

Third Session – Forty-First Legislature
of the
Legislative Assembly of Manitoba
DEBATES
and
PROCEEDINGS

Official Report
(Hansard)

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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
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
<i>Vacant</i>	St. Boniface	

LEGISLATIVE ASSEMBLY OF MANITOBA

Monday, April 16, 2018

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

INTRODUCTION OF BILLS

Bill 221—The Rail Safety Awareness Week Act

Mr. Bob Lagassé (Dawson Trail): Madam Speaker—oh, I—sorry, I haven't done this before. You're going to have to bear with me. So what I—I move, seconded by the member for Brandon East (Mr. Isleifson), that Bill 221, The Rail Safety Awareness Week Act, be now read for the first time.

Motion presented.

Mr. Lagassé: At age 11, Kharma Annette Brown passed away on September 15th, 2017 after being struck by a train at a railway crossing in Ste. Anne, Manitoba, within my constituency. As an MLA and as a father, there was no possibility that I could not make any attempt to prevent future tragedies like this from happening.

Every year, there are close to 250 collisions and trespassing incidents along Canadian railways, resulting in an average of 100 injuries or deaths. As a country and as a province, we need to do a—better at preventing such tragedies. That is why this bill aims to educate and bring awareness across the province about rail safety through a yearly provincial rail safety week.

Thank you.

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

Committee reports?

TABLING OF REPORTS

Hon. Heather Stefanson (Minister of Justice and Attorney General): I'm pleased to table the Supplementary Information for Legislative Review 2018-19 Departmental Expenditure Estimates for the Department of Justice.

Madam Speaker: Further tablings?

Hon. Rochelle Squires (Minister of Sustainable Development): I'm pleased to table the Supplementary Information for Legislative Review 2018-19 Department Expenditure Estimates for Sustainable Development.

Madam Speaker: Further tabling of reports?

Hon. Ralph Eichler (Minister of Agriculture): I rise today to table the Manitoba enabling appropriations, other appropriations, supplementary information legislative review for 2018-2019; Departmental Expenditure Estimates for the Department of Agriculture.

Madam Speaker: Ministerial statements?

MEMBERS' STATEMENTS

Chance Toder

Mr. Doyle Piwniuk (Arthur-Virden): Madam Speaker, I rise here today to pay tribute to a constituent from Arthur-Virden that has taken a chance on himself: Elkhorn Manitoba's resident, Mr. Chance Toder.

Chance has not had an easy journey per se, but rather an eventful one. Having had 'undergro' many medical interventions in his life has only proven to create more determination in this fine young man. Being wheelchair-bound and having only partial sight has not changed his outlook on life or his goal to grow up and have a job.

This is where Mark and Jill Humphries, owners of Westwood Ranch Garden Centre in Kola, Manitoba, enter the picture. The Humphries offered Chance what he wanted most of all: a real job. Starting in the garden centre, Chance had been given more and more responsibilities each day, when one day Mark mentioned that he himself needed to—help keeping up with the lawn care at Westwood Ranch. The seed was planted. Chance—could Chance operate

a lawn mower with his limited mobility? Why, yes, of course he could.

Through the help of many supporters, his dream was made reality. Over the course of several months, assisted tech, a company here in Winnipeg, worked with Chance and his pit crew to create a lawn mower to suit his needs. Today we are proud that we cannot only say that Chance found himself a stable job, but he also had been able to—next level, creating his own business called Leave It to Chance commercial and rural lawn-care maintenance. Chance is building up his clientele every day, and he continues to work with the Humphries Westwood Ranch in the summer.

This past February, Chance was awarded Just Watch Me award from Community Futures as business owner living with a disability.

Madam Speaker, please help me and congratulate Chance Toder and his pit crew staff their all—with their persistence, hard work and dedication in helping to put the pieces of the puzzle together to make this young man's dream come true. Chance, you really are an inspiration to us all.

Thank you, Madam Speaker.

Public Home Care

Mr. Andrew Swan (Minto): Madam Speaker, every day, thousands of Manitobans—our parents, grandparents and other loved ones—depend on home care. Manitobans are proud of this public service.

Our home-care workers perform vital work for 40,000 Manitobans. They ensure clients receive the care they need in their homes, promote their dignity and independence and enhance their quality of life.

Manitobans remember when a Progressive Conservative government tried to privatize home care. Twenty years ago to this very day, home-care clients, families, workers and their supporters marched to the front steps of this building to present the Filmon government with 15,000 signed hearts that read: My heart supports home care for people, not profit. This day is important to Manitobans. It recognizes the value in protecting public home care. This value has not changed.

Following in the footsteps of Gary Filmon, this Premier (Mr. Pallister) cut the Hospital Home Teams, a team of nurses that cared for over 550 Winnipeggers and is now pursuing further privatization.

In 2017, the government's new enhanced home-care plan led the WRHA to award private contracts to Ontario companies. This never should have happened. It is clear no front-line jobs and services are safe under this government.

Manitobans are concerned about further steps towards privatizing our universal, public home-care system. Privatizing puts profits before patients, savings before service and cuts before care.

Home-care workers are the front-line of our province's universal home-care system. Today, the 20th anniversary of keeping home care public, is public home-care workers day, a day which this government won't recognize. But New Democrats recognize these dedicated workers that provide the highest quality of care with love and respect to seniors and families across Manitoba, and New Democrats will fight to protect public, universal home care.

Thank you, Madam Speaker.

* (13:40)

Captain Ike Dyck

Hon. Cameron Friesen (Minister of Finance): Madam Speaker, I rise in the House today to recognize a senior, recognizing the recent retirement of Winkler's longest serving firefighter. Captain Ike Dyck gave 52 years of service to the Winkler Fire Department. He was around for nearly half of the department's 111-year history.

The 80-year-old fire captain joined the department officially in March of 1966, but the steps that led to his joining began several months earlier.

Fire Chief Richard Paetzold said it all began when Ike observed firefighters working on a structure fire at Kroeker potato farm storage building on January the 7th of 1966 and he went over to see if they needed help. And the records show that Ike's first call took place on February the 10th, followed by a flood alarm on March the 22nd, when he and other firefighters went door to door to warn Winkler residents of impending flooding.

Ike has worked with six fire chiefs over his career. When he started, the fire department then had one truck, ran the ambulance service and had 20 volunteers.

Over the decades, Ike says fighting fires has changed as structural materials have shifted from wood to materials that—and fuel that burn hotter.

Despite the challenges and all these years later, Ike says he still loves being part of the department. The camaraderie he found kept him there for half a century, and as Ike puts it, the feeling of family, helping a group of fellows who are committed to helping the community, and it's still the same today.

Madam Speaker, today Ike, his wife Agatha and son Daryl join us in the Legislature.

Madam Speaker, Ike Dyck is one of those individuals who is a true example of volunteerism and commitment. On behalf of everyone in the Winkler community, I thank and congratulate Ike on his years of dedication and service and support of the fire department and the City of Winkler.

Thank you.

Insurance Coverage for Immigrant Workers

Mr. Mohinder Saran (The Maples): Madam Speaker, it is my honour to rise in the Chamber today to outline a necessary workforce development for the betterment and economic development of this province.

There is a major obstacle occurring right now for new graduates and skilled immigrant professionals such as tradespeople, doctors and engineers. Quite simply, it is that they need experience. They need to become conversant and comfortable with the workplace culture and the art of meeting employer expectations.

An important way to do this is to first volunteer at positions in their field. By volunteering they develop critical employability skills.

But, currently, employers are hesitant to give them such a chance because of their noncoverage of compensation in the event they get hurt while volunteering.

I request the minister responsible for the compensation board to direct the board to supply coverage for skilled workers who volunteer in their respective field. This will allow these workers to gain on-the-job skills. By doing so, this government could spend less on retraining programs for these already trained and skilled workers who simply need workplace experience here.

I request the Legislature bring to the table a volunteer compensation reform to allow workplaces to become environments for skilled immigrant workers to have on-the-job learning, inclusion and positive motivation free from deprivation.

Or the government should start a placement program for these categories where government pays the minimum wages, say, for three months.

Thank you, Madam Speaker.

Madam Speaker: Other member statements?

Marina Cabral

Hon. Cathy Cox (Minister of Sport, Culture and Heritage): I am honoured and proud to rise in the House today to recognize Marina Cabral, the owner of *evoluir* hair salon, and her amazing team of hair stylists, for their commitment to making children's dreams come true.

Marina opened *evoluir* in 2013 and within no time established a real connection with our North Kildonan community, and just a few months after opening her new salon, Marina and her team also opened their hearts by hosting their first annual cut-a-thon in support of The Dream Factory. This wonderful organization is dedicated to fulfilling dreams for kids battling life-threatening illnesses.

The Dream Factory holds a very important place in Marina's heart. When her younger brother, John, was battling a rare bone cancer, The Dream Factory granted him a wish. Marina describes John's wish as fairly simple: a computer, scanner and digital camcorder.

John fought valiantly, but after his five-year cancer-free anniversary, his cancer returned, and I'm sad to say that he passed way much too soon at the very young age of 22.

Madam Speaker, John also had another dream, one that he wasn't able to fulfill. He wanted to become an oncologist so he could help other sick children fight cancer. Marina and her team have kept John's dream and memory alive, and to date, their cut-a-thons have raised over \$33,000 for The Dream Factory.

And, Madam Speaker, they're not done yet. On Sunday, May the 6th, from 10 to 4, *evoluir* will host their fourth annual cut-a-thon, and I would like to welcome everybody to join me in supporting this very worthwhile event. For only \$20 you can help make a child's dream come true.

Marina, you are an inspiration. Your compassion for helping sick children has not gone unnoticed, and I am so proud to call you and your dedicated team my friends.

Madam Speaker, I am humbled to have Marina and her team with us here in the gallery. I ask all members of this House to join me in recognizing *evoluir*—team *evoluir*—for their generosity in helping make children's dreams become a reality.

Thank you, Madam Speaker.

Madam Speaker, I ask for leave to have the team's names read into Hansard.

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

Evoluir hair salon cut-a-thon team: Paisley Amyotte; Kristine Brooks; Claudia Dethomasis; Baillie Fyfe; Howard Koks; Andrew Kussy; Victoria Landygo; Tatyana Larionova; Marina Melo-Cabral; Amy Millette; Vanessa Miranda.

Introduction of Guests

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

Seated in the Speaker's Gallery we have with us today Chance Toder, Layen Toder, Jolene Toder, Curtis Toder, Darryle Toder, Jeremy Gratton and Fred McLean.

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

And seated in the public gallery from Kildonan-East Collegiate we have 29 grade 9 students under the direction of Ebony Hunter and Louise Maciejkow, and this group is located in the constituency of the honourable member for Concordia (Mr. Wiebe).

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

ORAL QUESTIONS

Prota Medical Diagnostics Licence for Services

Mr. Wab Kinew (Leader of the Official Opposition): Madam Speaker, in Saturday's Winnipeg Free Press there was an advertisement, which I will table, from the Prota Clinic. It says, ultrasounds and echocardiograms for purchase at Prota clinic. That's a quote from that ad, there.

The website for this clinic states, and I quote again, patients are required to have a referral from their doctor to be eligible, end quote. That suggests that it is a medically necessary procedure, which

in most cases means that it's covered by health insurance here in the province of Manitoba.

However, they also advertise fees for these services and they are significant: ultrasounds, \$500; echocardiograms, \$650.

Now, the minister is responsible for the approval of diagnostic services in Manitoba.

Has the minister received an application from Prota Clinic to provide ultrasounds or echocardiograms and, if so, did he approve it?

Hon. Kelvin Goertzen (Minister of Health, Seniors and Active Living): We know that over the last 17 years when the NDP were in government a number of the diagnostic test wait times went up in Manitoba. There were challenges when it came to providing CT scans, MRIs.

We know that there is more work to do. The wait times task force guides us in that work, Madam Speaker. We know that we'll be looking at additional investments, but also how procedures are done is important as well. We know that we can continue to do better and we will do better when it comes to wait times in Manitoba.

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

Mr. Kinew: So, we requested access to all communication between Prota Clinic and the government in January. We received back applications for chest X-rays, extremities X-rays and also X-rays of the spine. I would table this FIPPA document for the minister's reference. But there was no application for ultrasounds or echocardiograms received by the minister as of the beginning of this year.

Now Prota is charging for these services. They require a referral. Again, that means that they're a medically necessary procedure.

*(13:50)

Does this mean that the minister is permitting Prota to advertise for services they are not licensed to offer?

Mr. Goertzen: The member will know that if he looks across Canada there are many jurisdictions, including in NDP Alberta, that allow for echocardiograms to be done on a private basis, Madam Speaker. That's been the case for many years. If he looks at British Columbia—NDP British Columbia—that's also been the case when it comes

to diagnosis in private clinics for two decades, I believe.

Manitobans deserve the same sort of access to health care as other jurisdictions. I'm not sure why the NDP Leader of the Opposition wants to limit that access.

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

Mr. Kinew: Manitobans hold, as one of their dearest values, that everyone in this province should have access to health care regardless of ability to pay.

Now, again, the question was about whether this clinic is offering and advertising services without having an approval to do so. But I'm glad that the minister brings up the issue of why aren't these being covered by the public health insurance program in our province.

My colleague, the critic for Health, and I wrote a letter to the federal Minister of Health, and that federal minister's response made clear that she believes that user fees are illegal under Canada's public health-care system. She also went on to say that these sort of diagnostic services should be covered by provincial health insurance programs.

I'll table this letter again for the minister to refer to in his answer.

So, the simple question for Manitobans who believe in universal, strong public health care is: Will the minister ensure that no Manitoban will be charged for medically necessary procedures?

Mr. Goertzen: Madam Speaker, I am shocked that the Leader of the Opposition would accuse NDP leader, Rachel Notley, of acting in an illegal fashion. I hope that he has referred that perhaps to the RCMP, maybe; the new NDP leader in British Columbia, I'm not sure if the Leader of the Opposition has referred that to the RCMP if he believes there's some illegal activity that is happening there.

We know that across Canada, whether that is in British Columbia, whether that is in Alberta, Saskatchewan, Ontario, Quebec, there are many opportunities for people to access diagnostics in different ways. The only person in Manitoba that wants to shut that down is the Leader of the Opposition.

Health Care in Brandon Wait Times and Access to Services

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

Mr. Wab Kinew (Leader of the Official Opposition): Over the past several months, I've been hearing from a lot of people in Westman who are concerned about the quality of health care in their part of Manitoba.

Now, part of this is because the government announced plans to close some 18 ambulance stations across Manitoba. They've also announced plans to convert rural emergency rooms and hospitals to personal-care homes, even though they won't tell residents when that will happen, and that is despite the fact that I asked the Premier (Mr. Pallister) about this in Estimates over and over again.

Now we've also learned, and I'm quoting here from a media report, some doctors at a Brandon hospital considered staging a brief walkout last month to protest a recent change to the way patient records are documented in the emergency room. End quote.

Now, doctors shouldn't have to threaten a walkout to have their voices heard. That puts patients' care at risk.

Will the minister commit to doing something that he hasn't done so far, and that's actually listening to and consulting with the physicians who provide health care to people in western Manitoba?

Hon. Kelvin Goertzen (Minister of Health, Seniors and Active Living): The Leader of the Opposition references the 2013 Toews report on EMS service. In fact, it was his former government, the NDP, that commissioned that report, Madam Speaker.

We heard the leader of the Liberal Party—or, sorry—the former leader of the Liberal Party, the member for River Heights (Mr. Gerrard), talk about the need to move forward on those recommendations, demand that they be moved forward quickly.

We've also heard from New Democrats who said it's important. In fact, one New Democrat said the recommendations made in this report will guide us as we usher in a better, more co-ordinated, more responsive era of EMS in the province. That was Theresa Oswald, the former minister of Health who said that, Madam Speaker. *[interjection]*

Madam Speaker: Order.

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

Mr. Kinew: I don't think the residents of Westman, who are bringing forward very important questions about the future of health care in their part of the province, are going to find much comfort in the Minister of Health's answers.

Again, we saw in the Brandon Sun over the weekend, and I'm quoting here again, just one year Prairie Mountain Health went from 89 per cent of patients getting surgery within the six-month benchmark to only 67 per cent. For knee replacements, last year's report, 77 per cent received their surgery within the six-month benchmark compared to this year, which was just 48 per cent.

So this government is halfway through their mandate, and yet the trends are moving in the wrong direction. These are massive drops. They are an indictment of this Premier's (Mr. Pallister) cuts to our health-care system.

We know that in Prairie Mountain Health the lack of an anesthesiologist is also making the situation worse. There should be eight, but there's only four working right now. Many are linking the wait times with the lack of an anesthesiologist.

Now, what is the minister doing today to ensure that there are enough anesthesiologists in Brandon to serve Westman?

Mr. Goertzen: Well, when it comes to the report that the member references that was released last week, it said many things, Madam Speaker. It said that Manitoba's one of the leaders in the country and the leaders in Canada when it comes to radiation therapy for cancer, a very, very important treatment. It also indicated that we are reducing our wait times for coronary artery bypass grafts, a very important thing for those who need that procedure. The member opposite hasn't said anything about that. It also indicates that we have more CT scans that were done last year than in previous years.

So in many ways we are moving forward, reducing wait times in areas and increasing the diagnostic testing that people need, Madam Speaker.

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

Mr. Kinew: Well, I'm glad that they haven't reversed the progress on cancer care that they inherited, but

again, the aspects of the health-care system that they are making changes to, they're moving the trend lines in the wrong direction and it is the people of Manitoba and their health care that is suffering.

One of the women who was profiled in the media over the weekend said that a doctor told her in November that the long wait times in Brandon was the result of a shortage of anesthesiologists, and she says it's upsetting because we know it's going to get worse. Again, according to reports, you know, she—according to the report, she's using physiotherapy but she's having to pay for it out of her own pocket.

What about those people in our province who can no longer access public outpatient physiotherapy, like those in Winnipeg, Madam Speaker?

We know that they've moved—this government has moved the trend lines in the wrong direction. The independent experts are starting to come back with their grades. They're giving this province a failing grade.

Will the Minister of Health reverse his cuts to outpatient physiotherapy and his cuts to health care in Manitoba?

Mr. Goertzen: The Leader of the Opposition needs to stop asking the question when the applause starts because he doesn't get applause that often, Madam Speaker. He should enjoy it.

When it comes, Madam Speaker, to physiotherapy, we know there are still pre-op physiotherapy, post-op physiotherapy. The member of the opposition doesn't want to acknowledge that.

He speaks in his question about cancer, and of course I mentioned earlier on that we have very good results, when it comes to radiation, of treating cancer, but it was the former government, the NDP, when in—during the last election they went door to door and they told people that if they elected a new government they'd be cancelling the oral cancer program. Not only was that not true, not only was it fearmongering, not only was it preying on the most vulnerable in Manitoba, we've actually increased the funding, Madam Speaker, to improve the program.

Premier's Vacation Property Premier's Response to Media Story

Mr. Andrew Swan (Minto): Madam Speaker, this weekend Manitobans learned the Premier of Manitoba refused to provide further information relating to a media story about an allegation of luxury home tax not being paid on his mansion in

Costa Rica. Instead, the Premier lawyered up and has threatened the Winnipeg Free Press.

Now, we know the Premier (Mr. Pallister) hasn't had time to sit down with Winnipeg's current mayor.

Did the Premier sit down with former Winnipeg mayor, Sam Katz, to get a referral for a lawyer to try and stop the media from asking him questions? *[interjection]*

Madam Speaker: Order.

* (14:00)

Hon. Heather Stefanson (Deputy Premier): I'm beginning to see why the NDP was voted out of government in the last election, because they are so out of touch with what Manitobans want and deserve in a government, Madam Speaker, like putting more money on their tables—their kitchen tables rather than on the Cabinet table.

We will—while members opposite are busy focused on the smear campaigns, Manitoba—we will continue to be focused on what's in the best interests of Manitobans.

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

Mr. Swan: Well, we know there's more money on the kitchen table in Costa Rica.

We also know the Premier's staff were busy fielding questions about the Premier's nonpayment—*[interjection]*

Madam Speaker: Order.

Mr. Swan: —of luxury home tax all weekend. That's staff time paid by taxpayers to try and defend and deflect the Premier's own refusal to provide information entirely within his own control.

And now we learn that he's hired lawyer Robert Tapper—*[interjection]*

Madam Speaker: Order.

Mr. Swan: —to try and intimidate the Winnipeg Free Press into silence.

Who's paying for the Premier's lawyer?

Mrs. Stefanson: This line of questioning is extremely disappointing to Manitobans. These kinds of gutter politics are not what Manitobans elected a government to be involved in, and, Madam Speaker, I will say today that Manitobans elected us to fix the finances, repair the services, rebuild our economy.

I know members opposite are going to continue with their drive-by smear campaign of our leader, Madam Speaker, our Premier and our government, but we will continue to be focused on what is in the best interest of Manitobans.

Some Honourable Members: Oh, oh.

Madam Speaker: Order.

The honourable member for Minto, on a final supplementary.

Mr. Swan: Madam Speaker, when the issue was raised, the Premier doubled down in question period, but then he went out in the hall and told the media he would dig into his Costa Rican tax situation. Instead, he hired Sam Katz's lawyer and threatened legal action.

Political science Christopher Adams said he has studied Manitoba politics back to 1870 and has never seen this from a premier of Manitoba. The only similar situation was when—*[interjection]*

Madam Speaker: Order.

Mr. Swan: —former mayor Sam Katz made the same threat with the same lawyer.

Why did the Premier threaten the media instead of answering their question?

Mrs. Stefanson: We know that the member opposite is no stranger to these desperate smear tactics. We know he led a rebellion against his own leader, Madam Speaker. So we know that he is—will resort to these gutter politics at any chance he can get.

But, meanwhile, we're concerned about what's in the best interest of Manitobans. We will continue along the line to fix the finances, repair the services and rebuild our economy. That's what Manitobans expect of us, that's what they deserve and that's what we will deliver on. *[interjection]*

Madam Speaker: Order.

Legislation Regarding Government Notices Request to Withdraw Bills

Mr. James Allum (Fort Garry-Riverview): Government members seem to be starved for entertainment these days, and if I was in their place, I'd be depressed too.

Over the weekend the government appeared to walk back the provisions, in Bill 8 and in Bill 19, that eliminated the requirement to publish government notices in newspapers across Manitoba.

Now, we understand that these provisions represented an assault on accountability and transparency in governing. Now it appears that the government is still going to pass these bills, simply not proclaim them.

So I have to ask the minister: Why waste the time of this House and pass the bills, but not proclaim them?

Hon. Cathy Cox (Minister of Sport, Culture and Heritage): I am so proud to be able to tell members of this House that our government believes in listening to Manitobans.

We are an open and transparent government, Madam Speaker, unlove-like the members opposite, who—[*interjection*]

Madam Speaker: Order.

Mrs. Cox: —kept Manitobans in the dark. They knew well in advance that they were planning to raise the PST by 1 per cent, but did they bother to listen to them? No, Madam Speaker.

We're listening to Manitobans. We're going to get it right.

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

Mr. Allum: Madam Speaker, by that tortured logic, I guess Napoleon was successful at Waterloo as well.

The minister obviously doesn't have her facts right and it's not surprising—[*interjection*]

Madam Speaker: Order.

Mr. Allum: —to us that she's not aware of the circumstances, that the newspaper industry across Manitoba were outraged by this bill, but so were members of the public because it represented, as I said earlier, an assault on transparency and accountability in Manitoba.

The right thing for the minister to do here, Madam Speaker, is not pass it—or, is not pass it and then not proclaim it. The right thing for her to do is simply to withdraw that bill.

Will she do the right thing today, withdraw both those bills, Madam Speaker?

Mrs. Cox: The Government Notices Modernization Act does just that. It does just what other NDP provinces and governments do, as a matter of fact: it provides free access to the Manitoba Gazette 24-7. So that means 24 hours a day, seven days a

week, Manitobans will be able to access that Gazette regardless of where they are.

Yet members opposite got it wrong. We're going to get it right.

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

Mr. Allum: You know we often suspect, on this side of the House, that they don't know what they're doing, but it appears, now, they don't know what they're doing either. This simply makes no sense to put the House through the process of passing the bill and then not proclaim it at the same time, and at the same as that, declare a victory when, in fact, it's a significant defeat for the government.

One can only assume that they're doing this, the government is proceeding in this manner, because they continue to want to hold a hammer over the heads of local media in this province.

In the same way that they're trying to put a chill over the Winnipeg Free Press, it appears they're putting a chill on local newspapers as well.

Why doesn't she do the right thing, withdraw those bills and go back to the drawing board once and for all?

Mrs. Cox: It's unfortunate that the member opposite was not at the event that I was at for the Manitoba Community Newspapers Association when I did, in fact, make members—all of the guests—[*interjection*]

Madam Speaker: Order.

Mrs. Cox: —at that event aware of the fact that we were going to delay, you know, the sections of the bill with regard to notices in newspapers, and they were absolutely—they very, very much appreciated us listening to them, Madam Speaker, something that the members opposite never did. They welcomed our transparency. They welcomed the fact that we did listen to them and we listened to all Manitobans, and we will continue to do that. We'll continue to stand on the side of Manitobans each and every time.

Enhanced Home-Care Plan Private Home-Care Concerns

Mrs. Bernadette Smith (Point Douglas): On this day 20 years ago, hundreds of home-care workers marched to this very building to protest the Filmon government's privatization of Manitoba's home-care system. In the years leading up to 1998, the Filmon government was slowly introducing private

home-care options that delivered less quality care for patients. I think we're in that day and age again.

Home-care workers took a stand and convinced the government to back off their privatization plans.

Now we see this government retracting—or, retracing Filmon's footsteps. So their so-called enhanced home-care plan means selling less—selling off our services to Toronto companies. Manitobans won't stand for private—

Madam Speaker: The member's time has expired.

Hon. Kelvin Goertzen (Minister of Health, Seniors and Active Living): Madam Speaker, what the enhanced home-care program means and what it does is it means that an individual who would otherwise be sitting in hospital can actually go home.

*(14:10)

It means they can get care in the environment that they are most comfortable with. In fact, it's been a significant success in moving people out of hospital and getting them to the place that they feel most comfortable while still getting the care.

I have no idea why this member would be opposed to people getting treatment, getting care, at home.

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

Mrs. Smith: These patients were getting care in their home publicly. They're going to privatize it. These home-care workers—*[interjection]*

Madam Speaker: Order.

Mrs. Smith: —will not stand for it. Even the former Tory Health minister conceded that Manitoba's public home-care system is cost effective. Twenty years later this hasn't changed. Research shows private companies don't deliver better care and don't save money for tax payers.

According to the WHRA, 73 per cent of Winnipeggers are in support of not-for-profit public home care, yet this Premier (Mr. Pallister) has ignored workers and patients in pursuit of his rushed political cuts.

Will he look to his predecessors and stop the cuts before it's too late?

Mr. Goertzen: Madam Speaker, the enhanced home-care program is a new program that didn't exist under the NDP. Now, I understand this member, and

I imagine her entire caucus, wants us to cut it, doesn't want members—people who need care, who were otherwise be in hospital, to be able to go home and get that care. That's seems very cruel to me.

When we hear from those who are getting enhanced hair—sorry—enhanced home care, what we hear from them is that it's working for them, that they can be at home. They've asked why this wasn't there before. They ask why that kind of service didn't exist under the NDP. The only thing they didn't ask was whether or not the person giving them care had a union card, Madam Speaker.

Madam Speaker: I hope everybody can see that we have a lot of students in the gallery; we have a lot of guests in the gallery, and I'm finding it increasingly difficult to hear some of the questions and answers. I would ask everybody's co-operation, please, that we can have a civil discourse here on the floor of the Chamber and that questions and answers can be asked and given without the level of heckling that seems to be arising today.

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

Mrs. Smith: On this side of the House, we're hearing from home-care workers and from patients that are living at home that they're getting less quality of care and less time in their homes.

This is a special day to many of those workers and their patients who fought hard for so many years. Now we're seeing a government intent on repeating the mistakes of the past and ignoring the evidence. Home-care workers are asked—have asked this Premier—

Some Honourable Members: Oh, oh.

Madam Speaker: Order, please. Order, please.

I have just finished making a request to members on the floor to please hear each other and to show respect, and I would indicate that the members for Morris (Mr. Martin) and Minto (Mr. Swan) immediately resumed their conversations to each other.

I would ask everybody's co-operation, please, that we listen to questions and answers and show the level of respect that needs to be shown on the floor of this Chamber where this is the place where democracy is fought for. So I would ask for everybody's co-operation, please.

The honourable member for Point Douglas, to conclude her question.

Mrs. Smith: Home-care workers have asked the Premier (Mr. Pallister) to proclaim today public home-care workers day, but he's refused.

Will the Premier honour those workers who stood up for what rights by proclaiming this day and committing it to public home care?

Mr. Goertzen: Madam Speaker, we have great respect for those home-care workers who each and every day are providing a valuable service so that those who need to get care can get it in their home.

What is strange to me, Madam Speaker, is that this member and the opposition, who stands up and purports to support home care, would actually like to abandon patients under the enhanced home-care program, patients who otherwise would be sitting in hospital when they needn't be, patients who otherwise wouldn't be near their loved ones when they could be.

We've put forward a program so that people can go home, get care and get it in the environment that they're most comfortable. For some reason, the NDP government is far more concerned about their ideology than they're actually concerned about patients and patient care in Manitoba, Madam Speaker.

Rent Assist Program Deductible Increase

Ms. Judy Klassen (Kewatinook): In opposition, this government decried the NDP's treatment of our low-income families. Where are those voices now? They have been silenced by this new Premier.

Rent for low-income Manitobans will be increased again.

I'll share a passage from a book that that team ought to be very familiar with: If among you, one of your brothers should become poor in any of your towns within your lands that the Lord, your God, is giving you, you shall not harden your heart or shut your hand against your poor brother, but you shall open your hand to him and lend him sufficient for his need, whatever it may be.

Can the Premier tell us why they have stopped fighting for low-income Manitobans?

Hon. Scott Fielding (Minister of Families): We are not stopping fighting for low-income individuals. In fact, we're enhancing what we're doing as a

government in terms of the Rent Assist program. By the end of this fiscal year, with our budget more than 3,300 more individuals will be supported—under the previous NDP government. That is something this government is very proud of.

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

Ms. Klassen: The Premier once said, all of us here care deeply about the plight of our more vulnerable citizens and this is why we have advocated in the official opposition, for three years now, for an increase in the EIA rental assistance. Rent assistance did go to 75 per cent of the median. Today, however, the rent deductible will be up 5 per cent in just two years. For a single parent with two children, this government is now costing them another \$590 in rent every year. That's one whole paycheque that a family won't receive this year.

Will this Premier immediately direct the Department of Families to withdraw this 2 per cent increase?

Mr. Fielding: This government has committed to the mean market rent increases on a yearly basis, includes of—individuals that are on Rent Assist. There's two portions: there's EIA and there's non-EI Rent Assist. I can tell you the vast majority of people on the EIA Rent Assist are getting increases to it. The changes that we have made will have a \$4 impact on other people.

But what we have been able to do is increase the amount of people that are supported by over 3,300 people by the end of this fiscal year.

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

Ms. Klassen: That same family would save \$422 over four years from the tax changes. However, the rent hike will cost them \$2,360 in that same timeframe. This Premier is taking nearly \$2,000 from low-income parents and their children, not to mention the increases in their transit, hydro, tuition, I could go on.

This government is really trying to set the stage for their upcoming social impact bonds. They want to pat themselves on the back because no one else will.

Will this Premier finally admit that he is balancing his budget on the backs of those who have the least?

Mr. Fielding: I can tell you that the vast majority of people on the Rent Assist program through the EIA portion, will see an increase because of the mean market rent that was associated with it. There has been some minor changes in terms of deductibility. That means about \$4 to the average citizen that's a part of it.

We are able to support close to 3,300 more individuals than what the NDP government. We're also increasing the basic personal exemption. We're supersizing the basic personal exemption in terms of the amount that people can have. There's over 31,000 people that won't have to pay taxes, alone, because of the changes and the great budget we passed in the last few months.

Thank you.

Ride-Sharing Services MPI Coverage Update

Mr. Blair Yakimoski (Transcona): Madam Speaker, our government has made the commitment to modernize the vehicle-for-hire industry here in Manitoba and usher in new forms of ride-sharing services.

Can the minister responsible for Manitoba Public Insurance give this House an update on the status of modernization in the operation of vehicle-for-hire companies in Winnipeg?

* (14:20)

Hon. Cliff Cullen (Minister of Crown Services): I want to thank my colleague from Transcona for that important question.

Madam Speaker, we made a promise to Manitobans to enhance the ride-sharing services to Manitobans. We have done our diligence and we've modernized the vehicles-for-hire landscape here in Manitoba, and I want to thank my colleagues from Agassiz and Gimli for piloting bill 30 through the Legislature to create this framework.

Manitoba Public Insurance is providing insurance coverage to individual Manitobans for this ride-sharing service. I'm also happy to confirm that we have multiple ride-sharing companies here in Manitoba, and they are looking to expand. Madam Speaker, a promise delivered to Manitobans.

Youth In Custody Reduction Plan

Ms. Nahanni Fontaine (St. Johns): The federal government introduced changes to the Criminal

Code which would see less youth incarcerated for breaching bail or probation. It's a response to Canada's growing incarceration rates and the increased use of detention as a means of keeping youth safe and off the streets.

Professor Lorna Turnbull at Robson Hall law school says the next steps must be to create safe spaces for youth who do breach court orders outside the judicial system.

How does the Minister of Justice plan to reduce the number of youth in jail?

Hon. Heather Stefanson (Minister of Justice and Attorney General): In fact, we have reduced the number of youth in jail so far and we will continue in that direction. It's all a part of our criminal justice system modernization strategy for both youth and adults in our correctional facilities and within the criminal justice system.

So we will continue to provide for safer communities and greater access to justice for all Manitobans. That's what our modernization strategy is all about.

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

Restorative Justice Programs

Ms. Fontaine: Well, the minister's criminal justice modernization scant and bare bones strategy includes no new funding for restorative justice programs. In fact, Madam Speaker, this year's budget shows funding to external agencies was cut by \$167,000.

The Minister of Justice has—says she wants to keep children in the community. She keeps spouting off restorative justice on the one hand, and on the other hand she cuts those very programs.
[interjection]

Madam Speaker: Order.

Ms. Fontaine: Can the minister share what new restorative justice programming her 'dartment'—her department created this year that would help reduce the number of youth incarcerated?

Mrs. Stefanson: The member opposite knows that we continue to invest in organizations that are providing 'yeal'—real results for Manitobans with respect to restorative justice initiatives.

That's why we actually introduced our criminal justice system modernization strategy at Onashowewin. They do incredible work there.

We will continue to work with organizations like Onashowewin and other restorative justice organizations to enhance those programs for Manitobans to ensure safer communities and greater access to justice.

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

High-Risk Youth Supportive Housing

Ms. Nahanni Fontaine (St. Johns): We know that the majority of youth incarcerated are indigenous and most of them are part of the child-welfare system. Those who are incarcerated for breaching probation are often escaping a difficult home life and they are at risk of being targeted by gangs or sexual exploitation on our very streets here. Vulnerable youth need a place to go when home isn't safe, and recently an inquest found that Manitoba is lacking foster homes for high-risk youth who are within the criminal justice system.

Instead of generalities, Madam Speaker, can the minister share exactly what she is doing to address this issue?

Hon. Heather Stefanson (Minister of Justice and Attorney General): I think if the member had read our criminal justice system modernization strategy and understood it better, she would understand that that's exactly what we're trying to do with this strategy.

We have a particular focus, and one of our pillars within the strategy is on crime prevention. We had—we've had some announcements so far on that. We were out in Steinbach for one of those announcements with Headway, where—an organization out there.

Our community mobilization organizations, where we work in partnership with the RCMP and other stakeholders in the community to ensure that those at-risk youth get the tools that they need to keep them out of our criminal justice system.

So that's exactly what our modernization strategy is all about. I suggest members opposite get on board.

Northern Manitoba Communities Health Professional Shortage

Mr. Tom Lindsey (Flin Flon): Madam Speaker, 175 people came together Friday, in Flin Flon, to tell this Pallister government that they must

provide more doctors and health-care professionals in northern Manitoba. It was very unfortunate that the minister chose not to attend. I was, however, joined by our healthcare critic and the Saskatchewan MLA for Cumberland.

What we heard was remarkable: People waiting months to see a family doctor and routine medical matters having to be treated in—*[interjection]*

Madam Speaker: Order.

Mr. Lindsey: —at an overburdened emergency room.

Will the minister now listen to the people of Flin Flon, provide the necessary staffing for northern health care?

Hon. Kelvin Goertzen (Minister of Health, Seniors and Active Living): Madam Speaker, it was only two weeks ago where the member for Flin Flon asked members of this caucus and this government to stop travelling to the North because he thought it was a junket.

I was pleased, on Friday, to be meeting with the—pharmacists from across Manitoba at their annual general meeting. Our pharmacists, of course, are often the front doors for health care in our province, where people come and rely on them, both for their advice and, of course, to get their medication.

We had a good meeting, good discussion, learnt a lot of different ideas from the pharmacists. They were pleased to have us there.

I'm glad the member had a meeting, as well, in his constituents—with his constituents and, certainly, we continue to work for them as we do with all Manitobans.

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

Mr. Lindsey: Madam Speaker, this minister can continue to hide, but he won't be able to hide from the people of Flin Flon because the people of Flin Flon—*[interjection]*

Madam Speaker: Order.

Mr. Lindsey: —are concerned that they don't have doctors. They're concerned they don't have health-care professionals.

Will this minister finally stand up for the people instead of against the people and agree to provide the necessary resources to properly fund doctors and health-care professionals in Flin Flon?

Mr. Goertzen: Madam Speaker, the pharmacists' AGM was in plain view. It was in public sight. It was at the hotel Fort Garry—of course, a lovely hotel. But it certainly wasn't a secret. I was pleased to be able to speak with them in public, Madam Speaker, and to also listen to their concerns.

When it comes to Flin Flon, of course, our government has invested in Flin Flon, and I would refer to the emergency room, Madam Speaker, where we've put millions of dollars into the emergency room. We stood up for those Flin Flon residents, who said this project needed to be done, that there needed to be a new emergency room.

Unfortunately, the member opposite, the member who purports to represent Flin Flon, voted against his very constituents who wanted the project.

Madam Speaker: The time for oral questions has expired.

PETITIONS

University of Winnipeg—Campus Safety

Mr. Wab Kinew (Leader of the Official Opposition): I wish to present the following petition to the Legislative Assembly.

These are the reasons for this petition:

(1) Students, faculty members, members of the community and/or individuals with close ties to the university are troubled about the number of incidents that have occurred on and around the University of Winnipeg's campus.

(2) Six notable incidents have emerged during the 2017-2018 school year, including stabbings, robberies, sexual assault and an attempted abduction.

(3) Individuals should not feel afraid to walk around the university or community at any time of day or night.

(4) The university's security-safety measures have changed over time to address these issues, but it has not been enough.

(5) Students should be able to trust their institution to protect them and make them feel safe during their post-secondary experience.

(6) The university is located in the downtown area, so it is still important to keep the university's doors open to the wider community.

We petition the Legislative Assembly of Manitoba as follows:

(1) That the provincial government be urged to support a funding increase towards the safety and security of the University of Winnipeg students, faculty members, members of the community and/or individuals with close ties to the university.

(2) That the provincial government be urged to recognize that the University of Winnipeg is an institution located downtown which needs additional support to be able to make sure that the doors remain open to the wider community.

And this petition was signed by Emily Villanueva, Jessie Misiak, Sara Fergus and many other Manitobans.

* (14:30)

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

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

These are the reasons for this petition:

(1) Students, faculty members, members of the community and/or individuals with close ties to the university are troubled about the number of incidents that have occurred on and around the University of Winnipeg's campus.

(2) Six notable incidents have emerged during the 2017-2018 school year, including stabbings, robberies, sexual assault and an attempted abduction.

(3) Individuals should not feel afraid to walk around the university or community at any time of day or night.

(4) The university's security/safety measures have changed over time to address these issues, but it has not been enough.

(5) Students should be able to trust their institution to protect them and make them feel safe during their post-secondary experience.

(6) The university is located in the downtown area, so it is still important to keep the university's doors open to the wider community.

We petition the Legislative Assembly of Manitoba as follows:

(1) That the provincial government be urged to support a funding increase towards the safety and security of the University of Winnipeg students,

faculty members, members of the community and/or individuals with close ties to the university.

(2) That the provincial government be urged to recognize that the University of Winnipeg is an institution located downtown, which needs additional support to be able to make sure the doors remain open to the wider community.

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

Tina Fontaine—Public Inquiry

Ms. Nahanni Fontaine (St. Johns): I wish to present the following petition to the Legislative Assembly.

These are the reasons for this petition:

(1) Tina Fontaine was murdered at the age of 15 years, and her body was found in the Red River on August 17th, 2014.

(2) Tina Fontaine was robbed of her loving family and the Anishinabe community of Sagkeeng First Nation.

(3) Tina Fontaine was failed by multiple systems which did not protect her as they intervened in her life.

(4) Tina Fontaine was failed by systems meant to seek and pursue justice for her murder.

(5) Tina Fontaine's murder galvanized Canada on the issue of missing and murdered indigenous women and girls, MMIWG, as she quickly became our collective daughter and the symbol of MMIWG across Canada.

(6) Manitoba has failed to fully implement the recommendations of numerous reports and recommendations meant to improve and protect the lives of indigenous peoples and children, including the Manitoba Aboriginal Justice Inquiry, the Royal Commission on Aboriginal Peoples and the Phoenix Sinclair inquiry.

We petition the Legislative Assembly of Manitoba as follows:

(1) To urge the Premier of Manitoba and the Minister of Justice to immediately call a public inquiry into the systems that had a role in the life and death of Tina Fontaine, as well as the function of the administration of justice after her death.

(2) To urge that the terms of reference of a public inquiry be developed jointly with

the caregivers of Tina Fontaine and/or the agent appointed by them.

Signed by many Manitobans.

Madam Speaker: The petition was not read as printed. Is there leave to accept the petition as printed? [*Agreed*]

TO THE LEGISLATIVE ASSEMBLY OF MANITOBA:

These are the reasons for this petition.

1. Tina Fontaine was murdered at the age of 15 years and her body was found in the Red River on August 17, 2014.

2. Tina Fontaine was robbed of her loving family and the Anishinaabe community of Sagkeeng First Nation.

3. Tina Fontaine was failed by multiple systems which did not protect her as they intervened in her life.

4. Tina Fontaine was further failed by systems meant to seek and pursue justice for her murder.

5. Tina Fontaine's murder galvanized Canada on the issue of Missing and Murdered Indigenous Women and Girls (MMIWG) as she quickly became our collective daughter and the symbol of MMIWG across Canada.

6. Manitoba has failed to fully implement the recommendations of numerous reports and recommendations meant to improve and protect the lives of Indigenous Peoples and children including the: Manitoba Aboriginal Justice Inquiry; Royal Commission on Aboriginal People; and the Phoenix Sinclair Inquiry.

We petition the Legislative Assembly of Manitoba as follows:

1. To urge the Premier of Manitoba and the Minister of Justice to immediately call a Public Inquiry into the systems that had a role in the life and death of Tina Fontaine as well as the function of the administration of justice after her death.

2. To urge that the terms of reference of a Public Inquiry be developed jointly with the caregivers of Tina Fontaine and/or the agent appointed by them.

Mrs. Bernadette Smith (Point Douglas): I wish to present the following petition to the Legislative Assembly.

There—these are the reasons for this petition:

(1) Tina Fontaine was murdered at the age of 15, and her body was found in the Red River on August 17, 2014.

(2) Tina Fontaine was robbed of her loving family and the Anishinabe community of Sagkeeng First Nation.

(3) Tina Fontaine was failed by multiple systems which did not protect her as they intervened in her life.

(4) Tina Fontaine was further failed by systems meant to seek and pursue justice for her murder.

(5) Tina Fontaine's murder galvanized Canada on the issue of missing and murdered indigenous women and girls, MMIWG, as she quickly became our collective daughter and the symbol of MMIWG across Canada.

(6) Manitoba has failed to fully implement the recommendations of numerous reports and recommendations meant to improve and protect the lives of indigenous people and children, including the Manitoba Aboriginal Justice Inquiry, Royal Commission of Aboriginal Peoples and the Phoenix Sinclair inquiry.

We petition the Legislative Assembly of Manitoba as follows:

(1) To urge the Premier of Manitoba and the Minister of Justice to immediately call a public inquiry into the systems that had a role in the life and death of Tina Fontaine, as well as the function of administration of justice after her death.

(2) To urge that the terms of reference of a public inquiry be developed jointly with the caregivers of Tina Fontaine and/or the agents appointed by them.

Signed by Ethan Sumner [*phonetic*], Pat Hornsley [*phonetic*], J. Wylak [*phonetic*] and many other Manitobans.

University of Winnipeg—Campus Safety

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

The reasons for the petition are as follows:

(1) Students, faculty members, members of the community and/or individuals with close ties to the university are troubled by the number—excuse me—are troubled about the number of incidents that have

occurred on and around the University of Winnipeg's campus.

(2) Six notable incidents have emerged during the 2017-2018 school year, including stabbings, robberies, sexual assault and an attempted abduction.

(3) Individuals should not feel afraid to walk around the university or community at any time of day or night.

(4) University's security/safety measures have changed over time to address these issues, but it has not been enough.

(5) Students should be able to trust their institution to protect them and make them feel safe during their post-secondary experience.

(6) The university is located in the downtown area, so it is still important to keep the university's doors open to the wider community.

We petition the Legislative Assembly of Manitoba as follows:

(1) That the provincial government be urged to support a funding increase towards the safety and security of the University of Winnipeg students, faculty members, members of the community and/or individuals with close ties to the university.

(2) That the provincial government be urged to recognize that the University of Winnipeg is an institution located downtown, which needs additional support to be able to make sure that the doors remain open to the wider community.

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

Medical Laboratory Services

Hon. Jon Gerrard (River Heights): I wish to present the following petition to the Legislative Assembly.

The background to this petition is as follows:

(1) The provision of laboratory services to medical clinics and physicians' offices has been historically, and continues to be, a private sector service.

(2) It is vitally important that there be competition in laboratory services to allow medical clinics to seek solutions from more than one provider to control costs and to improve service for health professionals and patients.

(3) Under the present provincial government, Dynacare, an Ontario-based subsidiary of a US company, has acquired Unicity labs, resulting in a monopoly situation for the provision of laboratory services in medical clinics and physicians' offices.

(4) The creation of this monopoly, has resulted in the closure of many laboratories by Dynacare in and around the city of Winnipeg. Since the acquisition of Unicity labs, Dynacare has engaged in anti-competitive activities, where it has changed the collection schedules of patient specimens and charged some medical offices for collection services.

(5) These closures have created a situation where a great number of patients are less well served, having to travel significant distances in some cases, waiting considerable periods of time and sometimes being denied or having to leave without obtaining lab services. The situation is particularly critical for patients requiring fasting blood draws, as they may experience complications that could be life-threatening based on their individual health situations.

(6) Furthermore, Dynacare has instructed that all STAT's patients, patients with suspicious internal infections, be directed to its King Edward location. This creates unnecessary obstacles for the patients who are required to travel to that lab rather than simply completing the test in their doctor's office. This new directive by Dynacare presents a direct risk to patients' health in the interests of higher profits. This has further resulted in patients opting to visit emergency rooms rather than travelling twice, which increases cost to the health-care system.

(7) Medical clinics and physicians' offices service thousands of patients in their communities and have structured their offices to provide a one-stop service, acting as a health-care front line that takes off some of the load from emergency rooms. The creation of this monopoly has been problematic to many medical clinics and physicians, hampering their ability to provide high-quality and complete service to their patients due to closures of so many laboratories.

* (14:40)

We petition the Legislative Assembly of Manitoba as follows:

(1) To urge the provincial government to request Dynacare to reopen the closed laboratories or allow Diagnostic Services of Manitoba to freely open labs

in clinics which formerly housed labs that have been shut down by Dynacare.

(2) To urge the provincial government to ensure high-quality lab services for patients and a level playing field and competition in the provision of laboratory services to medical offices.

(3) To urge the provincial government to address this matter immediately in the interest of better patient-focused care and improved support for health professionals.

Signed by Gladys Malinoski, Gord Malinoski, Libby Riediger and many others.

University of Winnipeg—Campus Safety

Mr. Matt Wiebe (Concordia): Madam Speaker, I wish to present the following petition to the Legislative Assembly of Manitoba.

And the reasons for this petition are as follows:

(1) Students, faculty members, members of the community and/or individuals with close ties to the university are troubled about the number of incidents that have occurred on and around the University of Winnipeg's campus.

(2) Six notable incidents have emerged during the 2017-2018 school year, including stabbings, robberies, sexual assault and an attempted abduction.

(3) Individuals should not feel afraid to walk around the university or community at any time of day or night.

(4) The university's security/safety measures have changed over time to address these issues, but it has not been enough.

(5) Students should be able to trust their institution to protect them and make them feel safe during their post-secondary experience.

(6) The university is located in the downtown area, so it is important to keep the university's doors open to the wider community.

We petition the Legislative Assembly of Manitoba as follows:

(1) That the provincial government be urged to support a funding increase towards the safety and security of the University of Winnipeg's—sorry—University of Winnipeg students, faculty members, members of the community and/or individuals with close ties to the community—sorry—close ties to the university; and

(2) That the provincial government be urged to recognize that the University of Winnipeg is an institution located downtown, which needs additional support to be able to make sure that the doors remain open to the wider community.

And this petition is signed by many Manitobans.

Madam Speaker: The petition was not read as printed. Is there leave to accept the petition as printed? [*Agreed*]

TO THE LEGISLATIVE ASSEMBLY OF MANITOBA:

These are the reasons for this petition:

- 1. Students, faculty members, members of the community, and/or individuals with close ties to the university, are troubled about the number of incidents that have occurred on and around the University of Winnipeg's campus.*
- 2. Six notable incidents have emerged during the 2017/2018 school year, including stabbings, robberies, sexual assault, and an attempted abduction.*
- 3. Individuals should not feel afraid to walk around the university or community, at any time of day or night.*
- 4. The university's security/safety measures have changed over time to address these issues, but it has not been enough.*
- 5. Students should be able to trust their institution to protect them and make them feel safe during their post-secondary experience.*
- 6. The university is located in the downtown area, so it is still important to keep the university's doors open to the wider community.*

We petition the Legislative Assembly of Manitoba as follows:

- 1. That the Provincial Government be urged to support a funding increase towards the safety and security of the University of Winnipeg students, faculty members, members of the community, and/or individuals with close ties to the university.*
- 2. That the Provincial Government be urged to recognize that the University of Winnipeg is an institution located downtown, which needs additional support to be able to make sure that the doors remain open to the wider community.*

Madam Speaker: Grievances?

ORDERS OF THE DAY GOVERNMENT BUSINESS

Hon. Cliff Cullen (Government House Leader): Could you please canvass the House for leave to alter the Estimates sequence for today only so that the Department of Families will be considered instead of Executive Council in room 255?

Madam Speaker: Is there leave to alter the Estimates sequence for today only so that the Department of Families will be considered instead of Executive Council in room 225? *Agreed?*

Some Honourable Members: *Agreed.*

An Honourable Member: No.

Madam Speaker: Leave has been denied.

Mr. Cullen: Would you call Committee of Supply, Madam Speaker?

Madam Speaker: It has been announced that the House will consider Estimates this afternoon.

The House will now resolve itself into Committee of Supply.

Mr. Deputy Speaker, please take the Chair.

COMMITTEE OF SUPPLY (Concurrent Sections)

FINANCE

* (15:00)

Madam Chairperson (Sarah Guillemard): Will the Committee of Supply please come to order.

This section of the Committee of Supply will now consider the Estimates of the Department of Finance, including Crown Services.

Does the honourable minister have an opening statement?

Hon. Cameron Friesen (Minister of Finance): I'm pleased to be here this afternoon for the Committee of Supply for the Department of Finance. I'm pleased to give this opening statement.

The budget for this year is entitled Keeping Our Promises—progress for all Manitobans, and that is for good reason. This year, in the budget, we are showing a forecast deficit of \$726 million on the 2017-28 budget. Now, that is from a starting point, a budget of \$840-million loss. This is showing more than \$100 million of progress in year against our budgetary target.

In addition to this, Budget 2018 shows a budgeted amount in respect of the '18-19 fiscal year of \$521 million. So this is a budget-to-budget reduction of the deficit of \$319 million or a budget to forecast of more than—or \$205 million.

Madam Chair, the government was elected to do three principal things: to fix the finances, to repair the services and to rebuild the Manitoba economy, and Budget 2018 is demonstrating real progress on behalf of all Manitobans in respect of these three stated goals. We know what the challenge is, and we know what the challenges are that we inherited after 16 and a half years of the failure of the previous government to return to balance, even after warned by credit rating agencies and even after downgraded. I still recall, in that summer, it was a July day, when Moody's indicated that they would downgrade Manitoba under the NDP, and that was, they said, for failure to make progress on reducing the deficit and failure to actually hit their targets.

So this budget clearly shows that we are doing more. We are working harder. We are taking an approach that says we will be held accountable for the degree to which we get the progress against our stated goals, even as our predecessors were held accountable for their lack to do exactly that.

I would add that when I say that we have made progress in the 2017-18 year, even against our stated budgetary deficit target, we should keep in mind that is not without tremendous challenge in this year. Manitobans heard us say earlier this spring that at this time we are accommodating this progress, even in lieu of a \$262-million negative variance on personal income tax because of the fact, essentially, that the federal government decided to tinker with the Income Tax Act in respect of small corporations.

So, even in lieu of being \$262 million off our target for personal income tax, a very significant part of our revenue in any given year, we are making that progress.

I want to go on to say that we stated that this budget is all about keeping our promises and making progress on behalf of all Manitobans. So what does Budget 2018 do? Well, it brings a historic increase to the basic personal amount; that is that lowest threshold at which individuals begin to pay income tax. And for years our predecessors did not even index the basic personal amount, held it lower than almost every other province, and they didn't index that rate, and they rarely raised it. What Budget 2018 does is to raise that rate in the 2019 year by \$1,010

and then in the 2020 year, by another \$1,010, equivalent to \$2,020 by the year 2020. There's a nice symmetry about that, but far nicer than the symmetry—or far nicer than the catchiness of that phrase, of course, is the significance of these measures to Manitoba income earners.

It doesn't matter who you are—a retired senior, if you are a university student between semesters, if you are a young family just starting out, if you are nearing the mid-term of your employment—this will make a difference. In just two years, it will be almost \$500 more in the pocket of every Manitoba family.

And so we know that this will have the attention of Manitobans. Why are we doing it? Because Manitobans pay enough taxes. This is, historically, one of the highest tax jurisdictions—certainly the highest tax jurisdiction west of Quebec. It is important. Issues of tax fairness were left far too long by our predecessors, who were fixated on different goals.

What were their goals? Well, they were overspending, so they needed to raise revenue sources, and raise those revenue sources they did. First, widening the PST in 2012, and then raising the PST in 2013 from 7 to 8 per cent; taking in those two measures alone more than almost \$500 million per year combined—those two measures alone.

And we know how Manitobans reacted. But, of course, those were not the only infractions on tax fairness, and these proceedings will, of course, I hope, allow me to talk more about the legacy of not listening to Manitobans by the previous government.

We arrested the out-of-control expenditure growth in government. We said that the average increase in spending by the previous government was 3.4 per cent expenditure per year in the last eight years, approximately, of the NDP government.

At the same time, revenues were only increasing by about 2.5 per cent. We talked about the out-of-control expenditure growth and how it had to be reined in. Our first budget did that. Our second budget showed some significant progress, but really, today, as the Minister of Families (Mr. Fielding) had said today in question period, he talked about supersizing.

He talked about this extremely accelerated basic personal amount that we have made, but in addition to that, many more investments in this budget—members will understand and Manitobans will know that in this budget, we lift the small-business taxation

rate from \$450,000 to \$500,000, something that many Manitobans have called for.

Indeed, Canadian Taxpayers Federation, Fraser Institute talked about the degree to which we were offside of other provinces, other agencies. Certainly, Manitoba small business, the Chambers of Commerce, both Winnipeg and Manitoba, all called for these measures and it is contained in Budget 2018.

In this budget, we establish a carbon-pricing mechanism. The made-in-Manitoba green and climate plan, we believe, will be better than the federal proposal. Better for the environment, better for the economy, and we invite discussion about how that—how our approach, we believe, in just a short time will have the support fully of Manitobans, as they understand how we are recycling the revenues made from this carbon-pricing mechanism back to Manitobans.

We know in addition to this, we established through Budget 2018 a one-time, \$102-million conservation trust, and this will be significant in making investments that are important to our communities, important with respect of water retention and other water investments on a participatory basis with the private sector. We look forward to those discussions.

We have strengthened the balanced budget legislation to keep the pedal to the metal, if I can use an expression, when it comes to government and its attention to the articulated path toward balance that our government made one year ago when we brought the balanced legislation.

Some will ask: Why amend it just a year in? Because we saw an opportunity to improve it, and so we've been listening, and we will welcome the discussions around how the measures that we bring in these amendments help to keep government on an accelerated path toward balance.

We know that we have provided more evidence, in terms of the medium-term fiscal framework, by providing three future years in our forecasting. Manitobans asked for it. This is something the Auditor General used to talk about with the former government, talk about timely reporting and providing a meaningful information in reporting, and we are doing that.

It is no small thing that because of the budgetary progress we've made on reduction of the deficit, that we are ahead of schedule, as Budget 2018 shows, in

the elimination of the deficit. At the same time, though, we understand this is an approach that rejects a harsher path of austerity. It's an approach that invests more in education, invests more in health care, invests more in families, makes significant capital investments in areas like infrastructure. It is an approach that we call the balanced and moderate approach.

Some said—some will say that we are moving too fast in the correction course that we are bringing. Some are saying that we're not going fast enough. We believe that our approach is just that, it is the balanced and sustainable path. The—clearly we have seen now, after two fiscal years—we heard an opinion from one bond rating agency just weeks ago that said after two years of budgetary cycle we now have the clear evidence of progress.

And we are making progress on behalf of all Manitobans, and that progress is evident in things like—evidenced in things like new investment. And we recognize that Manitoba is leading Canada when it comes to private sector investment in the economy. Investments like Roquette, in—a \$450-million investment for a pea protein company out of France that looked at Manitoba and was looking at other jurisdictions but for many reasons chose Manitoba, and we welcome further discussion on this matter.

Madam Chairperson: We thank the minister for those comments.

Does the official opposition critic have any opening comments? No. Okay.

Under Manitoba practice, debate on the minister's salary is the last item considered for a department in the Committee of Supply. Accordingly, we shall now defer consideration of line item 7.1.(a), contained in resolution 7.1.

At this time, we invite the minister's staff to join us at the table, and we ask that the minister introduce the staff in attendance.

Mr. Friesen: I want to welcome the following officials to the table this afternoon to support these proceedings. Jim Hrichishen is the deputy minister for the Department of Finance. Paul Beauregard is the secretary to Treasury Board. Aurel Tess is the executive financial officer in Finance and Administration Shared Services, Comptroller Division. And we have Bruce Gray at the table as well who is the assistant deputy minister, Fiscal Management and Capital Planning in the Treasury

Board Secretariat. We have other senior officials in the room, and perhaps as we have discussions as the afternoon progresses we could continue to provide other identities.

Madam Chairperson: Does the committee wish to proceed through the Estimates of this department chronologically or have a global discussion?

Mr. Matt Wiebe (Concordia): I'd suggest a global manner.

Madam Chairperson: Is this agreed to by the committee? *[Agreed]*

It is agreed, then, that questioning for this department will proceed in a global manner, with all resolutions to be passed once questioning has concluded.

The floor is now open for questions.

* (15:10)

Mr. Wiebe: Having asked for a global discussion, I do want to start near the beginning, and that is page 15 of the Estimates book with regards to the transfer of the three sections: the Executive Council; Civil Service Commission; and Infrastructure.

I'm just wondering if the minister could outline in the reconciliation statement why those sections have been transferred out.

Mr. Friesen: I thank the member for the question.

I also did want to say that my time elapsed on the first question, so whatever I left unsaid I understand we'll have plenty of time to talk about. But I did want to see—say from the very outset that as the minister, I want to thank all of my staff in the Department of Finance, in the secretariat office for Treasury Board in the area of Central Services, for all of the support that they provide, for the duties that they perform and for the service that they render to the province of Manitoba and the people. I work with an exceptionally fine bunch of people, and I don't want anyone to understand across departments that the finest people are in my departments because otherwise could be a danger of them being picked off by someone else. But truly, every day I come to work and I know that we will have an exceptional service rendered to this province by the people with whom I have a chance to work—both the people at that executive level and, indeed, throughout the department as I encounter others doing this work.

So I would want that not to go unsaid. And so that is my addendum to my opening remarks.

I want to say in respect to the member's question, first of all, he's referring to the—those reconciliations on page 15 of the Estimates of expenditure for Finance. The first item is a \$326,000 amount he refers to. It is a reorganization transfer of four FTEs to Executive Council. And that is in support of the regulatory affairs secretariat.

The second amount he talks about is \$372,000, and that is a reorganization transfer of four FTEs as well, in this case from Corporate Services, IT, HR and that is going to the Civil Service Commission.

The third amount he talks about is a \$145,000 as a reorganizational transfer of two FTEs, this time to Manitoba Infrastructure from Accommodation Services Division to Occupational Safety, Health & Risk Management, Department of Infrastructure, and that is to provide continued service regarding safety and risk management programming.

Mr. Wiebe: Yes, and so I also had—sorry, I—you know, my mistake. I asked about the transfer to and not the transfer from. So maybe I'll just follow up on that question with regards to Enabling Appropriations, 228—\$228,000, and the Civil Service Commission, the 74.

* (15:20)

Mr. Friesen: To answer the member's questions—now on the other side of the equation—and the first explanation being a \$74,000 transfer to Finance administration from CSC, and this is in respect of one position, and this is a—yes, from HR in Civil Service to finance and administration shared services branch, simply to provide financial service functions there. There was a decision that the amount was best represented in finance and administration. The other amount being \$228,000, that is for salaries and benefits, a transfer from ISA to corporate and Crown Services for the funding of the new position of deputy minister of Crown Services.

If I could also state: so the work of locating authority like this is one that's important. It is done in conjunction, of course, with the comptroller's office and with department heads, that being the deputy ministers, and it's simply a housekeeping exercise to locate the position most appropriately. So in the case, even of that \$74,000 position, it was the decision that when the individual's work best reflects a different area, it's time to move that position under that area of responsibility, and that's been the case in both these instances.

Mr. Wiebe: Since—jumping ahead to page 25—since 2016-17, the Corporate Services line has declined by \$1 million. Have functions been moved out of there, or is this a reduction, or maybe the minister can shed some light on that.

Mr. Friesen: We're just seeking clarification by the member to indicate what were the fiscal year comparisons that he was looking for, in respect of this particular Crown—Corporate Services area?

Mr. Wiebe: The '16-17 to '17-18 slash '18-19, because there's been no change in the book here.

Mr. Friesen: Now, we don't have the 2016-2017 Estimates in front of us, but we will attempt to provide an answer. So Crown Services had been previously located within Corporate Services, and then I believe that for the 2017-2018 year, it was moved to its own line, essentially, its own appropriation. So the member will notice, on page 19 of the Estimates for Finance, he will notice that in appropriation No. 7.2.(a), which is Crown Services, and he'll see there an amount of over \$500,000. So that is a partial explanation.

Another part of the explanation is the previous question he just asked, which accounted for a \$228,000 amount for the establishment of the deputy minister position. It was formerly my deputy minister who held that double duty. He has other duties as assigned now, but in essence, those two items alone go a long way to expressing or to explaining the variance that he describes between '16-17 and '18.

We can verify that amount as well for him, perhaps for tomorrow if we're back in these proceedings, and see what the 2016-17 Estimates show by comparison.

Mr. Wiebe: On page 39 the Regulatory Accountability Secretariat, which was moved into Finance, which, I understand, was in the—previously in the Culture Department, so this might make sense. I note that it's increased by \$200,000.

Can the minister explain why there would be an increase in other operating?

*(15:30)

Mr. Friesen: I welcome the question on the subject of a Regulatory Accountability Secretariat.

The member will understand that when we formed government, we made pledges to Manitobans that we are busy keeping. The title of this budget

actually is entitled keeping our promises to Manitobans.

One of the promises that we made Manitobans is that we would address, where the previous government did not, the regulatory hurdles faced in the province of Manitoba by other levels of government, by business and industry, by private citizens and by non-profit organizations. We realized that in the province of Manitoba there was a problem and it was called red tape, and that problem was negatively affecting all of those four groups or sectors that I just indicated.

We brought, one year ago, a very substantial piece of legislation that would provide the framework by which government would address this issue of overregulation. That bill was debated and passed in the Legislature. It did things like count the number of regulatory requirements in the province of Manitoba. I believe after that count we found that there was somewhere over 900,000 individual regulations that were required for Manitobans to do business and to interface with government.

That legislative framework provides accountability to government. It indicates that, for the next while, for every new regulation brought in the province of Manitoba, two more must be retired. At a certain point, when that regulatory base is stabilized, that ratio returns to one to one. At the same time, it requires public reporting on an annual basis of the regulatory requirements of government. It calls for government to be accountable and to have dialogue with these sectors. Beyond that, it also requires government to meet those targets, essentially to ventilate what it has learned and how it is proceeding, the commitment, of course, being that we were going to make Manitoba the most improved province for regulatory accountability by 2020. That is through the legislation of bill 22 that is called The Regulatory Accountability Act.

Bill 24 was the companion piece for government. Bill 24 was The Red Tape Reduction and Government Efficiency Act of 2017, and that was a series of individual regulatory changes that would see eliminated those provisions that were no longer necessary. In some cases, these were rules on the books that had never been enacted. In some cases, the most senior civil servants couldn't tell us why it was there in the first place. In other cases, groups came to us, said would you please address this; it is a powerful inhibitor for us.

In all cases, we have been careful to indicate to Manitobans that the reduction of red tape is not for the purpose of somehow hampering safety or security. It is the kind of addressing specific area, of eliminating a wide range of excessive and redundant regulatory requirements, while focusing on preserving human health and safety and not compromising principal policy goals of the government.

We're very proud of our approach. The particular expenditure that the member flags on page 39 of the Estimates of expenditure are an increase of \$172,000 in various expenditures to accommodate the desktop and other operating costs of that Regulatory Accountability Secretariat. That is the principal unit that has been charged with the responsibility to execute what I just described. Those include the cost of five FTEs, redeployed from other departments and agencies in order to help guide this very significant work that will get results for all Manitobans.

Mr. Wiebe: I was looking for the line for Manitoba Bureau of Statistics and was able to find it in previous years' budget Estimates, but not in this year's.

* (15:40)

Mr. Friesen: I thank the member for the question. I would point him to that page 58 and 59 for an explanation. He asked about the Manitoba Bureau of Statistics.

I would tell you, at a high level, the explanation would be that the function and the workforce for what would formerly have been reported on its own page in the supplementary information for legislative review for Finance—or for, actually, for Growth, Enterprise and Trade—would now be located in Finance under this: subappropriation 7.3.(d), finance research. And so this is the area of our department that undertakes research and analysis respecting economic, fiscal, pensions, statistical taxation and major federal transfers, data and policies. This is a macro-economic forecasting that Manitoba Bureau of Statistics would have provided previously, but, of course, we saw an opportunity to fold the work and function of that unit into this other area of function and to be able to take advantage of a better alignment. So we've essentially built this in. Now, this work to align, that is not new; that is work that would've taken place in the 2016-2017 year and, nevertheless, the change is now represented on this page, page 59, and under that appropriation.

Our government has talked about the need for efficiencies and getting more effectiveness in government, and perhaps this is a good example of where we saw very capable people in this area. We rely heavily, of course, on the work of this particular unit for all kinds of decision making and throughout departments, and so it's essential that we have good work performed in this area. Among other things, this unit serves as the principal co-ordination unit for the annual budget. When we talk about taxation measures it is these fine folks that we tap on the shoulder; and when we talk about capital planning it is the work of this unit. When we talk about the growth of the economy, we talk about the composite indices that we use to be able to say, well, how fast will Manitoba grow in the next year. So I would want to assure the member that the work of that particular unit is—goes on and that it is being done now with greater alignment with other professionals within Finance Research.

Mr. Wiebe: So there's been an overall decrease—I'm looking on page 59—to fiscal and financial management. So, I guess, in—my information from '16-17 showed, you know, substantial line for the Manitoba Bureau of Statistics. So can the minister just—maybe just walk me through exactly where that shows up on page 59 and maybe explain the cut that we're seeing here to the overall expenditures in that particular department?

Mr. Friesen: I'm happy to provide an answer to the member's question in respect of that Finance Research group.

The member knows that we indicated that, of course, there had to be changes because, you know, the current state was not sustainable in respect of the increasing deficits that the former government was incurring and the failure to make progress against those deficits.

As a matter of fact, of course, only one example of that was the final year of the NDP's government, where they had indicated, I believe, a \$422-million loss as a target. And I remember by the time it reached the third quarter, it had been revised significantly to \$666-million loss. You tend to remember a number like that. But, in actuality, the Public Accounts reveal that number to be somewhere more in the neighbourhood of—north of \$850-million loss.

Now, when we took government, we indicated we needed to do better. Manitobans were depending on it. We knew that, in addition to the financial

challenges, of course, there were those challenges to invest better in front-line services because even though under the previous government some of the amounts per capita for areas like health care or education were the most significant of any Canadian jurisdiction, yet you could not measure a resulting proficiency or benefit.

* (15:50)

We didn't find that because we were the third highest per capita spent on health care, that we had the third lowest wait times for procedures like hips and knees, or ER wait times. There simply wasn't a straight shot from the investment to the results. We said, as a government, we had to take a results basis.

Now, I mention that as a preamble because, of course, what we said was that that meant taking a broad view and looking at government for where the opportunities were. We said that meant leading by example. We reduced the number of ministers in government by about one-third.

We know, in addition to that, early times in government, we reduced expenditures within departments with an expenditure-reduction memo that we sent across and said all non-essential spending must be tested. We rescinded delegated authorities to be able to keep a better eye, a close eye, to say, why is it that under the previous government departments were missing their targets each and every year?

As a matter of fact, Madam Chair, I would reference that this budget is showing that we are on track to underspend the planned budget for 2017-2018. That, coupled with the previous year, is the first time that's occurred in the province of Manitoba for arguably the last 15 years.

Now, one of the strategies we said that was essential in order to make progress against this unsupportable and unsustainable deficit amount was this idea of workforce. And so what we did is in two tranches, we set out targets in senior management, understanding after making inquiries, that senior management had grown by approximately four times the rate of growth of the front line in core government. And so we said that had to change.

We set out a target to reduce by 112 positions in senior management. I can report to this table that we are on track to finish out in two phases and four departments to hit that complete 112 position reduction for senior management.

In addition to that, of course, we said when it comes to simply workforce, that the Province of Manitoba had a more significant civil service as a proportion of the overall workforce than we saw in other jurisdictions, and that had allowed to continue over time without properly gauging that and watching over it.

And so we said, over time, we will endeavour to reduce the civil service complement by 8 per cent without firing civil servants, but maximumly using things like retirements and people leaving for other opportunities, people resigning. We are on track for that reduction, and I believe that much of the explanation he's looking for could be answered by the use of those two policy directions, that we are busy keeping our promise on for Manitobans.

Mr. Wiebe: So there's no specific line that the minister can point me to that would house that amount?

Mr. Friesen: Well, I thank the member for the question.

It becomes a little difficult on a line-by-line basis to explain exactly where that efficiency is found, but I will attempt to do so because I think it's important to do so.

I point him to the Other Expenditures line, which is about halfway down that Other Expenditures column—or, sorry, Other Operating. And it shows there a reduction in cost under Finance Research—again, still on page 59. And within this area of government—this Fiscal and Financial Management group—there are, of course, a number of efficiencies that have been gotten at under our government.

We continue to say that, if government is going to make progress, it must rely on its managers to manage. But government must be clear—executive government must be clear to say what is the challenge, what is our intent and what is the benefit to all Manitobans. And, of course, the benefit will be—as we continue on this path towards deficit reduction—that every dollar that we are not borrowing in markets to provide for that difference between what we can make in own-source revenues and transfers from the federal government and the actual expenditure amount—every dollar saved is a dollar that can be reallocated towards a real investment for Manitobans.

Let me point to a couple of those efficiencies that we've found in this area of Fiscal and Financial Management. The member will remember that when

we inherited government in 2016, at that time the former government had come up with a system whereby which the Seniors' School Tax Rebate was essentially administered in a stand-alone office—somewhere, I believe, on Broadway—separate from the rest of the Taxation department. And I believe in this office they would receive these claims for those who wanted to apply for and receive their Seniors' School Tax Rebate. It was a very—well, it was a bunch of conventional work, heavy lifting—affixing stamps, I imagine, to envelopes and processing applications. And, when we got to government, we were looking for efficiencies, and we asked the Canada Revenue Agency whether they couldn't just administer this program for us. They said, well, absolutely they could.

And so, of course, I would want to make the fact that we—the fact clear that this was done without releasing anyone from employment. But what we were able to do is, of course, to fold that workforce back into the civil service and have them redeployed. We were able to collapse a lease. We were able to realize an efficiency where the CRA, of course, had an apparatus in place already to be able to do this important work. However, there was also a benefit to Manitobans whereby they were able to then take advantage of this ability to apply and not to simply have this one application date whereby, if they missed it, they were out of luck. And now as they could be—they could have those applications administered with a greater flexibility.

So there was a benefit to Manitobans, I think, in the same way about changes brought in this budget under the Education Property Tax Credit system. Previously, when an individual moved to Manitoba, they had to essentially apply to say, oh, I've got my Education Property Tax Credit that I'm now eligible for. And they could, in essence, if they didn't know about it, miss it. And right now, in the same way, we asked the federal government if there would be an opportunity here to have it administered. And I believe there is an efficiency that has been gotten at in the same way.

I'm thinking also about—oh, I understand that there's a \$126,000 benefit for administration fees paid to the federal government in relation to processing tax credits on the province's behalf. So that's not insignificant.

And, in the same way, the third example I would give him is one pertaining to the Primary Caregiver Tax Credit, a tax credit that we have supported. But

we've enhanced it. We realized, of course, last year that the vast majority of Manitobans would be unaffected by changes we brought at that time. Ninety per cent of Manitobans were unaffected by changes we brought to the program. But this year we brought enhancements because, in the same way as that Seniors' School Tax Rebate, this was a very labour-intensive tax credit before. Logbooks had to be taken and kept. There was a difficult application process that involved multiple steps. We've streamlined all of that to provide a benefit to these people who are giving care to seniors in the province of Manitoba. And we have had correspondence at my office thanking us for these important changes we've made on efficiencies and getting at a more effective way of streamlining this work.

* (16:00)

All of these are evidence of the kind of reductions that are able to be made, then, in this department, taking advantage of savings that simply were not harvested by our predecessors.

Mr. Wiebe: The Priorities and Planning committee of Cabinet has increased from 10 FTEs to 16 this year, and the budget is up significantly. Can the minister explain that?

Mr. Friesen: Happy to provide an explanation on page 69 for the member. The member understands that the planning and priorities committee of Cabinet secretariat provides advice and resource to the Premier's office and to the P and P committee of Cabinet in the advancement of major government initiatives and policies. He's pointing to an \$80,000 year-over-year increase in that appropriation which simply can be answered by normal salary increases within that area.

However, I would want to take the opportunity to talk about Priorities and Planning because it was an area of discovery for me in my role as the minister responsible for Central Services and Accommodation Services Division. So, essentially, I'm the landlord of government. There are some exceptions to that rule, but a large amount of the buildings—the leases and the owned properties—fall under my stated responsibilities.

I can tell that member that when we inherited government, there was a very large piece of real estate inhabited by the former technical officers working under the NDP for the Priorities and Planning Secretariat of Cabinet. It was not always clear to us what each of those individuals had been

doing because, of course, as a new government, we were seeking to understand how the new activities that were assigned would relate looking back to the former activities under the former government. I can tell you anecdotally that we were able to reduce by about 50 per cent the size of the space assigned to P and P and those technical officers who move and work in that space. Such was the amount of savings we were able to harvest.

So the member may be able to provide a further explanation on behalf of Manitobans as to all of what those individuals were doing. We were unable to provide a full explanation as to what those individuals in that area were all doing, what activities they were undertaking for the previous NDP government, but I can tell you that we were able to reduce that square footage of space, harvest those savings, and we continue to report that under this PC government, under the new government, the number of technical officers working—and, of course, we should define technical officers as being not civil servants but those officers who work, who are hired by executive government to work in those—in political matters. Some people call them political officers. Those are a significant reduction from the previous government's complement of technical officers.

Mr. Wiebe: Page 19 of the Estimates book refers to the department's Sustainable Workforce Milestones plan. The minister's previously announced government's plans to reduce the size of workforce over three years. Can the minister just remind me what the target was and is this plan on track to be complete by 2019-2020?

Mr. Friesen: In the answer to the member's question about our Sustainable Workforce Milestones plan, the member will recall, and I previously spoke on this earlier this afternoon, that after analysis of government we recognized, of course, on the same theme of efficiencies, that the civil service complement in Manitoba is significantly more compared to the overall workforce complement than in other jurisdictions. And we said over time that could be addressed and it could be addressed safely and with minimum disruption. And that means that one must automatically—and at the start—reject the assertions of the opposition that somehow this comes on the backs of workers.

I assure that member and the members of his party that in all governments, regardless of stripe, more and more attention goes towards understanding

that every resignation becomes an opportunity for a government who is fixed on that goal to reassess that particular position and to understand whether an opportunity exists to find a better way of doing that business, to assign a task to someone else who might say I have that capability and I can do that task, to understand if the function already exists somewhere else in the work area within the department or somewhere else, and I can report back to that member that that work goes on. We are hardly the first to be doing it.

We did also commit, though, in respect of this work that is based on evidence that we would be accountable for the progress we made and we agreed to, on an annual basis, report how the progress was going. I can report to that member that last year when we came back, the report of the Manitobans that we showed, of course, at the top that the target was an 8 per cent reduction over a period of four years of that workforce, that in the first year alone we were able to reduce that to approximately 5 per cent, so a 3 per cent reduction there in the workforce.

I can also commit to the member that in the next few weeks we will be giving another update to Manitobans and we will continue to report on our progress because we are a government that takes an evidence-based approach.

* (16:10)

I'm looking forward to an opportunity in these proceedings to talk more about this renewed focus on evidence and measurement and validating the approaches of government, because it is something we find very exciting. As a matter of fact, I gave an address last week and the subtitle of that address was called you have no idea how exciting the boring stuff can be. And really, sometimes people think about that—those approaches being the boring part of the work, and it is anything but that because it is exactly those better methods, it is the better approach, it is the focus on evidence, it is that careful measurement that will get us to the goals that will be exciting because they will provide more value to all Manitobans. And sometimes my previous teaching career shows up when I start to talk about measurement and evaluation, but we do get excited in the Department of Finance about that.

I also want to say, though, in addition, on this question of this that is more than just seizing the opportunity to shape the size of the civil service over time, and like we said, maximumally using the effect

of retirements and of resignations, and that is the normal churn. As a matter of fact, I believe that the annual churn within the government's workforce is about 8 per cent. So it shows you the extent to which you can get at the opportunity here smoothly and without disruption, but understand that this is one part of the challenge.

Another key part of the challenge is talking about who we want in our workforce and how we create the conditions within the civil service for the next 10, 20 years whereby we get better at not only attracting talent but retaining talent, finding out who these change makers are within government and then tapping them on the shoulder to say what can we do together that is exciting to change not only the culture of the environment in which we do the work, but the very work you do yourself.

And I can report that our Public Service Transformation Strategy will be very important in us taking advantage of this opportunity in respect of the civil service going forward.

Mr. Wiebe: What is the target?

Mr. Friesen: The target is 8 per cent, as I stated previously.

The wider question becomes what happens when we make the progress on behalf of all Manitobans.

I said earlier that I made the mistake—I made a mistake early on in these proceedings, I forgot that the minister's opening statement is 10 minutes. I always thought we had 20 minutes. So I'm a little rusty from last year, but I endeavour to improve. What I would have said in my opening statement, had I been allowed 10 minutes or whether—if the member had given me leave to do so, I would have mentioned that it is—it's important to make the progress. The Premier (Mr. Pallister) sometimes says to members of the PC caucus, to the 40 members that we have—or 39 members that we have in our caucus room, he says remember to finish the sentence, and he says remember to say why it matters.

And I know that our opposition would like to characterize us as a bunch of cost cutters. Well, I can assure the member that the challenge is far greater than cutting costs. Cutting costs is important. We all, in our own households, we all—if there's individuals in business, they understand the importance of cutting costs and remaining in a balanced position or remaining in a sustainable state. In our households, we know what the effect of not remaining in a sustainable state is.

But I think for the purposes of government we can too easy forget what the challenge is to the province for a government that does not keep its eye on that sustainability.

And I want to talk just for a moment about debt-service charge, because debt-service charge for many years in this province was a somewhat stable calculation. It was that annual amount that government was spending to service its debt in respect of new requirements, in respect of all its capital lending, in respect of its deficit obligations, if there were those.

And that amount over time was stable, but it was not unchanging.

And for years, of course, there was a bit of a calculation whereby interest rates were falling. But under the NDP, those obligations were becoming bigger. They were becoming greater in respect of deficit financing. There was a strategic investment expenditure that was eclipsing any kind of growth in the economy, a kind of trajectory up to the moon without a five-year plan; without much of any plan.

And what we saw—I think, to finish the sentence for Manitobans—one of the most significant things I think that we can remind Manitobans, is why is it important to get in a state of stability? Because in this province you only have to go back three fiscal years to find a debt-service charge of about \$840 million.

I can say that in 2013-2014, the debt service charge was \$821 million. I believe two years thereafter, it was around \$840 million. I remember I was the critic for Finance at the time, and I remind that member that as a result of the NDP's overspending and not hitting their targets of a strategic—or, a strategic investment amount that wasn't that strategic, that shot above any kind of cost of living or CPI indexation factor, that debt-service charge in this next year will eclipse \$1 billion at \$1,000,013,000.

The difference gets to the point of 160, 170 million dollars that cannot be spent on education, cannot be spent on health care, cannot be spent on families, cannot be spent on linear infrastructure, cannot be spent anywhere else on the investments that Manitobans most want us to make.

I think it is one of the most significant comparisons for the purposes of this discussion. The member asks where we have found efficiencies. We have found them. We will continue to find them, and

report to Manitobans, and be accountable for them. And it is because of that, that I can report to that member that we are gaining credibility. We're gaining credibility in the eyes of our bond-rating agents. And I can tell him that as recently as March 13th, Dominion Bond Rating Service described budget 28-'18 as gaining credibility. And I'm happy to report to that member that Moody's described Budget 2018 as narrowing deficit forecasts and going credit positive.

The member should understand that every additional dollar that he made Manitoba spend on debt-service charge was a dollar that we were unable now to invest in those front-line services. We are seeking, therefore, to correct the course, and to move Manitoba towards stability, to make a better investment long term in the services that we need not just now but long into the future.

Mr. Wiebe: The allowance for staff turnovers has increased. I'm just wondering: Is there a formula for how these—how this is determined?

*(16:20)

Mr. Friesen: The member knows that staff turnover allowance is a conventional factor when it comes to budgetary construction. It shows an adjustment to salaries, amounts to allow for attrition and staff turnover, and it's a negative adjusting, enabling the organization to more accurately display real staffing and salary costs.

He's referring to page 20. I note there the number he's citing is \$8,212,000. That compares to a previous amount of \$8,061,000, and that is a change of 0.2 per cent.

Mr. Wiebe: And is there a formula for how this is determined?

Mr. Friesen: Madam Chair, the member asked if there is a calculation.

Well, it—these calculations reflect actual staff turnover. So it reflects actual staff turnover and, like we said, to a not very significant change or percentage last year to this year.

Mr. Wiebe: Just comparing the minister's first budget until now. The Corporate Services Division went from 48 positions down to 30. Wondering if the minister could explain why.

*(16:30)

Mr. Friesen: I'm on page 33 of the Supplementary Information for Legislative Review book, and the

member's talking about how you get from a previous figure to the new stated figure there of 30 FTEs. I would suggest that you do it by attending to efficiencies.

It gives me a good opportunity to talk about a collaboration that has taken place between Finance, between the Civil Service Commission and the comptroller's office whereby we basically have a shared services model now taking place. This finance administration was formerly responsible for accounts payable. This is the EFOs for each of those areas. This work now is done on a collaborative basis. It has been folded into the comptroller's area and now—providing this shared service for all of these areas. Think of it like two like units of activity coming together and then producing the same result but with more shoulder-to-shoulder collaboration.

So I think this is a good example of exactly the kind of opportunity that we said for a long time existed. And what was necessary, of course, was a framework for it—was saying to senior management and deputy ministers through the clerk of the civil service, to say: This is our desire, what opportunities are there to be able to undertake this work? And this was one such opportunity. The work's still being performed—individuals having performed this work, moving together.

Also, though, we should not forget to indicate to the member, as per previous discussions, when it comes to corporate services, yes, he is right. Crown Services used to be part of this representation and now, of course, Crown Services appearing separately, and he will see on page 20 again how you see corporate services and then just right underneath it, you see Crown Services on its own line with its own FTEs in respect of managerial, professional, technical, administrative support—and the total on the right-hand side.

So these items—I believe, if taken together—provide the explanation for the member's question.

However the overarching idea that I think he's pointing to is again the efforts undertaken by our government to get down the line on this idea of efficiency. Government must be able to provide service to taxpayers at the most effective and efficient rate possible. We are unideological on this. We simply want to get the better value.

And I hear a chuckle from the other side, but remember, our predecessors were always either unwilling or unable to go down that road. No wonder

that bond rating agencies said about the NDP: a loss of fiscal control. I think they said at one point, continues to disappoint. And about the multiple different dates at which they'd be in balance, I think they talked about it as adjustment fatigue when identifying all these different dates by which the former government indicated they would balance the budget.

What was obvious to everyone—Manitobans; investors; business and industry; non-profits; ordinary people just making a living and raising a family, or retiring, or going to school—was that it was costing them more. I believe at one point we used to say a pay-more-get-less approach to government, and that of course is not our approach at all.

So, when the member talks about where we've gotten at that efficiency, where we are releasing our senior managers—and I call them senior managers but of course these are our executive teams, deputy ministers and assistant deputy ministers and other levels of administration—we're releasing them to go out and think creatively about how to get that saving. Of course we're doing that through our public service transformation strategy, not just at the highest level, but in all departments and at all levels. We are casting out a vision for a change in the culture and a change in the work.

It is not just Manitoba doing it. In many respects you'd say we are not the newest comers to this field, but we believe that by being consistent, and measuring, and getting that better result, Manitobans will be the beneficiaries of this improved approach.

Mr. Wiebe: Looking at page 67 in Treasury Board, there's been a 'dedition' of one FTE, but the overall increase has been \$700,000—page 67. I'm wondering if the minister can explain why salaries and benefits have increased by \$300,000.

Mr. Friesen: I think it's good. It's—the member's question is showing that—the yin and yang of budgeting whereby, in some respects, he's questioning to me as to reductions in FTEs that he sees year over year and, yet, in other cases he's talking about increases to FTEs. And I think, essentially, what it does is it shows that balanced approach we're taking.

Now, we always said that the challenge of government would be to focus its thinking on how to deliver that same service in a more effective manner. If we don't do that, then government just grows, and if government just grows, it will hit its—it will miss

its targets and it will overexpend its planned budget. And if it does that, well, then, it's going to have limited choices, but one of them will be higher debt for the long term. And I've heard some media sources in Manitoba opining just recently about what that bigger debt burden will mean not just for next year and the year thereafter, but at some point in time that debt has to be addressed.

I was at a meeting last year outside of this jurisdiction, and I talked to a individual who was the global head for asset management—wealth management for a large banking organization. And he said, what have you learned in your short time as minister. I said some governments talk about deficit reduction, and he nodded. And I added, no one talks any more about debt reduction, and he nodded. And he said it's unsustainable unless government's turned their attention to a sustainability challenge that is even far greater and far more burdensome to the next generation than just the inculcation—the incurrence—sorry, is incurrence a word? It may not be—Hansard knows already I tend to make up a few words along the way—the incurring of additional debt through the failure to stay in balance in a single fiscal year.

* (16:40)

So I think the member's question is very appropriate. Why would there be an additional position printed in Treasury Board Secretariat? I would want to highlight a few things for him.

I was shocked to find that when we took government, the area of function within the Treasury Board Secretariat responsible for program review essentially did not exist anymore, that by leading by example, the secretariat's office had been squeezed and had essentially said this is not a function we can any longer support.

Now, you can imagine if a government, in respect of all these departments, is not undertaking to review programs, well, who's watching for accountability? So, if I got voted authority one time as a minister, that is all I needed. It's all I needed because no one would ever have the capacity or the resource to ever again concern themselves with that expenditure area, that essentially Treasury Board would concern itself with the—with new expenditures that were presented for consideration. But what about that expenditure that was out the door and voted in a previous year? How was it being measured to see that it provided value, that it did what it said it set out to do?

That is why we have taken a very different view of the function of the secretariat, of the Treasury Board. A few things I would want to highlight, I spoke of it generally. The position he speaks of, yes, we are re-establishing that very and rigorous presence of program review. It will get value for government and work in tandem with the Treasury Board and the work it undertakes; a renewed use of evidence through a return investment value-for-money consideration for all expenditure; a new requirement for capital, that it be measured for evidence and effectiveness; earned delegations, whereby deputy ministers are treated differentially, departments are treated differentially and earn back their delegations as they hit their targets; the health transformation office to guide the most significant health transformation that our province has seen for decades; a whole of government approach in respect of budget making, a ground-up view of the Estimates process, capital before operating.

There is so much more to say, and time won't permit me to go on right now, but I invite the member to allow me to elaborate on this answer. There are so many other things like strategic initiatives, our use of cascading score cards to provide enhanced accountability.

But, in essence, I would say it's a fundamental commitment to making progress and keeping our word that will allow government to focus on a good investment on behalf of all Manitobans, not just now but long into the future.

Mr. Wiebe: The question wasn't about the number of FTEs; it was about the line amount.

So salaries have increased \$300,000. The total subappropriation has increased \$700,000 for Treasury Board. Why?

Mr. Friesen: I thank the member for the question. It—well, I can tell him that the amount that he's citing is approximately \$400,000. I can indicate to him that more than three-quarters of that amount is just the general salary adjustment that is made every single year. I—in respect of the employees who work in those departments and that incremental index, they would see as a result of years of experience and other factors.

The remainder could be explained exactly by my previous answer, having to do with actually providing more resources in this area, whereby the former government had basically cannibalized the area of program review for other priorities, and I

don't know what they were. We found it appropriate to, basically—if you think of the weak analogy of squeezing on the balloon somewhere else and focusing that investment here.

I remember early on in my role as Finance Minister, coming to the realization very early in this role that when it came to areas like Treasury Board Secretariat, when it came to areas like audit, when it came to areas like the Comptroller's office, those executive financial officers, that this apparatus, these positions needed greater focus. They needed to have greater alignment.

This would be the process by which we were able to get better information. I reflect now, in these proceedings this afternoon, that it was the Auditor General who said about the provincial government for many years that there was a lack of interface, and I think that led to a criticism by the Auditor General on issues like even timely reporting.

We have reflected, in the two years of being in government, on the excessive complexity of the consolidation of the financial statements, and I remember asking questions, similarly, when I was the critic of Finance, and asking, why does it take so long to get those consolidated statements out the door? Why does it take until the very last day of September to get out the door, when the requirement is that the government must report the public accounts by the last day of September?

And we've realized in our time, and I've done it—a lot of analysis of this, in conjunction with all the different areas that I've just discussed, that that consolidation process was needlessly complex. Now, it is a complex thing to consolidate 180 or thereabouts entities for the purpose of reporting on one bottom line, but you can imagine when there are issues like software and hardware and standards of accounting in play and various—and other very significant factors, more work had to be taken to get this right.

It is that kind of work; certainly that's not all of it. It is only one example of the work that the secretariat is involved in. The auditor's work on audit, internal audit. Work, of course, by the Comptroller's office. Working in tandem, in conjunction with the departments, and working with Crown corporations. Working with special operating agencies, and working with family service organizations to do this better.

And we intend to do this better.

Mr. Wiebe: There's been an overall decrease of 21.25 FTEs for 2017-2018. Wondering which of these positions was a result of terminations or layoffs, and could the minister table a list of those positions?

* (16:50)

Mr. Friesen: I'm on page 135 for just a minute talking about the definition of a full-time equivalent. Of course, an FTE is not an employee. It is a measurement for a number of—the number of positions in government. And I note that that explanation includes the fact that it says every full-time, regular position represents one full-time-equivalent position. And those other categories are measured in proportional equivalents. So it talks about a position within the employment of government.

So the member's question harkens back to the previous conversation we had about progress made against the targets we set for ourselves in respect of a phase 1 and phase 2 reduction of senior management and a broad, of course, target we set for ourselves in respect of the current size of the civil service and the target size of a civil service at a future state, identified as a four-year target, to be achieved maximumly through the use of that natural cycle of attrition within the government's framework, that natural attrition rate being approximately 8 per cent.

So the member should know that the 21.25-FTE reduction that he cites, with total salary and benefit implications of \$1.77 million, includes 5 FTEs in that initiative for management phase 1 and phase 2—oh, and phase 2 only. *[interjection]* Yes. And then in addition to that I would say that the vast majority of those workforce reductions in terms of actual employees was done exactly through what I described before, which would be retirements, which would be resignations, people taking other opportunities, people moving out of jurisdiction, people perhaps just, you know—people understand that we're able to attract good talent in the civil service, and after a few years of experience, I understand from my people in the Civil Service Commission, we do a very good job of training people.

As a matter of fact, there's people I look at in this room who actually are senior civil servants now who came through our intern programs.

And I assure you in some of their cases—this is more than five years ago, but the fact is that we have

been effective in the government of Manitoba—and I say we, over time—of being able to identify talent and bring it into our operations. The challenge for government over time will be to be able to retain talent, find its real change agents, its innovators, its people with creativity and then release them, provide the context in which they feel not frustrated, but released to do good work and to provide value.

We want everyone to be able to show up in the morning and feel like they are making a positive contribution to citizens. They feel empowered, they feel safe, and they feel welcome, and the transformation strategy—that workforce transformation strategy that we've talked about—I know that some of that content will—can be addressed more fully when we have our Civil Service Commission SILR and Estimates proceedings—but it is significant for us.

So vast majority of the reductions he talks about, in this case, exactly owing to those strategies that we are—that we're undertaking in government.

Mr. Wiebe: Can the minister provide me with the names and positions of senior executives from directory level above?

Mr. Friesen: I'm mindful of the time. I want to point the member to page 8 of the Finance supplementary information. There's an org chart provided there whereby that member can see senior individuals and the span of controls that are theirs, stated in the area of My Responsibilities in Finance, inclusive of Treasury Board secretariat, Central Services and Finance.

He also finds a similar org chart on page 9 for Intergovernmental Affairs. It shows those individuals in that area. On the next page, it shows the Crown Services—and I know there will opportunity, I imagine, for the Minister of Crown Services (Mr. Cullen) to talk more fully about that organizational chart as well as similar charts on the following pages for Priorities and Planning Committee of Cabinet secretariat, Treasury Board Secretariat, the regulatory accountabilities secretariat.

And so there the member will find a quite extensive list of senior positions that are all out of scope, but I wonder if that is not—if he's asking—if he could clarify and indicate if there is information in addition to what's presented here that he is also looking to discuss.

Mr. Wiebe: I think that's a good start. Can the minister tell me the names and positions of his political staff?

Mr. Friesen: So first of all, I would want to point out my executive assistant, Adam Pawlak, who is in my employment in that role for over a year's time.

Madam Chairperson: The hour being 5 o'clock, committee rise.

EXECUTIVE COUNCIL

* (14:50)

Mr. Chairperson (Dennis Smook): Will the Committee of Supply please come to order. This section of the Committee of Supply will now resume consideration of the Estimates for the Department of Executive Council.

I would like to inform the committee that as part of ongoing efforts to update the Legislative Assembly's educational video series, the proceedings of the Committee of Supply will be filmed from the gallery this afternoon. Thank you.

The floor is now open for questions.

* (14:50)

Ms. Nahanni Fontaine (Official Opposition House Leader): I actually ask for leave to recess this Executive Council session for today—for all day.

Mr. Chairperson: There has been a request to recess this sitting of Executive Council for today only.

Is that agreed? *[Agreed]*

This session of the Committee of Supply for Executive Council is recessed for the day.

HEALTH, SENIORS AND ACTIVE LIVING

* (14:50)

Mr. Chairperson (Doyle Piwniuk): Will the Committee of Supply please come to order. This section of Committee of Supply will now resume the consideration for the Estimates for the Department of Health, Seniors and Active Living.

At this time I invite the ministerial and opposition staff to enter the Chamber.

As the ministerial staff is walking in, I'll get the minister to introduce them.

Hon. Kelvin Goertzen (Minister of Health, Seniors and Active Living): Yes, we have our

A team with us today. Dan Skwarchuk, related to Finance, Réal Cloutier from the Winnipeg Regional Health Authority, and Karen Herd, the Deputy Minister for Health.

Mr. Chairperson: Thank you, Minister.

As previously agreed, questioning for the department will proceed in a global manner.

The floor is now open for questions.

Mr. Andrew Swan (Minto): In keeping with our usual practice, if the minister has any undertakings given in the last couple days that have an answer he can now put on the record, this seems like a great time to do that.

Mr. Goertzen: I thank the member for that opportunity to provide some of the responses that we have, really, to last week's questions.

So I was asked in last week's Estimates—I believe it was from this member—to provide the incremental staffing changes that would be occurring at the Grace general hospital when the new emergency room—or—sorry—the expanded emergency room opens. And I think we were asked to do that by classification.

So there will be additional staffing required for the new Grace emergency department as capacity and volume are increased. And this was factored into the planning and the implementation of the phase-1 clinical consolidation. The Grace Hospital received part of their incremental staffing when phase 1 was implemented in October and will receive the further incremental staffing when the new ED opens next month. Staffing levels will be reassessed as part of the planning for phase 2, then, of clinical consolidation.

So, to break it down by category, when it comes to nursing, phase 1 resulted in additional seven positions; the opening of the new ED will result in an additional 2.53 EFTs—or—sorry—FTEs, for a total of 9.53 incremental change. The—for physicians, phase 1 was 2.08 FTEs. There'll be—isn't a need for additional change with the new ED opening. When it comes to nurse practitioners, there wasn't a change with phase 1, but at the opening of the new emergency department, there'll be an additional 2.1 FTEs. The—in terms of allied health workers, at phase 1, there was an additional 2.8 FTEs and with the opening of the new ED, there'll be an additional 7.62 FTEs. And, when it comes to non-clinical support, with the opening of the Grace—

expanded Grace emergency, there'll be an additional 6.12 FTEs.

So, for phase 1, there was a total of 11.88 FTEs added. For the opening of the expanded emergency room at the Grace, there'll be an additional 18.37 FTEs added, which means, in total, combining phase 1 and at the time of the opening of the new expanded emergency room, there'll be a total of 30.25 FTEs added incrementally to the staffing there.

We were asked, and this might have been for the member for River Heights (Mr. Gerrard), to provide an update on the 'statuf's' of improvements of services for those who are dealing with suicidal behaviour or tendencies as it relates to the comments that were made by Dr. James Bolton, the medical director of the WRHA crisis response centre, CRC. Note that this response, we understand from officials, was taken out of context.

A student was asked to speak with Dr. Bolton for a project on population trends of suicide and did not disclose that her work was to be published. We've gone back to—officials have gone back to Dr. Bolton and asked him to clarify his comment for the record. He noted there's a large amount of literature indicating that suicide treatment should entail suicide-specific psychotherapy, which was limited at the time of the interview. However, since that time, the WHRA has started suicide-specific treatment at the CRC, including psychotherapy that targets suicidal thoughts and actions of the individual.

It's important to note that the CRC takes suicidality seriously. Current practice at the CRC was and is to assess individuals for risk of suicide upon presentation. Those at urgent risk are hospitalized at the time of the article, and currently there are several treatment programs that help suicidal people by treating medical disorders and other risk factors. Examples include dialectical behavioural therapy, otherwise known as DBT, and cognitive behavioural therapy, CBT, as well as day hospital and several other mental health programs.

I have a couple of more responses that I can provide in my next five-minute block.

*(15:10)

Mr. Swan: Mr. Chairperson, can you just canvass the committee to see if there's leave to allow the minister to continue to put his answers on the record without concern for the five-minute time frame?

Mr. Chairperson: Is there leave to give more time for the minister to—*[Agreed]*

Mr. Goertzen: Generous of the member for Minto (Mr. Swan), given my history of filibustering in this Chamber, but I won't take his grace and use it in a difficult way.

So the other question was we were asked whether or not we could advise on the PTSD programs available for first responders. In 2015, Manitoba amended The Workers Compensation Act to recognize PTSD as an occupational disease. Under the new law, if any worker is diagnosed with PTSD by a physician or a psychologist, the condition will be presumed to be work related unless the contrary is proven, making it much easier to access supports, treatment and compensation. This legislation came into effect on the first of the year, 2016.

Workers Compensation Board benefits for PTSD include coverage for counselling, medication, and other health-related costs. This was important to first responders because previously the onus was on the individual to prove that exposure to a traumatic event caused the PTSD in order to receive Workers Compensation benefits.

The provincial Critical Incident Stress Management, CISM, program is administered by the Office of the Fire Commissioner and is available 24-7 to all first responders via a 1-888 number published by the Office of the Fire Commissioner's website. CISM provides timely, effective assistance to emergency services personnel involved in critical incidents, thereby minimizing the symptoms of critical incident stress and mitigating or perhaps preventing the development of PTSD.

This service is provided via trained volunteers, mental health professionals. The Paramedic Association of Manitoba has taken on the role of promoting psychological supports for paramedics, and in partner with the Mental Health Commission of Canada provide the road to mental health readiness course in Manitoba. PAM has chosen to use the proceeds from the paramedic licence plates launched in 2017 to partner with the Canadian Mental Health Association for the development of resources and programs supporting paramedic mental health.

In addition, in some regions first responders have enhanced peer support programming available within their organization. Many first responders have access, as well, to the employee assistance program.

Counselling services can offer treatment and support for individuals experiencing symptoms of PTSD.

And, finally, we were asked about an update on the access to laboratory services that were previously provided in physicians' offices. Dynacare is a community-based private laboratory operating in Manitoba. Department officials have been in dialogue with Dynacare, and we can advise that Dynacare is committed to adding additional staff during peak hours and Saturdays in specific locations to accommodate increased demand in existing laboratories.

Dynacare has advised that consideration to the proximity of alternative locations has been part of their deliberations relative to access of services. Patients requiring urgent tests can visit the Lakewood Medical or the Manitoba Clinic where urgent care are processed on site—urgent tests are processed on site. All other urgent tests are referred to the site located at the main lab on King Edward.

Dynacare has shared that it has begun to plant a Net Check In application that will enable patients to view their wait times on smartphones and choose the location to attend accordingly while registering online. And those are the totality of the responses to your questions.

I thank the members of this committee for allowing us additional time.

Mr. Swan: I thank the minister for providing that information and we will certainly look forward to the other undertakings that are still outstanding.

Of course, late last week we received the CIHI report on waiting times for certain procedures here in Manitoba. I know that the—an official from the Winnipeg Regional Health Authority came out in the media and gave some explanation as to why these numbers had gone up so much in just the past two years. I think it's fair to say the minister won't be surprised to accept that an aging population is not a good enough answer for Manitobans.

Maybe the minister can put on the record why, from 2015 to 2017, there were substantial increases in the number of people waiting longer for hip replacement, knee replacement, and cataract surgery.

Mr. Goertzen: Well, it's important to remember that, you know, I think that it was Dr. Jack McPherson who was part of the wait times task force. I heard him speaking to this issue on the radio late last week that the member raises and he

said, specifically, you know, there are a variety of different things that CIHI reports on, and some things Manitoba does very well on, and some things we clearly need more improvement on.

So, in particular, when it comes to dealing with hip fractures, a very serious problem, particularly for those who are older, Manitoba does extremely well when it comes to meeting the benchmarks.

I mentioned in question period today in response to a leader—the question from the Leader of the Opposition that when it comes to radiation for cancer, Manitoba does extremely well. I don't have to tell the member, he knows fully, that those dealing with cancer can be some of the hardest times that individuals can, of course, go through, and so we're pleased to see that we're doing well when it comes to radiation. We've had an increased volume of CT scans in the province, and so that certainly is important.

I did say, I think, last week in response to a question from the member that the measurement of time that the CIHI report was involved with was up 'til September of last year, so September of 2018, the—or sorry, 2017. The wait times task force report was released in December of last year. I mean, the reason we called the wait times task force was specifically because there were challenges when it comes to a number of different things, not the least of which were hip and knee replacements and cataracts, and so that was a problem, of course, that plagued the former NDP government for many years. And even when additional resources were put into those procedures, the gains were often short-lived. And so money, while it might be part of the solution, clearly wasn't the only solution.

So the wait times task force guided us in a number of different things. They talked about how we utilize diagnostic equipment in Manitoba and the possibility of using it for longer hours. There was discussion, of course, about the techniques by which hip and knee replacements are done. I'm pleased to say that Manitoba is one of the few jurisdictions, I believe, in North America that is doing hip replacements on a day-patient basis, which is quite remarkable. And patients that I've had the opportunity to communicate with who've had a hip replacement done on a day basis are astounded that that can be done, they can be in and out so quickly and are quite pleased to be back home within such a short period of time.

When it comes to cataracts, there's a number of different issues. The wait times task force identified that our tariff rate is high compared to other provinces, and so while there's been great advancement in technology in terms of the number of different cataracts that can be done in a day, the tariff rate hasn't changed to reflect that, and so there's been great productivity as a—increases as a result of technology, but the tariff rates don't necessarily reflect that. So I think that that's something that needs to be considered. And then we're also moving to something called no-anesthesia cataract surgery, which, at first, when you first hear it, doesn't necessarily sound like something you would sign up for, but I understand it's a result of the next—the new technology. It allows people to get their cataract surgery done in a way that is quick and that meets their needs from a patient perspective.

So I would leave the member with—in summary with a few things. One is that there's many things within the CIHI report that Manitoba does well at, many things that are important when it comes to Manitobans: radiation therapy for cancer, when it comes to coronary artery grafting we—our wait times have gone down, there are more CT scans that are being done than there were year over year. So a lot of positives, certainly, within the CIHI report, but I don't want to minimize the importance of doing better when it comes to the wait times on hip and knee replacements and cataracts, and that's the very reason that we called the wait times task force, which reported after CIHI's assessment time, and we look forward to moving on the recommendations of the task force report.

Mr. Swan: Well, look, I'll agree with the minister that not every number in the CIHI report was a problem. If this government continues to have the same success at dealing with cancer diagnoses and rapid radiation treatment, the minister won't be surprised that we won't be complaining about that.

But I had asked about three key surgeries in particular. The question I asked is why did these three go up, and in fact go up by a substantial amount, from 2015 to 2017? And maybe the minister could turn his mind and provide an answer to that question.

*(15:20)

Mr. Goertzen: Well I think I did, and, I mean, I can explain it for the member, but I can't make him understand it nor can I make him like the answer.

There are a number of different things when you look at the wait times. You know, the member will, I'm sure, point to the need simply to put more resources into those procedures and I won't say that there shouldn't be some additional resources that are put into that—those procedures. That was identified as well when it comes to the wait times task force, but we do know from past experience and from the experience of other provinces, that simply putting in more investment into procedures doesn't keep those gains for very long.

You know, an aging population shouldn't be dismissed as a factor. You know, I wouldn't want to say it's the only factor, but there are many who—experts who are in the clinical field who have identified an aging population as a pressure within the system in a variety of different things. That's not a bad thing; it's a good thing that people are living longer. Of course, that's a very positive thing. All of us want to see our loved ones live longer and to be able to live in a quality way for the long life that we hope they all have, but it is not a factor to be dismissed, and every province is dealing with that to some degree.

So, if the member thinks that that's not a factor at all, then you know, he's not looking at some of the reality and some of the data.

But it's not the only factor, and so, you know, we look to technology and we look to different ways to do things. The recent implementation of day surgeries when it comes to hip replacements—we think will have a positive effect on the wait times. The relatively recent implementation of the no-anaesthesia cataract surgery we think will have a positive effect.

We're looking at tariff rates possibly—as recommended by the wait times task force and the medical professionals who are involved with drawing that up, we think could have an effect as well.

Mr. Swan: Great. Well, the question was why the minister believes that those rates went up over certain time period. The only answer we've heard is that people are getting older, so I'll just presume the minister either doesn't know or doesn't want to put on the record why these measures were increasingly not being met within the system.

We are hopeful that there will be technological improvements that will allow those numbers to decrease, but if the minister doesn't know why they

went up in the first place, it's very difficult to have any confidence that he'll know how to bring them down.

With respect to cataracts, the minister put on the record that the tariff rate is high. Is that the reason why the government has been restricting the number of cataract surgeries in Winnipeg?

Mr. Goertzen: It wasn't actually me who put on the record that the tariff rate was high. It was the wait times task force which was led by a number of medical professionals, not the least of which are experts in Winnipeg, and there were some outside experts who came in to provide advice as well.

If the member opposite is now disparaging the advice of doctors and medical professionals, he can do that. I'm not trained as a doctor. I'm not sure if the member is. Maybe he is, but I think that I'll defer to the expert advice that we got within the wait times task force on that.

Mr. Swan: One of the newspapers in the city—I'm reluctant to say which one because we don't want the Premier (Mr. Pallister) to file anymore lawsuits or threaten lawsuits—one of the newspapers apparently—I guess they had a freedom of information request, and it says: According to Manitoba Health, the median wait time for cataract surgeries at Misericordia Health Centre where the vast majority of contract—cataract surgeries are performed, increased from 12 weeks last September to 14 weeks in February.

So, even since the closing date, if you will, for the data being gathered for CIHI, it appears that those waiting lists are getting even longer.

Could the minister put on the record an explanation for why that would be the case?

Mr. Goertzen: Well, I mean the member should know.

I mean, there's not been a reduction in the volume of cataract procedures, and so he doesn't want to accept that generally, you know, an aging population has some effect on health care. That's for him to talk about. I mean, there is a reality of some of this. I remember talking to a health expert who told me that, in general, the vast majority of expenditures that are expended in the health-care system are those in the first year of life and in the last year of life. So that's just a fact. If the member doesn't want to accept that fact, he can come up with his own set of facts.

But, when it comes to cataracts, there hasn't been a reduction in the number or the volume of cataracts within the system. But, clearly, we need to find ways to do the systems—or, do the procedures more effectively. You know, I think that certainly there is an answer to some extent in technology and the way procedures are done. The no-anesthesia cataract surgery, my understanding, has had good success.

I know when it comes to the wait times task force, they did recommend an additional volume when it comes to cataracts. And, you know, that's something that I think is—that's important, as well. And they did talk about the tariff rate. So, you know, the wait times task force is done by experts. I tend to, you know, want to look at the advice of experts within the medical field and weigh that advice. And certainly all of those things, whether it's the tariff rate, whether it's new ways to do the procedures such as non-anesthesia procedures or looking at increased investment for volume. I think all of those are important. The department is analyzing the recommendations at this point. We've had the recommendations for about three months and the member will hear soon some of the action we're taking on the recommendations.

Mr. Swan: Well, can the minister then undertake to provide us with the current median wait time for cataract surgeries at Misericordia Health Centre?

Mr. Goertzen: Mr. Chairperson, I understand from officials the wait time information on cataract surgeries is available on the website at www.gov.mb.ca/health/waittime/surgical/ataract. And, if the member goes to that website, he'll see that as of February, the median wait times are presented there for Prairie Mountain Health and their facilities for Southern Health and for the Winnipeg Regional Health Authority.

Mr. Swan: And, with respect to hip surgery and knee surgery, the wait times task force report suggests that demand for these procedures will increase by approximately 5 per cent per year in future. So we've heard about the hope of technological improvements that can make those surgeries more efficient. When will the minister be letting us know his plans in this area to try to reverse the dangerous trend of the past two years?

Mr. Goertzen: Well, of course, the challenge has been there for almost two decades, not just the last two years. The member was a member of Cabinet when we were routinely the last in Canada when it came to wait times in a variety of different areas in

the health-care system. I don't recall, though I could go back in Hansard to see if you raise these concerns at that point.

* (15:30)

But it's not really just—simply the hope of technological change, it's the reality today. So, when you look at the day-patient surgeries for hip replacements, I—we're one of a few jurisdictions in North America, I understand, who are able to do that. In our jurisdictions, it's already happening, so it's not just a hope, it's today's reality. The wait times task force did, though, as the member I think is referencing, talk about additional investment into additional procedures. You know, I expect the member will hear something soon on that.

But when it comes to technology, it's not really just a hope, it's the reality of what's happening in the province today.

Mr. Swan: Like many Winnipeggers and other Manitobans, I do have the Connected Care app on my phone. I'd just like to, so there's no misunderstanding, just like to go through some of the definitions that are used in that app.

The purpose of the application is to let people know what the emergency department and urgent-care wait times are at any given facility. So, for example, right now at Grace Hospital, in live time, we're told that there's 27 patients waiting, we're told that 24 patients are being treated and there's a four-hour, 45-minute estimated wait time to see a doctor or nurse practitioner.

I'd just like to break that down a little bit. When the number of patients that are waiting are given, when does the clock start running, or when is someone considered to be waiting, and when does the clock stop running, and when is that patient considered to be no longer waiting and to be treated?

Mr. Goertzen: I appreciate the member asking this question. It's one that I think can cause confusion for people who are looking. So the clock, if you will, starts ticking on somebody in terms of their individual wait time and how it relates overall, then, in the system when they become triaged. And so you walk into the emergency room, you register and then get triaged. You see—you first get registered and then you get triaged. So the time of triage, the determination of, you know, your need, I suppose, compared to everyone else in that facility, that's when the clock starts ticking. And then it stops ticking, to use the member's terminology, at the time

of discharge, so when a person is released, then, from the emergency room because their situation has been dealt with, or perhaps they've been admitted into the hospital.

That's a change from what it used to be, so the wait-time numbers are actually less optimistic than was the case under the former government where the clock only started ticking, I believe, when you got into the room, you know, behind the ER when you actually went into the little assessment rooms. And so the wait times actually look a little bit worse from that perspective, even though they're getting better, than it—than they did under the NDP because the NDP used a measuring assessment that really wasn't a true assessment. I think most people would consider their wait time when they came into an ER and were—and saw somebody, so the triage nurse, to when—their—they had a resolution to their health need.

So this is on the 90th percentile, so if the member is looking at a wait time of four hours at a particular facility, it would mean that 90 per cent of the individuals who were in that ER are seen faster. Again, this is a CIHI standard. It's a more pessimistic outlook than for most individuals, but I think it's intended to give, you know, the worst case scenario for an individual, you know, partly so they're not sitting in an emergency room and looking at that, you know, average wait time, which is sometimes posted as well, and then as soon as they hit the average, you know, they go up to the triage desk and sort of ask what's happening.

So it's both the most real in terms of wait times. It is measured by the CIHI standard, and it's probably the more—the most pessimistic in terms of the most—the vast majority of people will wait longer than what's being presented on that particular wait-time measurement. And—but I think it's important to be real and transparent with people. I know, under the former government, you know, sort of gerrymandering the numbers, whether it came to recidivism and change in the definition of recidivism, as the member did when he was the Attorney General, to try the numbers—make the numbers look better, or when it comes to the issue of wait times, I don't think that people will find that to be appropriate.

Mr. Swan: I think the minister has misspoke himself, but I'm not—I don't believe it was on purpose. The waiting time, I presume—the waiting time listed is not from the point somebody is triaged

to the point they're discharged from ER. I think what the minister meant to say is the waiting time is from the point they're triaged until they actually see a doctor or nurse practitioner. Can the minister just confirm that?

Mr. Goertzen: Yes, I thank the member for correcting me on the definition, and we could get into the definition of recidivism, but that probably wouldn't be helpful in terms of this Estimates. But, yes, he's correct.

Mr. Swan: So just so I'm clear, then, the time doesn't start when somebody walks into the emergency room. The point at which the time starts running is when they're actually seen by a triage nurse and that then starts the time running, under the system that's put up on the website.

Mr. Goertzen: So, essentially, there is a two-step process that is basically a one-step process with two individuals. You walk into an ER and you register. So you check in, I guess, to use a layperson's term. And then you see the triage nurse for your assessment on need. So—and I think that this process came out of the Brian Sinclair inquiry and the recommendations related to that, to ensure that the system knows who is in the emergency room and why they're waiting. And so the clock starts ticking at the time of registration, officials clarify.

Mr. Swan: Okay, so we're going to disregard everything the minister said, both when it starts and ends. It's—the minister is now putting on the record that the time begins when somebody walks into the emergency room, presents themselves at the—and registers and presents themselves, and it stops when they are actually able to see a doctor or a nurse practitioner. Is that right?

Mr. Goertzen: Well, don't disregard everything I said. Keep the part in about recidivism. But, yes, everything else essentially you can disregard, and it's the time of registrations when the clock starts ticking, officials advise, and when they actually see a doctor or a nurse practitioner.

Mr. Swan: Okay, and the minister says that the time, which appears on the website, then, is based in the 90th percentile. So the calculation that's given, in the minister's own words, is that 90 per cent of people who look at the time for any particular facility have a 90 per cent chance, then, of seeing a doctor or a nurse practitioner within that time of presenting in the emergency room.

* (15:40)

Mr. Goertzen: Ninety per cent of the people will see a doctor or a nurse practitioner sooner than the posted wait time. I wouldn't want to say they—that everyone who walks in has a 90 per cent chance of being seen sooner. If you come in with a heart attack, you have a 100 per cent chance of being seen sooner; you're going right in to, essentially, be cared for. So—but in terms of that wait time, 90 per cent of people will be seen sooner than that posted wait time.

Mr. Swan: All right, and then this gets back to the answer that the minister gave as we began this section.

When somebody is being treated, that can be a very short period of time if there's an immediate diagnosis and there's a resolution. That can also be longer if somebody has a condition which requires tests, requires various procedures, and it's possible that that person may have to stay in an emergency ward for an extended period of time.

Is that fair?

Mr. Goertzen: Right.

So my understanding—again, from those who deal with this more on a day-to-day basis—that there's a multitude of different things that can be the outcome. You can move through very quickly if whatever you've arrived with can be dealt with quickly. You may be held for additional time just for observation, or they might order additional tests.

Mr. Swan: And would the minister agree that there are situations where people have to remain in the emergency room or in the emergency area for a longer period of time because there is no acute-care bed that's available? And that's not a comment about any particular hospital at any particular time. That's a general statement.

Mr. Goertzen: So individuals who are—I'm advised—are in emergency rooms, you know, essentially are there under two statuses. They are either being seen by an emergency room physician or waiting to be seen by emergency room physician, or they are—they've been admitted and they are awaiting the proper placement within the facility.

Mr. Swan: So, when we look at the number of people then being treated, does that include only that first category of people that have been seen or are waiting for emergency personnel, or does it also include people who have been admitted and are awaiting a bed but are remaining in the emergency ward?

Mr. Goertzen: I think the member has baffled me and officials. Could he just repeat the question?

Mr. Swan: Well again, not to pick on the Grace, but if I go back to the Grace Hospital at the present time, there's now 23 patients being treated. Are those only individuals who are being—who are actively being treated by emergency personnel, or does that also include people who are still in the emergency room; they may have been admitted but there's no acute-care bed and they're still remaining in the ER?

Mr. Goertzen: My understanding from officials is that those who have been admitted, whether they're waiting for admission in that facility or going to go to another facility depending on their need, would not be counted in the number that the member is referencing.

Mr. Swan: I thank the minister for that.

And then with these wait times and other details being placed on the record, we know, of course, there's only one urgent-care facility right now in Winnipeg, which is Victoria General Hospital, but what use, then, does the Winnipeg Regional Health Authority want Winnipeggers and other Manitobans who require medical attention, what use do they want them to make of the information on the website?

Mr. Goertzen: So, you know, in talking to officials I think there's a variety of different things that the wait times are provided for. You know, the transparency on wait times is something that is important to us. I would assume that would have been important to the former government, although I know that sometimes it's sort of the bane of all health ministers because you spend, you know, most of your time or a lot of time talking about wait times, but it's important for transparency. It's important to set expectations for those who might be accessing the health-care system.

Certainly, the feedback that we've gotten, you know, in terms of moving to the 90th percentile, even though it might have made those numbers look worse, it also presents a more realistic, even though it's probably a conservative estimate or—sorry—a less optimistic estimate than might otherwise be provided by the average wait time, but it allows, you know, people to sort of have an expectation of what their wait is.

It might also, you know, give them information in terms of which facility they're looking to access if they can look at the wait times across a region.

It might also change their decision. They may choose to go to a Walk-in Connected Care Clinic, which are now available in the ACCESS centres, as a result of repurposing the resources from the QuickCare clinics into ACCESS centres in those communities that had ACCESS centres, and so it might alter that decision making. It might result in people saying, you know what, I'm going to go see my family doctor instead.

So, you know, people will do different things, I suppose, with the information, depending on their own feelings about it, but the information does certainly provide a setting of expectation and then provides information so that people can make decisions that they feel are best for them or their families.

Mr. Swan: Well, the website, of course, uses, and I don't even want to get into how the algorithm or how the numbers are derived, but it's intended to be, then, an estimate of wait times, again using the 90th percentile.

When the reporting is done on how long people are waiting in emergency rooms, as I understand it, the latest release from the regional health authority included the actual wait times based on the 50th percentile and the 90th percentile.

Is that correct?

*(15:50)

Mr. Goertzen: So the member is correct that we now report on a monthly basis publicly, which, I don't believe, was done under the former administration. You know, you used to have to wait for the annual reports, I think, of the regional health authorities to be provided. In fact there was, I think, some criticism at one point, that wait times weren't included in a more recent version of the Winnipeg Regional Health Authority annual report, and that was because we were going to monthly disclosure.

So, even when you're reporting more often, you can sometimes get criticized. But that—the member's right in terms of the actual times.

So of course, he's referring—when it comes to the app that he's looking at—at the estimated time, a real-time estimate in each of the individual facilities. But then on a monthly basis, the region will look retrospectively—so retrospectively—and look at the actual wait times as they occurred in the month prior. It will report on the 90th percentile, which is essentially the CIHI reporting standard.

So when—I understand that when information is reported to CIHI, that's how it—that's reported. But it also then gives the actual average or median wait time that an individual would have waited in a particular facility, on average, for the month prior and then compares that to that same month the year before.

Mr. Swan: I thank the minister for that. And do we use, then, the same definitions as in the prospective amounts that are set on the website? What I'm saying is, do we—are the times that are used, the point that somebody registers at the ER, the point at which they see the doctor or nurse practitioner, and the time that they're either released from the emergency room or they're admitted to the hospital?

Mr. Goertzen: So the predicted wait time that appears on the website is—and on the app on the member's smartphone—is an algorithm that is based on historical data. And so, you know, obviously the more history that is provided in there, the more accurate that data becomes—over time, as your data set becomes larger. But it is an algorithm, and I appreciate that the member has committed to not asking me to explain the algorithm.

Mr. Swan: No, no, the question I was asking was just to confirm that the definitions that we've gone through for when someone is now seen to be waiting in the emergency room, and they're being treated in the emergency room, and they're no longer in the emergency room, is that the same as the way it's calculated in hindsight on this monthly reporting the minister is talking about?

Mr. Goertzen: I'm advised from officials, Mr. Chairperson, that the real time data, which is predictive, and the actual data, which is posted monthly, the measurement times are the same. Although of course, one deals with predictive algorithms and one deals with real-time, known data. But they both measure from—whether it's predicting or real in terms of the actual data from past events—they both predict from the time of registration to the time of seeing a nurse practitioner or a doctor.

Mr. Swan: Okay. I thank the minister for that. And just to sort of wrap up this series of thoughts, the information, then, about wait times, the actual data, after the month has closed, that goes on the RHA websites, is it the minister's position that that is the same way that it is presented by CIHI when they do their periodic reports?

Mr. Goertzen: I'm going to give this a shot, Mr. Chairperson. Officials have been helping me with this.

So, when it comes to the length of stay, which is what the most public-facing of this generally is—how long did a person wait in an emergency room—the CIHI and what's reported on the website for the WRHA, the methodology is the same. It's from time of registration to time of seeing a doctor or a nurse practitioner. So, when it comes to the wait time, methodology is the same as between the WRHA and CIHI. When it comes to the length of stay, the WRHA reports on the average, and CIHI reports on the 90th percentile. I believe that I got that correct. Officials indicate that that is correct.

Mr. Jim Maloway (Elmwood): I want to thank our critic for giving me some time here to ask questions about the Concordia ER situation. And I don't plan to be even as long as last year on this topic. My colleagues, the members for Tyndall Park (Mr. Marcelino) and The Maples (Mr. Saran), I think, have one or two questions each—like to sneak them in under my time and not take away from anybody else.

Now, a year ago—I think it was a year ago or so—the government made the big announcement they were going to repurpose and reorganize the system. And I'd like to know, because different stories have come out of the Concordia situation where we will get reports that, you know, they're diverting ambulances, and then the government said they're not. And even yesterday when I was there, I have people saying they're—well, where the staff are leaving, you know, and there's five people missing in this part of the department and so on.

But my understanding from the minister has been that the ER is fully operational. And that's what I have said anyway in the last year in my communications out there to the public, that the ER is—contrary to what you might think, the ER is fully operational, and it will continue to be fully operational until the government decides that it's not.

So I'd like to ask the member—the minister: What has actually changed in the past year? And the answer should be nothing, but if there are some changes, I would like to know.

* (16:00)

Mr. Goertzen: I thank the member for looking to clarify information. I hope this is a new trend, and that he comes to me to clarify some misinformation

before he publishes it or uses government-funded franking pieces or other literature to provide information that's somewhat less, maybe, than accurate.

But, no, my understanding from officials is that the ER is the same as it was. There hasn't been a change in the ER. He does reference, though, the ambulances, and, you know, in terms of protocol within the city, there's no question that we are looking to—I wouldn't call it divert ambulances, but I—move ambulances to the places where the capacity allows them to be seen, the people who are in the ambulances. And so to me, that just makes sense that the ambulance would go to the places where the patients in those ambulances are going to be seen the quickest. So that policy, which has been worked with with paramedics, I think is a good one.

But specifically, on his question, my understanding from officials is that the emergency room, essentially, in terms of an operation capacity, is the same as it was a year ago.

Mr. Maloway: So I'm going to assume, then, that the ER in Concordia is fully staffed, that it's carrying a full complement of staff as it was last year, and that will not change until the announcement's made by the government about the opening of the—or the completion of the renovations at St. Boniface Hospital. And can the minister tell me what that date is going to be because I understand that the government made an announcement a few weeks ago, now that I think, sometime in the month of April that new updates on Concordia were going to be announced?

Mr. Goertzen: The member's asking one very specific question about, you know, the staffing at the Concordia. He'll know that throughout the system at any given time, you know, within the Department of Health, it's not all within the health—hospital sector, but, you know, there are more than 45,000 employees, I believe. And so, you know, there is fluidity within that, of course. People come and people go, or they move within the system. We've not heard any specific issues in my understanding from officials in terms of the staffing at Concordia if he's talking about a deficiency within the ER, but we'll endeavour to undertake that specifically back to the region to ask that and report back to this Estimates process or within the time frame that's allocated for responses to questions.

When it comes to the time frame of phase 2, which I think is what the member's referring to, there

was a—it wasn't a commitment by government, but certainly those who are working with transition within the region had indicated they'd hoped to have to me a recommendation for government to consider when it comes to the time for phase 2. I've not received the specific recommendation, nor has it been approved by government at this point in terms of—there's not been an approved time frame for government when it comes to phase 2 at this point.

But, you know, I think it's safe to say that there was a decision to decouple the transition at Concordia and at Seven Oaks, and so those are not going to be happening at the same time, as was the case with Misericordia and the Vic.

And there's also recognition that the wait time task force was looking for additional capacity at St. Boniface, which we're undertaking now with the changes and the renovations at St. Boniface. But government has not finalized the decision in terms of the time when it comes to phase 2, but I would expect—because the member will want to know—that we would have that—my expectation is it would be by the end of May if not sooner.

Mr. Maloway: Well I thank the minister for that information.

So he's—I'm—I think he just said the end of May that he would have that, so the previous announcement was—I believe—the month of April a decision would be made. So they're running about another month behind, I guess, in their announcement process, but that is fine. I'm happy with that statement that he has made.

I'm certainly not happy that they're planning to—in any way—close the ER and I'm still hopeful that they're going to back off on that. And I'm sure I'm going to have the support of the member for Radisson (Mr. Teitsma)—I know he looks pretty supportive at the moment; and the member for Rossmere (Mr. Micklefield) although he's pretty quiet about this issue, I think he's a very supportive guy—as an MLA as well; and the member for Transcona (Mr. Yakimoski). And so just keep up the hard work, and I'm sure we can get this government to see the light on this issue and consider that it's a very bad move for the—for our quadrant.

And also I'm heartened by the fact that he did leave it to the end, because it gives him that much easier opportunity here to back off on it. So I'm—I always felt there was a way to, you know, to get this—keep this place open, keep the Concordia ER

open. I think that there's a—chances are that we're going to be successful at the end of the day.

So I—that ends the questions that I have, but I know the member for Tyndall Park (Mr. Marcelino) and the member for Maples had one or two questions they wanted to ask, and perhaps the member for Assiniboia (Mr. Fletcher), too.

Mr. Goertzen: I need to respond to my friend from Elmwood.

First of all, when it comes to the issue of government's timing on the announcement, I think it was indicated by officials within the RHA that the expectation was that they would have a recommendation to government in April, and you know there's a process. And from the time that that recommendation is received to, you know, analyzing the recommendation within government—so having, I think I said to the member, we—my hope would be that we'd be able to announce before—at the end of May or before the end of May.

I'd be happy to see the announcement happen sooner in terms of timing, because it brings certainty to the system and certainty to residents. And so I think that that's—that is certainly important, but I wouldn't want to leave him with the impression that it was otherwise. But you know, we'll be looking at providing that public information at or before the end of May.

When it comes to, you know, other members in this Assembly, he should know that strong advocates when it comes to health care and every other issue in the region, the member for Radisson (Mr. Teitsma) and the member for Rossmere (Mr. Micklefield), it's an honour to serve with both of those individuals and to see the strong advocacy they have for their region.

They know, of course, that it's a system that needs to work well. They know how badly it was broken under the NDP. They know the member opposite—the member for Elmwood (Mr. Maloway)—when the ER at Elmwood had not only the worst wait times within the region, not only the worst wait times within the province, but in fact, the worst wait times in the country, the member for Elmwood didn't say anything and never advocated for any changes to the hospital. In fact, he ripped down the NDP logos on his signs because he was so embarrassed to have any affiliation with the NDP. He's now busy pounding up signs again. I still don't know if he identifies with this party and if there will ever be a

time when he'll want to identify himself with his party again.

* (16:10)

But certainly the member for Radisson and for Rossmere are in every way incredible representatives for their ridings and for Concordia. And I've said in this House in the past, the future for Concordia is not in question. While the member opposite has sometimes misspoken himself, and he almost did so again today and talked about how the Concordia was closing, far from the Concordia closing, I think the Concordia, both as an area of specialty when it comes to orthopedics and the specialization of that, and its future potential, is beyond reproach. And I think it'll be more valuable in the system in the future than it is today.

I've had very good discussions with leadership at Concordia. They have some very exciting ideas about the hospital and its future, and I think the member opposite would do well to get on board with some of that. And I recognize he's an MLA; he needs to advocate in the way that he sees fit. But I can assure the member that the Concordia Hospital is not only a strong part of the health-care system today, but it'll be a stronger part going future—going into the future than it ever has been.

Mr. Mohinder Saran (The Maples): I thank the critic for giving me this time. Normally, particularly, I am barred from asking questions in question period, so I think this gives me some opportunity to get some kind of question. And, minister—the honourable minister may remember that I asked this question in one of the question periods. And I think the minister did not have information or did not have time to think about the solution at that time.

Now, again, I ask the honourable minister that newly settled immigrant communities need culturally sensitive personal-care homes and seniors' residences. What is being done to help those communities?

Mr. Goertzen: Well, I thank the member—the former minister for Housing, I believe, for his question. I remember the question in—I think it was in question period. But, you know, when it comes to the issue of personal-care homes, you know, there's a lot of different things we could discuss. Certainly, our government has committed over eight years to build 20 new personal-care-home beds. We've done so with the direction that the government is willing to invest \$133,000 per bed in those facilities. The

member for Minto (Mr. Swan), I know, has talked about that being an impossibility for communities, but that is blind to the fact that already in communities—certainly, in Manitoba and some of those that were announced last year—that is happening. There's others who are stepping up to the plate to look at building personal-care homes at those levels of taxpayer-supported funding. And we look forward to making announcements on those in the future.

You know, when it comes to those personal-care homes that are culturally sensitive, whether they are specific to that facility or that results in programming within the facilities, you know, I'm open to ideas from the member, but it still is within—it needs to fit within the mandate, and the mandate is that personal-care-home beds—government taxpayers are able to invest \$133,000 per bed. And, if the member has proposals within his community or within the broader part of Manitoba than can meet those requirements, I certainly would be open to hearing from the member.

If it's about programming within personal-care homes that are culturally sensitive, I think we would take—I know already that within many of the health-care facilities that there are culturally sensitive programs and that there are—there's training that happens when it comes to cultural sensitivity. But, if the member is speaking about particular programs that he'd like to see within personal-care homes that deal with specific cultures, I'm open to hearing his suggestions on that.

Mr. Saran: Yes, I thank the minister for that answer. I just want to a little bit make him aware where I'm coming from. Normally, a newer community like the Filipino community, Indo-Canadian community and other newer communities, when their seniors are—come over here as parents and then they get old, and they stay isolated either in houses, or they go to these personal-care homes where they don't know the culture; they don't know the language. I remember my aunt, she stayed about—in the—one of the personal-care homes about three, four years before she died, and in my reality she died four years earlier in that way because she was not able to talk to anybody.

So I think when these new communities, if they have those kinds of personal-care homes, they will be able to talk to each other in their last days and be comfortable; they won't be isolated. That's why I'm emphasizing on this kind of personal-care home, but

I will be personally sitting with the minister and discussing more. I think maybe perhaps we don't need to go in too detail now to take that much time, but that's the idea which we should be discussing and should be thinking about the new communities and so somehow they can be helped. They don't have that much funds, and established communities must have funds and they can put \$130,000—take \$130,000 and they can do it, but these communities don't have that much funds. Maybe they need more funds, as being discussed now. So that's my input, and perhaps we'll be discussing personally. I will be sitting and I would like to discuss further.

And so maybe perhaps I should go ask the second question. Second question is about sometimes parents and grandparents of immigrants. They come either as visitors, or they come as, like under visitor visa or they come under super visa. And those people in the super visa, they can stay two years at one time; then they have to go back, and then they can come back. They can stay about 10 years and their insurance is just for first year, and that's for emergencies only. And sometimes those people, if they don't have insurance and even in emergencies if they go to hospitals, they may have to put about \$100,000 in bills, and that happened to some of the people.

And, when we see their children are taxpayers here too and somehow federal government played a trick on them, they're not able to sponsor them the way they're supposed to sponsor—used to sponsor, and therefore they can only come under a visitor super visa—under super visa, and they cannot come under a regular immigrant, only just 10,000 people who can be sponsored one year and that's not enough number of people.

So those immigrants, they want to be comfortable, bring their parents over here, so they can take care of them and they—but they're insured for emergencies only, but for the regular health, regular doctor's visits, they are not insured. They are not allowed. They have to pay to the doctor, and I suggest—and maybe something could be thought about how those people could be covered. Maybe those people can be covered under Manitoba Health, but they can be charged a reasonable amount of fees. At least they and their children will be comfortable. But we shouldn't forget, when those parents come, grandparents come over here, their grandchildren benefit from their presence and they learn values, but at the end society gets benefit of that.

So we—I ask the minister: Is there anything can be done to cover those visitors—grandparents, parents and also under super visa people? Thank you.

Mr. Goertzen: So there was a couple of questions contained within the member's question. I appreciate him asking them.

Mr. Greg Nesbitt, Acting Chairperson, in the Chair

You know, just to touch back in on the cultural appropriateness within the personal-care homes, you know, I have great admiration—he mentioned the Filipino community. I have great admiration for the Filipino community. I'm honoured to call many of them friends who've come to Steinbach, hundreds, thousands who've come to the region that I represent, and I've learned a great deal from my Filipino friends about hospitality, about family. One of the first events I went to, it was a Filipino Christmas party, and I marveled at how, you know, it really was a sense of community and they really took care of their own—theirs and other children and watched out for them, even if they didn't know the parents. There was just that sense that you look after each other. And that's really quite something.

* (16:20)

You know, when it comes to cultural sensitivity—again, I'm open to ideas in terms of programming. I think, as the new Canadian population, you know, ages and goes into these personal-care homes, there'll be, you know, a bit of a collective mass of individuals that will probably require there to be programming for them in particular. Certainly, I know, when you go to personal-care homes that have a high population of a certain ethnic group, they often have programming that's specific to them. The member might be talking about, you know, staff training in particular, and, you know, I certainly would take that as advice from the member.

You know, when it comes to insurance, this is a difficult area and, you know, one of the hardest things for me as Minister of Health—and there are many hard parts about the job and every minister, whether they are an NDP Health minister or a previous Progressive Conservative Health minister has faced this—it's an emotional job because it deals with peoples' health, but at times they get into very vulnerable positions.

And so there are so many times where I see people who are moving or travelling down to the States, they don't get health insurance, the—you know, the bill comes to our office by way of a letter

where they're asking for some sort of help in that, even though they've chosen not to get insurance for whatever reason: time constraints, lack of understanding, just were willing to take the chance. And that is a problem that, you know, we try to address with education. But the sustainability of the health-care system doesn't allow us—for Canadians who are travelling abroad to ensure every out-of-province—or, out-of-country occurrence. It just wouldn't be sustainable with the current level of taxation that Canadians pay.

The member is now asking for something quite different, about those who are coming to the country—and this is maybe akin to the discussion of the international students, which I—you know, I have respect for and I have compassion for in terms of people coming to our country and then looking to access not only the health-care system, which they do at times, but access the insurance that comes with that. And that is a challenge in terms of the sustainability of the health-care system in Canada generally. That challenge already exists in Canada. Canadians pay a good portion of their taxation to support the health-care system.

We talk about a free health-care system; it's not free. You only need to look at your payroll deductions to know that it's not a free system when it comes to income tax and a variety of other ways Canadians pay taxes. That system is not a free system. I—and it becomes more difficult when we are either looking to somehow pay Canadians who go abroad for all of the health-care concerns they have abroad, or to pay for all of those who are coming from abroad to Canada. That sustainability is a challenge, and I have not sort of surveyed Canadians to get a sense of how much taxes they're willing to pay to add those things on.

You know, I've heard this argument with the international students. Again, I've great compassion there, but the Canadian health-care system is not a gift to the world. It is not a gift to the entire totality of our globe. It is something that Canadians pay for, and they pay through their taxes. And they have to pay for it because that's the only way the system works. To offer that up to all those who are coming and to offer that up to all those who might be going, that's going to be a real taxing situation for Canadians.

Mr. Saran: Well, I think when this came from—we are talking about international students. And I think we are treating unfairly them because they are—we

charge them about three times more tuition fees as compared to the student over here.

So in that amount, if—and they are younger. They are not using their system that much. Once a while, they might be sick, and if they have to pay extra, I don't think that's fair. At least, they should be allowed to use the system which already has their—pre-covering that portion already.

And even if the minister thinks that's not enough, even they can charge a little bit more—extra, but they should be covered under Manitoba Health, as compared to they have to buy separate insurance, which is sometimes—they may not be able to get it. Even if they get it, that will be too expensive for them. They come from third world—sometimes third world countries. Consider that 50—one dollar is equivalent to 50 pesos or 50 rupees.

So it's really hard for them. They already pay three times. I think they are being treated unfairly over here. And we—don't forget, those people are supposed to later on become immigrants, the majority of them. If they become immigrants, that means they will contribute to our economy, and that's why I would ask the minister to rethink about the international students.

Thank you.

Mr. Goertzen: And I don't want the member to think that I don't take his point to heart because I mean, I do take it to heart. I mean, I know that we're dealing with individuals—I've met many international students, lovely people. You know, they come to Manitoba and they add culturally to the experience.

When I was at the University of Manitoba, for many years—at—over the course of the three degrees that I took, I didn't take three degrees because I was ambitious. I took three degrees because I was undecided—but I had the opportunity to meet many international students and they enriched my life, too.

But there is a reality in terms of what Canadian tax-payers and Manitoba tax-payers can do. And there is a reality in terms of choices, and so if I choose to go to America and take a degree at Harvard—not that they'd let me in, I'm sure, but if that was ever an opportunity, I know that I need to take the appropriate insurance.

That is a choice that I am making, and so for international students, they will weigh the options that they have. If they're choosing to go internationally to study, they will make a decision to

perhaps go to Canada, for whatever reason. They'll look at the provinces; they'll weigh those decisions as well.

I mean, I—if international students are coming to Manitoba with a primary reason for the health care, that's not really the reason I think most international students come here. I think they come here for the education, and they'll find in Manitoba a tuition that is among the lowest in Canada—certainly the lowest in western Canada, generally.

Now I know they'll pay a higher rate as a result of being an international student, but, comparatively to other jurisdictions, they're going to find that it's extremely comparable to come to Manitoba economically. And I hope that they come to Manitoba both culturally and for the education as well.

So it is part of what an international student may weigh out when it comes to the insurance. I know that prior to 2012, there was an insurance package—before that—in Manitoba. The NDP didn't pay for health care, and I remember Gary Doer, at different times in this House, from this side of the House, speaking about international students when there was no health insurance and saying how attractive we were in Manitoba to international students.

So I mean if Gary Doer understood it, that you could attract students to Manitoba internationally for a variety of different reasons, for the great things that we have and the education that we have, and that it wasn't relying on health insurance, then I'm sure that if that was true before 2012, it'll be true now as well.

But there is an issue of sustainability within the health-care system. And again, we are as Canadians among the most blessed people in the world, to live in this wonderful country that we live in. We all have won the lottery by virtue of either being born here or being able to come to Canada and make it our home, but it cannot be a gift to the world, our Canadian health-care system. We just can't afford for it to be a gift to the world, in the same way that when we travel to the United States, they don't provide us free health care. We have to have insurance.

* (16:30)

These are just some of the realities, as difficult as those realities might be, and so I certainly would encourage, whether people are travelling to the united—or from here, from other parts of the world and in Canada on visas, they need to get the appropriate insurance. Canadians who are leaving

our country and going to other jurisdictions, they need to research their own insurance and get the right insurance before they leave the country.

And I think part of the challenge is that, you know, for Canadians going abroad, we don't have an understanding always what the health-care system costs because we don't see it, right? We go into our doctor's and put down our health-care card and we get our service, and that's great. We never see a statement or a bill, and we'll all proud of that system. But I think there's a lot of Canadians who sometimes leave the country and are willing to take the chance without insurance because they don't have an understanding how expensive the health-care system can be. And that may be the—that might be true as well for those who are coming into Canada.

So the health-care system in Canada is a treasure for us. It is a blessing for us. It is something that all of those who had a role in building a universal health-care system should be proud of, but it's not going to be sustainable if we're not careful with the decisions that we make, and it won't be there in the same way for our children as it is there for us. So, as difficult as those decisions are—and I take no pleasure in many of the decisions. At times I would love to be able to give the entire world the Canadian health-care system, but that is just not simply a reality that any of us can deal with.

Mr. Ted Marcelino (Tyndall Park): My questions revolve around Seven Oaks General Hospital. When will it be closed—I mean, the ER section? Do you have any timelines, because the travel time between The Maples and Tyndall Park towards St. Boniface or the Health Sciences Centre is roughly 21 minutes, and that's during a good day at 3 a.m. I tried doing that, and the travel times are horrendous, and for those who are seriously ill and in need of emergency care, could be fatal.

Is that something that the honourable minister might have an idea as to how relieve—how to relieve that type of anxiety about dying on your way to the ER?

Mr. Goertzen: Well, Madam Speaker—or Mr.—sorry—Mr. Chairperson, this—my apologies, Mr. Chairperson. This relates to the whole idea of the Peachey report of which the member was a member of the government when they commissioned the Peachey report. And the idea that it is somehow safer to have an emergency room that is 20 minutes closer to you, even though you might be waiting for an additional five hours in the emergency room, I don't

think makes sense. It's not safer. What is safer is being able to arrive at an emergency room and knowing that you're going to be able to get the care in a timely way and knowing that you might not have to be transferred to another place because that care isn't available in that particular facility or they don't have the proper diagnostics.

So this goes to that issue of: Are you better to be able to walk or drive 10 or 20 minutes to an emergency room that doesn't meet your needs, or are you better to go to 10 more minutes and be able to get the care that you need? Now, if you're experiencing a true emergency, you should call 911. That's point No. 1. If you're having that sort of an issue, you should call 911 so that the ambulance can come and treat you and take you to the right place. But, you know, defending a system that, you know, was allowing emergency room wait times to be among the worst in the country so that people could rush 10 minutes to an emergency room and then sit there for seven hours, it just didn't make sense.

Now, my friend and I could have our differences philosophically on this. You know, I—we could've opened up, you know—or his government could've opened up 20 emergency rooms around the city and had them all operating really, really badly, and you could've said, well, look at that; look at all the access we have to 20 really poorly operating emergency rooms. It doesn't make sense.

Other cities, like Calgary and Hamilton and Ottawa and Edmonton and Vancouver, have all seen that where there is—there are less emergency rooms in larger cities, because you're better to have, according to Dr. Peachey, the report that you commissioned—dedicated resources.

And my friend from Minto is asking about the increase of staffing that's going to be going into the Grace ER. I gave him those numbers at the beginning of this Estimates session. There are going to be more medical professionals there to treat you with the idea of moving you faster through the system and treating you in the way you need to be treated, than having you wait for six or seven hours even though you could get there in 10 minutes.

You know, it's a little bit like saying, well you know, we really want to have a restaurant that's close by to us and—so we can be really close, but when we get there, we got to wait for seven hours to get the food. It doesn't make sense. And so we're going to build a system where people can move through more

quickly once they get there and they get the right care at the right place.

Now, my friend asked a specific question of timing.

As I've indicated to the Chamber a little bit earlier, we expect to be able to make an announcement on the timing of phase 2 which includes Seven Oaks and includes Concordia, no later than the end of May—is what my hope would be. And I'd like to see it happen sooner than that.

Mr. Marcelino: The problem that I have with trying to accept that closing down the emergency room at Seven Oaks, who have treated 45,000 patients a year—how does that make sense if it is one of the busiest of all the ERs in the city?

Denying them quick access, I think, is more of a buy-in to the argument that we're saving money if we close something down like the ER of Seven Oaks. It was just recently renovated and I was just there about three weeks ago suffering from some type of chills. And I was having pneumonia, and personally, I was upset at first that I was not looked after nine hours. Nine hours, and I was not on the verge of dying. And I understood why it took them nine hours, because there were some who were in need of medical help worse than I was.

But the problem that I perceived was that there was only one doctor.

How many doctors are we going to have at the ER of the Health Sciences Centre if we are to close down Seven Oaks? Is that something that the minister at least might have some numbers that will give me some relief?

Mr. Goertzen: First of all, Mr. Chairperson, I want to wish well my friend and colleague. I hope that—I think he said that he had pneumonia. I hope that he's over that. I've had pneumonia myself in the past, and I don't wish that upon people. So I wish him well and I hope he's feeling well.

You know, I think he makes the point, though. The system has not converted fully.

He went to an emergency room where he waited nine hours. That's exactly the point.

And then he went to an emergency room where he waited nine hours, and there was one doctor, which is the point.

The resources around emergency rooms are spread too thin.

Now, first of all, I want to correct him in that we're not closing the emergency room; it's converting to an urgent-care centre at Seven Oaks, so I don't want the fine folks of his quadrant of the city to not know that. It's going to be an urgent-care centre. It's still going to be open in that capacity.

* (16:40)

But he makes the point the system doesn't work the way it is set up now. One doctor, nine hours, it's exactly why Dr. Peachey indicated that we needed to concentrate emergency-room resources for a city the size of Winnipeg into the three centres, those now being identified as the Grace, St. Boniface, and the Health Sciences Centre.

The urgent-care centre will be there to serve his community for a variety of different reasons and those who need—truly need emergency care, hopefully, when they go to an emergency room, won't have to wait for nine hours where there's only one doctor.

So, I mean, I appreciate the member raising this because it goes to the exact reason of why we're making these changes. So far from being an advocate for the lack of change, he's really an advocate for making change.

When it comes to, you know, the issue of the number of doctors, we've indicated to the member for Minto (Mr. Swan) in earlier questioning that the number of hours as it relates to emergency-room doctors in Winnipeg is not changing. It's just that those hours are going to be concentrated into the three facilities: the Grace, the HSC and St. Boniface. The concentration of those hours will allow them to see people in a more expeditious way, so there'll be that concentration of hours. There's no loss of hours however.

Mr. Chairperson in the Chair

So, again, I wish my friend well in terms of health. He makes the point and the case for change and I hope he has continued good health.

Mr. Marcelino: The problem that I had was on that TV screen that they displayed, the waiting hours while I was there for nine hours, it showed that the wait time was 3.5, and it made me wonder a little bit whether there are some algorithms that are at work in those television screens that said 3.5 hours is the waiting time at Seven Oaks at that time that I was there for nine hours.

And is that just something that—is that something that should bother the minister or not at all?

Mr. Goertzen: Sometimes somebody waits for care for an extraordinary long period of time or a time that they feel isn't suitable. Yes, it bothers me. I think it's one of the most difficult parts of being a Health minister anywhere in Canada and would have been true for Theresa Oswald. It would have been true for Dave Chomiak or Erin Selby or Tim Sale or Sharon Blady or I'm sure going back to Darren Praznik and Don Orchard. Every Health minister struggles the—and, of course, Eric Stefanson, although it was a shorter duration. Every Health minister struggles with that personal challenge that they hear the stories of individuals who either don't get the care that they felt they should have or they didn't get it in the time that they wanted to.

That is not a new phenomenon today, although I'm sorry for the member having to wait nine hours. That is true for every Health minister in Canada. Yes, it bothers me; it keeps me up at night sometimes when I hear these stories. There's no question about it; it bothers me. That's why we want to change the system.

Now, changing the system doesn't mean that everything's going to be perfect within the system. It is always going to be a human system and it's going to have frailties within that system. That is the nature of the health-care system as long as it is humans being treated and treatment being provided by humans.

So I'm not naïve enough to think that we're going to build a perfect health-care system. My goal as Health Minister is to improve it and to put it on the path to improvement, because clearly what we had before wasn't working. And the member's a demonstration to some extent of that, the fact he waited nine hours.

Now, in terms of, you know, the wait time that he had in comparison to what he saw on the screen, I was not in the emergency room with him when he was there, although I would have—had I seen him I would have, you know, given him a hug because I like the member personally and I would have wished him well. But I don't know what was going on in the emergency room. I don't triage—this will surprise the member, but as the Health Minister I don't triage people in the ERs. I don't know what was going on in terms of the other emergencies at the time. I don't know how he ranked in that way. I wasn't there

taking people's blood pressure and doing those sorts of things.

As—I think it was Dave Chomiak told me, when I'd become Health Minister—and I will say that there were many Health ministers who contacted me to give me some advice and I appreciated that and I think it speaks to the emotion of the job—he says you're going to have to remember—and I'm not sure if Dave was always able to take this advice—but you're going to have to remember that you're not responsible for everything that happens in the health-care system, but you are accountable for it.

So I'm accountable to answer to the member for the fact that he waited nine hours, and I'm sorry that he waited nine hours; I'm not responsible for what was happening at that moment in the health-care system. I don't know what other emergencies were happening or why medical professionals at that time made the decisions that they made, but I am accountable for the changes in the system and those changes are designed to help the member and other Manitobans not wait as long as he did in circumstances where they shouldn't. Now it might be, after the changes, that he would still be triaged at such a way that the wait time would be longer.

To go back to a previous question—his previous question—he was asking about physician resources at Seven Oaks when it moves to an urgent-care centre. I can tell him that the experience with the Victoria General Hospital and the conversion to the urgent care there, is that prior to—when it was an emergency room, there was about 10 and a half physician positions in the Victoria General Hospital and when it moved to an urgent-care centre there was 10 and a half physician positions. So it didn't change in terms of the number of physician positions at the Victoria. I won't speak if that'll be the exact experience at Seven Oaks, but certainly past behaviour can be an indication of the future.

Hon. Jon Gerrard (River Heights): My question to the Minister of Health—Saturday I was in Boissevain at a public meeting talking about health care. They have been concerned about the proposed loss of their ambulance station there and they presented to me the case of why that particular ambulance station should not be closed.

They are on a major highway—No. 10. They have a million vehicles coming through in a year. They serve critical areas like the Peace Gardens which are due south and which have many people visiting in the summer. In winter, what may normally be a

20 minute drive for an adjacent community can become two or three times this if the weather conditions are poor. I was given the example of an individual who would have died if there was no ambulance service in Boissevain because of the reaction time that was needed to help him.

They told me that this sort of rearrangement has been tried with the RCMP services, which are no longer based in Boissevain. They tell me that the result is that if there's an accident, their experience is that the RCMP are always the very last to arrive under the current circumstances because they are no longer close.

Their current response time average? I'm told six minutes. One of the advantages of having the ambulance station there is that the paramedics are able to assist with medical procedures or emergencies in the hospital when things are very busy. They feel that the on-call system there is actually working very well for that area.

So I made the case and I wonder if the minister would reconsider the decision to close the Boissevain ambulance centre.

*(16:50)

Mr. Goertzen: You know, so the issue of the 2013 Toews report is about following evidence. And the evidence that Mr. Toews provided was that it is paramedics that respond to emergencies, not stations that respond to emergencies.

The evidence that he provided—and that data has been updated through the data of the 911 call centre—is that if you have those regional hubs, where paramedics essentially, you know, come in and get ready, and then they go out in their ambulances and they're geo-posted in the different areas by virtue of past history, that you get better response times overall.

Does that cause individual communities concern? I know that it does. Now the member opposite has put on many words of record in support of the EMS report. He demanded that the former government move more quickly with the recommendations.

When we came into government, one of the first questions he asked was demanding that we move more quickly with the recommendations of the Toews report, and now he has sort of taken a bit of a different tack by going community to community and saying he's not in favour of the Toews report.

Now maybe I'm wrong. I've only heard him come and say, you know, don't convert these stations. Maybe there are specific stations which he thinks should be closed down in accordance with the Toews report, and he can put that on the record.

Or maybe he's doing what opposition sometimes does and is changing his position entirely, doing a 180 and going where he's able to speak to people who he can speak to, but the report was driven by evidence. It's about ensuring that there are more full-time paramedics available, not just in Westman but in particularly Westman.

We've committed to 60 new paramedics in this—full-time paramedics in this budget. I think you'll hear more about that, in terms of what impact it's going to have in Westman, in terms of their placement. I think we've committed to the communities that they're going to see the hiring of these new paramedics prior to some of the changes.

So it won't be like, you know, maybe some of the past things where they were promised that things would happen and they didn't happen. We're hiring these paramedics in advance of some of the changes, so they'll, hopefully, be able to see that.

I'm not sure that the comparison with the RCMP, although I'm sensitive to the loss of RCMP in rural communities because I know many rural communities where that was the case, I'm not sure that it's analogous. A large part of the loss of RCMP that happened over the last couple of decades in rural communities was the underfunding of the federal Liberal government when it came to rural RCMP.

The member might know that himself, being a member of that government. The loss of those RCMP officers in those communities was such that they weren't replaced with something else.

This is the hiring of many more paramedics, to be placed in a region, to be able to respond more quickly.

So I'm not sure that there's a direct-line analogy between moving RCMP and underfunding the RCMP in rural Manitoba, as was done by the former Chrétien Liberal government. There's not a direct-line comparison between this government hiring 60 new paramedics this year, in addition to the new paramedics who were hired last year.

In fact, it was the president of the Paramedic Association—or, the former president of the Paramedic Association, Eric Glass, who said he'd

never seen—never seen—such a commitment to paramedics in the history of our province as this government has undertaken.

So I recognize there are concerns by communities in Westman, not just Boissevain, but certainly we've heard those concerns. I've heard those concerns expressed on behalf of the local representative, who's a strong advocate for all things within their region.

We've provided some of the evidence, but, more than that, we'll provide clear understanding, as we go forward, that there'll be new paramedics that are hired first, so that they can—residents in the Westman area can see the commitment that this government has to building a predictable, effective and full-time response system for paramedics in the Westman area.

Mr. Gerrard: One of the other issues that I heard in Boissevain very clearly is that they would like to have telehealth access in Boissevain. This doesn't seem an unreasonable request, and I would ask the minister to look into and see if there could be telehealth station provided at Boissevain.

Mr. Goertzen: I will ensure that that comment gets provided to Shared Health with—which is doing some of the examination around telehealth. I mean, I think it's a fair comment, and I know those sort of things have been raised by the representative for that area in terms of looking at technology. The member reinforces that, but I—it's not the first time I've heard that.

Mr. Gerrard: Yes, I had raised the issue of the closure of medical labs that—medical clinics in and around Winnipeg.

The minister said he was going to have an update. Wonder if the minister does.

Mr. Goertzen: I do in fact have an update.

So Dynacare, as the member knows, is a community-base private laboratory operating in Manitoba.

The department officials have had meetings with Dynacare, and I can advise that Dynacare has committed to adding additional staff during peak hours and Saturdays, in particular, in specific locations to accommodate the increased demand in existing laboratories.

And so I appreciate the undertaking that staff in our department made in terms of dialoguing with Dynacare and the concerns that have been raised.

Dynacare's also advised that consideration to the proximity of alternative locations has been part of their deliberations relative to access to services. Patients requiring STAT or urgent testing can visit the Lakewood medical or they can go to the Manitoba Clinic where STATs are processed on site. All other STAT tests are referred to the site located at the main lab on King Edward.

Dynacare has shared that it has begun to implement a net check-in application that will enable patients to view wait times on smart phones and choose the location to attend accordingly while registering online.

Mr. Gerrard: Yes, I thank the minister for that.

I had asked the other day about the minister's approach to suicides, which we have a relatively high rate compared to other provinces. Does the minister—is the minister developing an adequate suicide program—prevention program and response program to those who are suicidal?

Mr. Goertzen: Right.

So, in response to the member's questions of last week, as it relates to the comments by Dr. James Bolton, the medical director of the Winnipeg Regional Health Authority Crisis Response Centre—the CRC—note that this response was taken out of context—context, I understand.

A student, I understand, was asked to speak with Dr. Bolton for a project on population trends of suicide and did not disclose that her work was to be published. We've gone back to Dr. Bolton—or the department officials, I should say, and asked him to clarify his comments for the record.

He noted there is a large amount of literature indicating that suicide treatment should entail suicide-specific psychotherapy which was limited at the time of the interview. However since that time, the WRHA has started suicide-specific treatment at CRC including psychotherapy that targets suicidal thoughts and actions of the individual.

It's important to note that the CRC takes suicidality seriously. Current practice at CRC was and is to assess individuals for risk of suicide upon presentation. Those at urgent risk are hospitalized at

the time of this article, and currently there are several treatment programs that help suicidal people by treating mental disorders and other risk factors. Examples include dialectical behaviour therapy—DBT—and cognitive behavioural therapy—CBT—as well as day-hospital and several other mental health programs.

Mr. Gerrard: Yes, what is the minister doing with respect to radon, which is the second largest cause of lung cancer, and we have high levels in many homes and businesses?

Mr. Goertzen: I know the issue of radon has been something that's been discussed publicly in Manitoba over the last number of years and—

Mr. Chairperson: The hour being 5 p.m., committee rise.

Call in the Speaker.

IN SESSION

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

LEGISLATIVE ASSEMBLY OF MANITOBA

Monday, April 16, 2018

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