life care for individuals that needed palliative care.

And I'm personally aware of organizations in the community that are willing to raise millions of dollars to provide these kinds of facilities for palliative care in Manitoba, including at Jocelyn House, and would only require the government to provide operating support. To raise 10, 20 million dollars in capital is a very significant commitment that the community's prepared to make, including many members of the Catholic community, to ensure that people get that end-of-life support so that they can have a real choice about what route they take to end-of-life experience and to the end of life that we all ultimately will face as we go through the journey that we call living as a human being in this—on this planet called earth.

But we also need to provide medical assistance in dying to those that—even though they have good-quality alternative resources such as palliative care, even though they may have excellent support from their families or their health professionals—want to make that choice, and that has to be provided in a way that provides dignity and respect, as per the Supreme Court ruling, and those resources need to be made available as well.

These things get more difficult when we're in a time when health-care spending is being reduced or cut in specific ways. I know the government makes the point that they've put more money in, but it's very clear that many services are being rolled back that would support people that need different forms of end-of-life care and might, in fact, actually prevent premature deaths in Manitoba. One of the things we've learned very recently is that there are some reports that up to half of Canadians might be subject to experiencing the disease of cancer in Canada, and so if you take a holistic approach to health care, you ask yourselves, what are the causes of some of these diseases? Is there things like environmental air pollution that causes people to have severe diseases such as asthma, such as lung disease, such as cancer? And all of these kinds of issues are areas that we could work on together in this Legislature to ensure that people live in safe, healthy communities, have access to fresh air, clean water and healthy food.

All of those very fundamental requirements for a healthy lifestyle can be looked after in Manitoba and addressed if we do it collaboratively. For example, the program that we've got for our community gardens in northern Manitoba has made a gigantic difference in many communities in providing access to healthy food for citizens of those communities. And as I've visited those communities and seen the

programs that have been supported by us when we were in government—and I think many of these programs continue to be supported—young people there said to me, being involved in growing healthy local food is my way of fighting diabetes in my community.

And diabetes is a very serious chronic disease. It's a scourge in many communities. And very simple interventions such as learning to have healthy gardens, fresh fruit and vegetables, fresh vegetables, access to healthy proteins such as fish—in one community I was in, Garden Hill, they had a project called project Meechim where they were growing their own protein: turkeys, chickens, growing their own vegetables—and that had never been done before—and running their own social enterprise of a grocery store where they made those sources of protein and vegetables available to the community while creating jobs for people in the community; a very good project, a relatively inexpensive project when you consider the cost of just treating one patient that has a chronic disease such as diabetes or a very serious disease such as cancer.

Some of those interventions at the community level with respect to social enterprises and healthy foods, healthy gardens, which have been pioneered in Manitoba and northern communities and are widely admired across the country and the source of study in post-secondary programs in universities, including in places like Ontario, they've looked at the Manitoba experience and said, there's a lot that can be learned here. A simple loan fund that helps people acquire refrigeration for their homes, where they can actually have access to a refrigerator and keep their fresh food fresher for a longer period of time, makes an enormous difference.

So there are many things we can do that will help people have a healthy life and a longer life and a more productive life in this province. And when you take a look at health care, it's not just the right to be able to have your rights respected as a health-care practitioner, but all of those people, no matter what side they're on of the issue of medical assistance in dying, would also say we should be doing more to help people live healthy lives.

I remember when we had an all-party task force in this Legislature to look at the issue of healthy lifestyles in schools for students, and we brought in a credit where people could have a phys. ed. credit, a healthy lifestyle credit. And it didn't have to be normal—through the regular school day, it could be

activities that they undertake outside of school. One of the things we looked at was just the amount of sugary foods that are sold in schools. Often funds raised by the sale of those sugary foods went to student councils, went to student activities, and people weren't thinking about the impact on obesity issues and healthy lifestyle issues of the students themselves by encouraging those kinds of products to be available in schools. You cut down on the amount of sugary drinks, you cut down on the amount of sugary products, and you can have a direct impact on obesity issues, and this can create healthier lifestyles for our young people and people of all ages and backgrounds.

So, when we take a look at what we're going to do in our health-care system, just simply reducing the number of nurses in a facility like Deer Lodge hospital, simply concentrating emergency rooms in two or three locations, which means many people have to go farther, cutting very basic services like lactation consultants, these kinds of decisions leave people feeling powerless with respect of what choices they have to pursue a healthy outcome for their families or for themselves.

*(16:30)

What we've seen with, for example, in home care, the decision to deliver home care through private agencies—we have one of the best home-care programs in the country, started by a former government, I believe it was the Schreyer government. And one of the leaders in that was a woman named Evelyn Shapiro, and she pioneered home care in Manitoba as a public service, but it wasn't covered by the Canada Health Act. There was no cost-sharing with that by the federal government.

So the incremental cost of providing home care in Manitoba was 100 per cent provided by the people of Manitoba through their income taxes. But that program has allowed many hundreds, if not thousands, of Manitobans to stay in their homes longer with their families.

And that home-care program has been around for over 40 years now. It celebrated its 40 anniversary a few years ago. It has been around for decades now, but it has continuously evolved to provide more intensive care for senior citizens with complex needs to ensure that people have access to services close to where they live with their families.

And so why would we take that out of the hands of the publicly delivered system we have where it's

cost-effective? After all, it was former minister of Health, Darren Praznik, who tried to privatize it and realized that it couldn't be done more cost effectively without dramatic cuts to the wages of the front-line workers. And so it was delivered through the public system to the benefit of many Manitobans.

One of the programs we've got in Manitoba that allows people to stay in their communities longer and prevent premature deaths is the caregivers' tax credit, which was pioneered by the last government, a very modest credit. Most of the people providing a caregiver's support to members of the community tend to be women in our society. It was a very modest recognition of a caregiver's role in our communities. Often, they're providing support to family members. Sometimes, they're providing support to neighbours or extended family members, but the caregiver's role in our community is a significant low-cost but highly effective resource that deserves respect and support. And I noted that in the last budget the provincial government put a cap on that program and that was very unfortunate, because it was a program that was one of the most effective ways to allow people to remain independent or supported in their communities for longer periods of time. So cutting home care is not a good idea. Cutting caregivers' tax credit is not a good idea.

When we take a look at this bill, The Medical Assistance in Dying (Protection for Health Professionals and Others) Act, we have to recognize that those rights need to be respected but, at the same time, the rights of patients and the needs of patients have to be a priority.

One of the things any professional is trained in is one of the distinguishing characteristics of any profession: it's that the needs of your clients come first. The needs of your clients come first; that's part of the professional code of practice of a doctor, of a nurse, of a nurse practitioner, of a physiotherapist, of a social worker, of anybody working in the broader field of human services. The distinguishing characteristics of being a professional is to put the needs of your clients, the needs of the people you're serving, at the top of your list in terms of what you—how you behave.

So we need to do that not only in palliative care and not only in home care, not only with caregivers in the community, but with all forms of health care, whether they're in institutional settings, whether they're in personal-care homes, and the cancellation of personal-care home projects in Manitoba is a

significant blow to communities that need support to keep their loved ones close to home but in a setting where they have an appropriate level of care coincident with their needs.

Madam Speaker in the Chair

And so those kinds of resources need to be available not just in Winnipeg, where 70 per cent of the population, roughly, is located, but in rural Manitoba, in northern Manitoba, in First Nations communities, in indigenous communities all across the province, because many people would like to stay in the communities where they've spent their life working and raising their families, and we need to provide those supports.

Those supports all include—also include supported housing. We've seen more interventions in the community in the last several years where social housing has been converted to supportive housing, and there are visits there from health-care professionals to allow people to stay in that supportive housing and have the support they need to be as independent as possible for as long as possible.

So the cancellation of those kinds of services are going to create a downstream problem of where people go, and I have had communications to my constituency office from people who have seen their loved ones discharged from institutional facilities into facilities which are not suitable in terms of the care they provide for the needs of the person discharged to that facility. And so the desire to reduce costs may be coming at the expense of the appropriate level of care for some of the patients being discharged from the facilities right now. That will not support extending peoples' lives in a health way as long as possible, and that is a significant issue.

There's been a lot of talk in the Legislature about health-care funding from the federal level, and I do want to say that the original Medicare program in this country was a 50-50 bargain between the federal government and the provinces. It was initiated in Saskatchewan by the CCF government of Tommy Douglas. It was taken national with another person that became the Prime Minister of Canada from Saskatchewan, John Diefenbaker. It was broadened even further by the Lester B. Pearson government and made a national program of Medicare.

And yes, the original funding terms of reference were 50-50, but on a fairly narrow basis. It was basically to supply support to physicians and

hospitals. It did not extend or include things like home care. It did not extend or include things like palliative care. There has never been yet a national drug program, even though there's more co-operation starting to occur among jurisdictions on purchasing drugs, particularly life-saving drugs. It has never extended to even a national food policy in this country, or even a national housing policy in this country. These are many things that we can do. Even under the Environmental Protection Act, on things like air pollution, all we have are national guidelines. There are no national standards that we have to 'mit'—to enforce to ensure that communities are safe with respect of the industries that are located close to where they live.

And I've seen that problem in St. Boniface where people are actually tasting metal in their mouths. They're suffering from increased levels of asthma. I've got businesses in my community that are saying that their workers are missing more work because of the quality of the air they're breathing because of some of the industrial activities that are being allowed over there.

So, if we really want to take a holistic look at what we can do to ensure that people are treated with dignity and respect, including the health-care professionals, with respect to issues like end-of-life care—whether it's medical assistance in dying, whether it's palliative care—we need to first and foremost go upstream and see what we can do to prevent these issues from happening in our communities, to keep people healthier.

And one example of a person championing these kinds of activities is one of the most trusted environmentalists in Canada, maybe the most trusted environmentalist in Canada: David Suzuki and his Blue Dot program. He has been, for many years, advocating that we should have a constitutional amendment to ensure that the environment is protected, that Canadians have access to fresh air, clean water and healthy food. Those three areas right there, if protected in various forms of legislation—whether it's at the provincial level with our environmental protection act, which has been proposed both while we were in government and while we have been in opposition with the notion of an environmental commissioner—would go a long way to giving Canadians access to resources to ensure that the way they live every day can be as healthy as possible and they can be protected from things like pollution. Pollution of water, pesticides with respect to foods and the things that they breathe

in through the air. Those measures there would reduce the number of people requiring medical assistance in dying and would extend their ability to live healthy lives in this province of Manitoba.

So there are many things that we can do that will balance the ability for us to provide real alternatives to people to have a healthy life. And all of those things are part of what we need to do as a country. Partnerships between communities, partnerships between community organizations and governments at all levels, partnerships between the civic governments in terms of how we do neighbourhood planning to have healthy neighbourhoods—walkable neighbourhoods, neighbourhoods with greater access to public transportation.

* (16:40)

And we've seen in this Legislature what's happening to public transportation in Manitoba. The funding for public transportation is being reduced. The 50-50 bargain that we put in place to encourage greater public transportation—which reduces air pollution, which allows people to have greater walkability and portability in our communities, is being reduced at the same time as there's a greater interest on the part of Manitobans and Canadians to have healthy choices and sustainable choices on how they move around, whether it's public transportation, whether it's active transportation, cycling, whether it's walking, whether it's safer vehicles in terms of the amount of emissions that are produced from those vehicles. All of those things lead to healthier lifestyles. Walkable, safe neighbourhoods lead to healthier lifestyles.

Access—there's a report out today by the chief health officer for Canada that says one of the things Winnipeg could do to create healthier lifestyles is to eliminate the food deserts that we have in certain neighbourhoods, including some of our inner-city and downtown neighbourhoods. And even in my neighbourhood, you have to go an extended distance to get access to reasonably priced groceries, and that is a problem.

There's things we can do to encourage food co-ops. There's things we can do to encourage community gardens. There's things we can do to encourage retail outlets to provide healthy choices to people that live in a neighbourhood. And all those things can extend people's lives and help them have healthy lifestyles and take pressure off the health-care system from things like chronic disease, take pressure off the health-care system from people

being injured because they live in an unsafe neighbourhood, take pressure off the health-care system because people feel that they are going to be the subject of violence, whether it's intimate partner violence or domestic violence or violence generated in communities.

All of those things will take pressure off our health-care system, and a lot of those solutions are social—social and community-based solutions that are relatively low cost. Even the role, for example, of the Bear Clan in north Winnipeg, protecting and fostering a culture of safety in the neighbourhood by people taking a leadership role as volunteers, has made a huge difference in the quality of life in people in those neighbourhoods. They feel that somebody's got their back, somebody's looking out for them.

And well-designed neighbourhoods can encourage that kind of behaviour all the time. We saw an example today from the 'membel' from Tyndall Park that talked about his Neighbourhood Watch program and the volunteers for that were down here today. That sense of community involvement and community engagement which creates safe neighbourhoods also creates healthier neighbourhoods. It also creates less pressure on the health-care system. People that are alone and afraid are more likely to have need for health-care services, and people that are lonely and afraid and isolated are more subject to the needs for assistance in dying unless they know there are real alternatives to their isolation, to their loneliness.

All of those things can make a huge difference, and they're relatively low-cost interventions. They're called prevention. They're called building healthy—and supporting healthy families. They're called building and supporting healthy communities. They're called how we educate our young people.

One of the greatest institutional resources we have in our communities are our schools and the involvement that students have in the schools, the involvement that parents have in those schools, the involvement that teachers have in those schools. Community schools are a locus of healthy living. They're a locus of empowerment for families and students and young people and their parents, and they can make a gigantic difference, and they're relatively low-cost.

We see, in our education system, the work we do with adult education and literacy across this province. And that is a key to people getting

established in Manitoba or to be able to make their way forward in Manitoba. And education—the better educated our citizenry is, the more tools and knowledge they have to lead a healthy lifestyle. And all of these things are what we have to do if we're going to move forward.

So the Bill 34 that we're debating today is just one small slice of the reality that we have to move on in this province of Manitoba and across the country and indeed on an international level as well—is creating human relationships that respect the dignity and worth of every individual and give them a chance—give them a chance—to be able to reach their potential in their homes, in their communities, in the schools, in the workplace, in the larger society and their ability to contribute.

And I believe that's something that, even though we may have differences on the specifics of pieces of legislation that underlines the common humanity and values that we have among each other and allows us to move forward together to find deeper solutions that will address some of these issues at the same time as not putting people in boxes and constraining their opportunities and leading them to maybe want to consider something that may or may not be necessary, giving their level of suffering, given their level of awareness and given the choices they want to make in their lives.

These are important issues as we go forward, Madam Speaker. Our caucus will be supporting this bill. But we say it's only one small part of what we have to do. It's certainly not sufficient to address the issues that people need to have addressed in our society, and it's certainly not sufficient to justify some of the changes we're making in our health-care systems and our education systems that will put people at a greater disadvantage. It's certainly not sufficient to justify some of the reductions we're seeing in income supports in this province, whether it's RentAid or even social assistance. These areas are areas that require us to see the positive benefits of that. When the guaranteed annual income experiment was done in Manitoba in the 1970s in places like Dauphin, but also in Winnipeg, they found that when people had access to a basic income, which is becoming even more important in a precarious labour market that we're experiencing these days, when people had access to a basic income, their health outcomes were better, their educational outcomes were better, family life was better. All of those things showed significant

improvements when people didn't have to worry about where their next meal was going to come from.

And now—that was in the '70s—now we're living in a labour market, and we see bills in front of this Legislature right now, for example, the local—what do they call it? The Uber bill, the local hiring act. That bill there will destroy literally hundreds of small businesses in Manitoba and people's income, people's ability to support their families. What's going to happen to those people? Some of those people are going to be desperate. They're not going to be able to pay off their loans. They're going to lose—*[interjection]*—the vehicles for hire act—some of those people are not going to be able to support their children to get education. Some of those people are going to lose their homes and their livelihoods and be put back on the street when they came here to build a better life for themselves and often had support from their parents from the country of origin to finance their ability to own that local business. I don't believe that destroying people's jobs is going to be a way to help people have a healthy lifestyle.

We see the same thing with the Freshwater Fish Marketing Corporation. It's being eliminated. We heard vivid and powerful testimony from people, fisherpersons, fishers, from northern Manitoba, who are part of fishers co-ops, saying that unless they can have access to a reliable broker of their products into the marketplace, they're going to lose income. One of the more powerful pieces of testimony was from the head of a fishers' co-op in Norway House who went back to his great-grandfather, and said in 1929, when we didn't have the Freshwater Fish Marketing Corporation, only the people that got to the private buyer first were able to get a fair price for the fish that they had brought in. Everybody else got such a low price they weren't able to make a living. And the role of the freshwater and fish marketing corporation—and certainly it needs improvements; we've seen auditors generals, at the federal level, reports on this. But the ability to have a guaranteed price and a guaranteed market for their product has made all the difference in these northern communities.

So, in the case of Uber and taxis, in the case of fishermen, we are potentially putting people's livelihoods at risk, which will mean much more health—pressure on the health-care system, much more pressure for mental health services, much more pressure on the need for people to address chronic disease, much more pressure for services that will allow families to function and individuals to

function. All of those things we need to address in addition to this Bill 34 that we've got in front of us today.

And so, with those brief comments, Madam Speaker, I will now wind up my discussion today. Thank you very much.

Ms. Nahanni Fontaine (St. Johns): So I'm pleased to be able to put some comments on the record in respect of Bill 34, The Medical Assistance in Dying Act. And I think, Madam Speaker, I would like to just take a moment to just give my gratitude, my profound gratitude and appreciation and respect to the men and women that work in our health-care system, who, you know, every day work with and offer comfort and expertise and health care to Manitobans. And certainly, I think that, when we're talking about Bill 34 and, you know, a more humane way to pass, I think that they are obviously a huge component of patient care and end-of-life care.

* (16:50)

And so, you know, we know right now that there's been just chaotic changes within the health-care system and fundamentally affecting the lives of health-care personnel, professionals, those folks that we rely on, and so I just want to let them know that certainly we think about them every day in respect of the chaos that they're dealing with, and certainly think about them in respect of the profound work and transformative work that they do for Manitobans—Manitoba families every single day. And I think they deserve our utmost respect and appreciation. So I, you know, I just want to start with that. I think that when we're talking about these things we have to really recognize and honour the folks that are doing that work every day while we sit in these Chambers and make decisions that are fundamentally affecting them.

So, you know, obviously we believe that every Manitoban should have access to care when they need it and, you know, not only care when they need it, but the best of care. And end-of-life care should respect both the dignity of patients and Supreme Court rulings. Any legislation with respect to end-of-life wishes need to be patient-centred and respect informed choices by individuals while at the same time protecting vulnerable people.

The government, you know, should ensure that any legislation regarding physician-assisted dying is focused on dignity and respect for those nearing the end of their lives. And certainly this is a balance

between personal convictions meeting values and beliefs of health-care professionals and Manitobans and obviously a patient's right to access medical services such as physician-assisted dying. And we need to ensure that that balance is found and maintained and that it is a principle, a core principle, to any way that we deal with medical-assisted dying. And certainly we would say that the government must continue to consult with a range of Manitoba stakeholder groups, including disability advocates, religious organizations, health-care workers, Manitoba families, to balance the rights of every Manitoban so that we have the best possible legislation available in dealing with this particular issue.

Certainly, as has been said many, many times on this side, we need real investments in palliative care and pain therapy management techniques, including drugs when patients need it. We need real investments in mental health support services so that patients and families can access those services when they need it. Certainly we need real investments in home care and services for the elderly so that all Manitobans are able to live their lives in dignity and at home, and have choice in where they want to live and live out their final years or their final months or their final days.

And then, again, of course, when appropriate, you know, Manitobans need access to medical assistance in dying when they make that request. I think that we have to be very cognizant and assure Manitobans that we're doing our best and that the system is doing its best to ensure that anybody that, you know, seeks out that remedy or seeks out that process at the end, that they have the information that they need, that they have the supports that they need, and that they have full—a full range of choice in making what is a very, very serious and very difficult decision. I mean, quite obviously, nobody makes that decision lightly, and, you know, people are, in many respects, forced into that decision in respect of their health. Nobody would wish that their health would make it to the point where it is—they are compelled to look at medical assistance in dying.

So, you know, we also know that terminally sick or ill Manitobans suffering in pain and greatly diminished quality of life have a right to access medical assistance in dying. The government needs to ensure patient's requests for MAID are respected and then of course, certainly, while ensuring the rights of medical practitioners are respected as well.

And moves to cut an international centre on—palliative care are short sighted, and—you know, which is not surprising. We've seen several decisions being made by this government that are clearly, clearly short-sighted and contributing to the chaos in the health-care system, and, you know, in many respects, all of that chaos is egregious, but I would say that it's, you know, egregious when we're looking at people that are at their end of life and they're having to deal with these issues.

You know, the Premier's (Mr. Pallister) cuts to health care impacts on the quality of end-of-life care for seniors and the families that they receive and, you know, is that a question of him not caring, I'm not sure. I'm not sure. I mean, I guess, I suppose, one could—might suggest that he doesn't care about patient care or Manitobans' overall health and the supports that we should be able to have and I would suggest that. I mean, one could suggest that and I would suggest that also we're not the first to say that. You know, when you go into the community and you hear people talk, a lot of people are talking about the chaos in the health-care system and that the Premier just doesn't seem to get it and that he just doesn't seem to care and that actually all the members opposite are in the same boat because they don't say anything to their boss, right. They just kind of go along and—with whatever he says, they just kind of go along, including, you know, the chaos that we're seeing now in the health care—the—what we're seeing right now.

So, Madam Speaker, of course we will be supporting this bill. We'll be looking forward to those discussions in ensuring that those supports in palliative care and those systems that help people at end of life are going to be discussed and certainly we will be pushing the government on that end as well

to ensure that Manitoba families have the best of what they need in all circumstances.

Miigwech, Madam Speaker.

Madam Speaker: Is the House ready for the question?

Some Honourable Members: Question.

Madam Speaker: The question before the House is second reading of Bill 34, The Medical Assistance in Dying (Protection for Health Professionals and Others) Act.

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

House Business

Hon. Cliff Cullen (Government House Leader): On House business, Madam Speaker, I would like to announce that the Standing Committee on Legislative Affairs will meet on Monday, November 6th, at 6 p.m., to consider Bill 34, The Medical Assistance in Dying (Protection for Health Professionals and Others) Act.

Madam Speaker: It has been announced by the honourable Government House Leader that the Standing Committee on Legislative Affairs will meet on Monday, November 6th, at 6 p.m., to consider Bill 34, The Medical Assistance in Dying (Protection for Health Professionals and Others) Act.

* * *

Mr. Cullen: Madam Speaker, would you canvass the House to call it 5 o'clock?

Madam Speaker: Is there leave to call it 5 o'clock?

The hour being 5 p.m., this House is adjourned and stands adjourned until 10 a.m. tomorrow.

LEGISLATIVE ASSEMBLY OF MANITOBA

Wednesday, November 1, 2017

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are also available on the Internet at the following address:

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