

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

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Speaker*

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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	Man.
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	Ind.
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
LAMONT, Dougald	St. Boniface	Lib.
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, Hon.	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	Portage la Prairie	PC
WOWCHUK, Rick	Swan River	PC
YAKIMOSKI, Blair	Transcona	PC

LEGISLATIVE ASSEMBLY OF MANITOBA

Thursday, December 6, 2018

The House met at 1:30 p.m.

Madam Speaker: Good afternoon, everybody. Please be seated.

**ROUTINE PROCEEDINGS
INTRODUCTION OF BILLS**

Bill 8—The Referendum Act

Hon. Cliff Cullen (Minister of Justice and Attorney General): I move, seconded by the Minister of Sport, Culture and Heritage (Mrs. Cox), that Bill 8, The Referendum Act, be now read a first time.

Motion presented.

Mr. Cullen: I am pleased to rise today to introduce The Referendum Act. This bill will create a modernized, stand-alone referendum law that will fulfil our promise to make our democracy more open and transparent for Manitobans. This legislation responds to recommendations by the Chief Electoral Officer to establish a stand-alone referendum law.

The bill specifies several situations when a referendum must be held and clarifies the process for conducting a referendum on an issue of public interest for Manitobans. This will ensure that Manitobans understand how referendums work and feel confident that referendum results reflect the true views of citizens.

Thank you.

Madam Speaker: The honourable member for Assiniboia—oh.

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

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

Point of Order

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

Mr. Fletcher: Madam Speaker, in this place we are told that we cannot be intimidated. There shouldn't be obstruction and I—or distraction—and I submit that the wardrobe of the member from Riding Mountain and the member from Brandon East is terrifying and,

perhaps, should be—they should be put in a dungeon or something.

And Merry Christmas.

Madam Speaker: I would point out for the member that he does not have a—[*interjection*—oh, that he does not have a point of order, but as some people have pointed out, it could be a crime against fashion.

But we'll leave it at that for today.

* * *

Madam Speaker: The honourable member for Assiniboia, first reading?

Bill 214—The Electoral Divisions Amendment Act

Hon. Steven Fletcher (Assiniboia): Yes, thank you, Madam Speaker,

I move, seconded by the member from The Maples, that Bill 214, The Electoral Divisions Amendment Act, be now read a first time.

Motion presented.

Mr. Fletcher: This bill simply is designed to reduce the number of MLAs from 57 by 18 to 39. This is because in Manitoba we are profoundly over-governed and it would be—lead to better representation, cost efficiencies—and more in line with other provinces. So it basically reduces the number of MLAs by 18.

Thank you, Madam Speaker.

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

The honourable member for Assiniboia, on another first reading.

Mr. Fletcher: I move, seconded by the member from The Maples—[*interjection*]

Madam Speaker, I have another point of order.

Some Honourable Members: Oh, oh.

Madam Speaker: I would indicate to the member that I have already ruled on that one, so I would ask him to please move ahead with his first reading.

Bill 215—The Efficiency Manitoba Amendment Act

Hon. Steven Fletcher (Assiniboia): I move, seconded by the member from The Maples, that Bill 215, The Efficiency Manitoba Amendment Act, be now read a first time.

Motion presented.

Mr. Fletcher: Madam Speaker, this bill is—deals with the removal of section 4(1) in part 2 of the bill 19, the—Efficiency Manitoba. This is a—*[interjection]*

Madam Speaker: Order.

Mr. Fletcher: —creation of a creepy Crown corporation by this new—by this government. What the bill does is it—*[interjection]*

Madam Speaker: Order.

Mr. Fletcher: Supply-side management is just as bad as demand-side management. This bill deals with that by eliminating the very essence of the legislation, and it's really to prove how useless the legislation is and to embarrass the government.

Thank you.

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

The honourable member for Assiniboia, on another first reading? No?

Mr. Fletcher: No.

Madam Speaker: We will move on then to committee reports.

TABLING OF REPORTS

Hon. Rochelle Squires (Minister responsible for Francophone Affairs): Madam Speaker, I'm pleased to table the Report on French Language Services, 2017-18.

Madam Speaker: Any further tablings? No?

MINISTERIAL STATEMENTS

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

Would the honourable minister please proceed with her statement?

National Day of Remembrance and Action on Violence Against Women

Hon. Rochelle Squires (Minister responsible for the Status of Women): I rise today to commemorate December 6, the day—the National Day of Remembrance and Action on Violence against Women.

This day was established by the Parliament of Canada in 1991 to honour the lives of the 14 women murdered at l'École polytechnique in Montreal in 1989.

The Montreal massacre, as it came to be known, was a watershed moment. It was clearly an anti-feminist attack and it sparked a new dialogue within and beyond the women's equality-seeking public. How could such an atrocity take place? What actions could we take individually and collectively to ensure it never happened again?

Yet, here we are 29 years later, and we continue in our struggle to address gender-based violence. More recent movements and initiatives such as #MeToo; been raped, never been—never reported; and the Unfounded report and the National Inquiry on Murdered and Missing Indigenous Women and Girls remind us that in Canada, we have work ahead of us.

As difficult as it is to think about that tragic day, we need to pause and reflect. We must really think about the name of the day: the National Day of Remembrance and Action on Violence against Women in Canada. Indeed, it calls upon us to remember, to pay tribute to the women who died that day, as well as the many women who continue to lose their lives to gender-based violence.

In addition to honouring the lives lost we must acknowledge the suffering of countless women and girls who continue to face abuse in their daily realities. We must recognize the toll gender-based violence is taking on all of us: women, men, children, neighbourhoods, communities and workplaces. Society as a whole is negatively impacted, and we cannot let this continue.

The day calls for action. It lifts us up. It makes us realize that we can all take part in addressing the inequalities that are at the root of gender-based violence. It gives us purpose. Even the smallest actions at the individual level can bring meaningful change.

We can speak out when we see acts of violence or harassment of any kind. We can teach our children to be kind and compassionate. We can help our youth understand what healthy relationships look like and

how to reach out for help when they need it. We can support the individuals and organizations working to promote women's equality and address gender-based violence, and we can denounce misogyny.

Many organizations will be holding memorial services and vigils throughout our province today. This evening, I invite all my colleagues to join me in a memorial service starting at 5 p.m. in the Rotunda. We will honour the memory of the 14 young women killed in the Montreal massacre in 1989 and the women in Manitoba who died of acts of violence in 2018.

I encourage all to attend and to reflect on ways that you can take concrete action to address this serious local, national and global human rights issue.

Madam Speaker, I would like to ask that, following the statements by my colleagues, that we observe a moment of silence to mourn the women we have lost.

Thank you, Madam Speaker.

* (13:40)

Ms. Nahanni Fontaine (St. Johns): On the National Day of Remembrance and Action on Violence against Women, we recognize the lives of the fourteen women who were murdered at École polytechnique in Montreal in 1989 and all the women and girls who have lost their lives to gender-based violence this year.

Madam Speaker, 29 years later the same misogyny continues to allow for oppressive violence against women and girls around the world. In conflicts the world over, female bodies are reduced to territory to be conquered and violated and murdered.

Here in Canada our communities continue to be damaged as the number of missing and murdered indigenous women and girls rises each year, as most recently evinced with the recent murder of Mary Madeline Yellowback, a mother to six children, Madam Speaker.

Women continue to be targeted for violence because of their gender; they continue to be systematically oppressed; their access to health care grows more precarious, and poverty continues to be feminized.

Every day, as legislatures, we—legislators, pardon me—we have the opportunity to false—foster a culture that honours women and girls and put forward legislation that improves the lives of women and girls.

So today, on December 6th, a day of action which we are meant to stand up for women and girls and

commit to protecting them, the Premier (Mr. Pallister) of Manitoba and the Status of Women Minister voted against Bill 200 that would have legislated the protection of women and girls from intimidation, bullying, harassment and shaming when seeking abortion services. Instead, this Premier and his Status of Women Minister voted against standing on the side of Manitoba women and girls accessing reproductive health care, but instead stood on the side of old, tired, archaic anti-feminist rhetoric.

But the message is clear, Madam Speaker. Even on this national day of remembrance, this Pallister government simply does not support Manitoba women and girls. This government's actions, particularly on this day, are shameful and regressive, and women deserve better in Manitoba.

Ms. Cindy Lamoureux (Burrows): Today marks the National Day of Remembrance and Action on Violence against Women.

In the year of 1989, there was a Montreal massacre where a gunman shot 28 people, killing 14 of them, at École polytechnique school. We now know this was a targeted against women.

Madam Speaker, just last year, in 2017, 84 per cent of homicide victims who happened to be women here in Canada were murdered by current and former intimate partners. In the first eight months of this year, 2018, 106 women and girls were killed in Canada. And indigenous women and girls still continue to be killed at a rate six times higher than others.

Madam Speaker, just this past April, 10 people were killed in the Toronto van attack by a perpetrator who was allegedly motivated by misogyny. This was the deadliest terror attack on Canadian soil since the École polytechnique massacre.

It is very evident that there is still a desperate need to get ahead of this and ensure that future generations never have to experience the fear and the violence that millions of women have.

Madam Speaker: Does the member of Assiniboia want to seek leave to respond to this statement?

Hon. Steven Fletcher (Assiniboia): I'd like to ask for leave.

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

Mr. Fletcher: I wasn't intending to speak to this, but having heard the comments that have been made, I want to express, from perhaps a male point of view,

heartfelt support for the member for the Status of Women—the minister, and the member from Burrows. And I appreciate what was said by the official government—House leader, but I think we need to remember that even—we're all feminists, if you define feminists as those who are against gender-based violence—in fact, any kind of violence. It's not acceptable. It's not consistent with our values, and those who participate should be punished.

École polytechnique—I was going through engineering the year after that, and that had a profound impact on the culture of engineering forever. I'm glad that we're recognizing that this afternoon. I look forward to attending.

Madam Speaker, in regard to Bill 200, I understand the politics. I don't understand why we need to politicize this in this way. That was an unfortunate statement, in my view, because what—the remedy that was suggested—the remedy is changing attitudes, of allowing people freedom to make choices.

Do you want to take people's freedom away from assembly or association or expressing themselves? That's not the way to do it. The way to win is through changing culture, society. In a very small way it's been done in engineering. My sister's a professional engineer, and I expect my nieces to do the same, my nephews.

But let's embrace equality at the highest common denominator, and violence in every case is bad and we need to work together to make sure that women, regardless of where they live, can reach their full potential as human beings and equals.

Thank you.

Madam Speaker: Member statements? Oh, pardon me.

Is there leave for a moment of silence? *[Agreed]*

Please stand.

A moment of silence was observed.

MEMBERS' STATEMENTS

Heidi Wilson

Mrs. Sarah Guillemard (Fort Richmond): Madam Speaker, I rise today to recognize an inspirational young woman named Heidi Wilson. I met Heidi on October 26th while participating in the Take Your MLA to Work Day during disability employment month.

Heidi has worked at the University of Manitoba for seven years now helping to keep the Fletcher Argue Building in top shape. She clearly loves her job and is consistently improving her skills in order to meet and exceed the expectations of her supervisor.

Madam Speaker, Heidi with—shared with me her initial fears about some of the machines that were used for treating floors at the university. One machine in particular requires quite a bit of strength. Although Heidi knew that she would someday have to conquer her fear, she was content to focus on other areas.

Throughout her life, Heidi has faced many obstacles head on. It is difficult for her to read some of the ingredients to understand the chemicals necessary for her job, so she has a book that she writes down her own notes to help remember. She has adapted to the job and shown courage when faced with challenges.

Heidi recently had corrective hip surgery to allow her better mobility. Her supervisor, Colleen Kerchak, shared with me how impressed she was with Heidi's determination to quickly recover and get back to work. Heidi even took out a gym membership to build up her upper body strength in order to tackle the machine that intimidated her.

With new-found strength, Heidi was able to master the floor buffer and triumph over her fears.

Heidi is an articulate, bright and hard-working young woman who exudes positive energy to everyone she works with. I was told that her co-workers sometimes wish that she would slow down so that they could catch up to her.

Thank you to Connect Employment Services for organizing this opportunity every year. Your work is much appreciated by all members of this Assembly.

Heidi is joined today in the gallery by her husband, Jon Hutchison; supervisor, Colleen Kerchak; and Connect Employment Services members Christina De La Mothe, Boris Sapozhnikov, Lori Watson Sewell and Krista Bisset.

Thank you.

* (13:50)

Child-Welfare System

Mrs. Bernadette Smith (Point Douglas): Our children in care deserve the best quality of life possible. They should never leave care in worse condition than when they entered it.

Today, I uplift and honour the courageous actions of the former staff member at B & L who did the right thing and released the recording confirming B & L's neglect of abused children in one of their homes. The recording was only released 'aver'—after exhausting all internal avenues to ensure the safety and protection of the children.

It is the duty of those who work with children in the child-welfare system to advocate on behalf of the children they care for. As someone who worked in the child-welfare system for 12 years and was a teacher for 13 years, I can confidently tell you that the child was always at the centre of every decision that I made.

I also honour the mother who recently came forward to report she informed Child and Family Services of the sexual abuse that her two sons suffered years before they were able to leave that home. I want to thank this mother for her bravery and apologize on behalf of everyone who let these children be victimized.

The child-welfare system is not working. It's not working to support children and families. The system is broken. I encourage anyone who knows of any mistreatment of children within care to come forward and share their stories so that we can work to fix this broken system. Do the right thing.

We need to have an open dialogue about the reality of care of children in our province. Our children need to be cared for, they need to be listened to and they need to be protected.

Children at any age and any circumstance are vulnerable, and it is our responsibility to protect them and be their voice when needed to ensure no child leaves care worse off.

Miigwech, Madam Speaker.

Dan Donahue

Hon. Rochelle Squires (Minister of Sustainable Development): I rise today to honour my friend Dan Donahue, a Riel constituent and a very remarkable man.

On the evening of October 29th, Dan was out in his yard when he heard a panicked call for help coming from the river behind his house. Dan went down to the riverbank and saw a man desperately clinging to a capsized kayak drifting on the Red River towards the St. Vital Bridge. Dan and his neighbour, Doug, quickly got a canoe and set out to reach the stranded man. When they reached him, Dan saw the man was terrified and in shock. He grabbed the man's wrist and held onto

him as Doug paddled back to shore, delivering him safely to paramedics.

To those who know Dan well, the fact he did not hesitate to help a complete stranger despite the dangerous situation is not surprising. Remarkably, this is not the first time that Dan came to the rescue of a person in need. Ten years ago, Dan was passing a building on St. Mary's Road when he saw flames. He doubled back and, seeing that a man was lying injured in the foyer, he ran out—ran in to get him out.

Madam Speaker, when he isn't heroically saving the lives of complete strangers, Dan is an award-winning music producer. He's won several national awards and received the—20—received 20 Juno nominations for his work. He has won multiple Parents' Choice Awards for his work on children's programming and has been nominated for many national and international awards for his film and advertising productions.

Dan is also an active volunteer in the Manitoba arts community. He was a founding member of music Manitoba, serving as a chairperson of the Manitoba Film & Sound Recording Development Corporation. He served as a board member for music pros of Manitoba, Artists in Healthcare Manitoba, and the Manitoba chamber of—orchestra. In 1998, Dan won a Prix award for distinguished service in arts.

Dan Donahue represents the best of our community. I am very honoured to have Dan as my constituent and to call him my friend, and I ask all my colleagues in this Legislature to help me honour Dan Donahue.

Recognizing Burrows Constituents

Ms. Cindy Lamoureux (Burrows): Madam Speaker, this is my last opportunity to speak before the House rises, so I want to use this time to first and foremost boast a little bit about my outstanding constituents.

Over the last year my constituents have continued to inspire me to fight for a pharmacare plan. They have opened up new businesses such as snowzone shaved ice and eatery; they fought for the Nomads' field and succeeded; and together, new programs were created through norwest, Sisler, Maples Collegiate and Seven Oaks School Division.

Madam Speaker, it is because of my constituency staff and volunteers and all their hard work and diligence, and I'm talking about my Tito Robert Trinidad, my Tito Leo Toledo, my Ate Adelle Lumanta Soares, Carlyle Foja, and Kuya John Hangdaan that

have—it's because of them that we've been able to help our constituents remain in their homes, receive answers on immigration files and have access to home repairs, and these are just a few of the many successes.

Now, Madam Speaker, I was always taught to value the relationships in my life, and although I do not always agree with this government—and I think that's putting it a bit too nicely; I very rarely agree with this government—I am grateful for the relationships that I have formed with the ministers, with the departmental staff and with all my colleagues here in this House. These relationships have allowed for me to be the best politician that I can be in serving my constituents, so thank you.

Now, in closing, Madam Speaker: allow for me to set the stage for my colleague from Transcona. / I kindly ask you for your silence, member from Altona.

With these final thoughts this day / there's just one more thing I want to say.

From all of us in here on Broadway / have a happy holiday.

'Twas the Time Before Christmas

Mr. Blair Yakimoski (Transcona): 'Twas the time before Christmas to take leave from this place. / Farewell to you, Speaker, and the clerks and the mace.

But before we depart let me bring you some cheer / about what has happened in the past year.

Our government has a goal to be a province that grows. / That's plain as the glowing on Rudolph's red nose. / Number 1 in the country in growth, yes, you bet, / with Simplot, Ubisoft and also Roquette.

Manitobans deserve better than they got in the past; / health care transformed and designed now to last. / The billboards they may say, put patients first. / We can't agree more; we're no longer the worst.

In October was the day I poured a stiff shot. / I still can't believe, they've legalized pot.

The Dippers have a problem and let me be clear: / like an orange jack-o'-lantern, they are nothing to fear. / They speak of a future that they think we should dread, / but Team Blue has put the myth of cuts now to bed.

The member from Elmwood says there were no consultations, / but we do, on our budgets and with the First Nations.

Sometimes in this Chamber we all get along / as when we grieve together. We are Humboldt strong.

Kudos to the champion, our friend from Brandon West. / Sign up for life, he reminds us, and he knows it best. / Transplant families like his, they hope and they pray / for life-saving heroes, like Bronco Logan Boulet.

On fashion in this Chamber, yes, some have a style, / like the minister of scarves, which he finds versatile, / or the member who said she loves to wear her high heels / passed a law that cannot force them when serving her meals.

Then there's the Liberal Leader, with his colourful vest, / his outfits in here are quite far from the best. / Don't take this as an insult, it is not, by no means, / but weren't you informed, you cannot wear jeans?

But my favourite by far, is that Dawson Trail guy / with his tats and goatee and resplendent bow tie.

We all work together although the water is rough. / To make Manitoba better we have the right stuff.

Merry Christmas to my colleagues, and under the tree / a province most improved Manitoba will be.

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 public gallery, from Children of the Earth High School, we have 20 grade 9 and 10 students under the direction of Michelle Arnaud, and this group is located in the constituency of the honourable member for Point Douglas (Mrs. Smith).

And also seated in the public gallery, from Taking Charge!, we have 10 visitors under the direction of Mary Hoogervorst, and this group is located in the constituency of the honourable member for Wolseley (Mr. Altemeyer).

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

Speaker's Statement

Madam Speaker: I have a statement for the House.

I would like to draw the attention of all honourable members to the Speaker's Gallery where we have with us today JoAnn McKerlie-Korol, the current director of Education and Outreach Services for the Legislative Assembly of Manitoba. On January 28th, 2019, after just shy of 28 years of service to the Legislative Assembly of Manitoba, JoAnn is moving on to the next stage of her life: retirement.

JoAnn started working for the Legislative Assembly of Manitoba on February 28th, 1991, in the capacity of journals assistant in the office of the Clerk. From there, JoAnn was appointed as clerk assistant/journals clerk, and was first journals clerk to serve as a table officer in the Legislative Assembly of Manitoba.

In 1997 JoAnn was appointed to the position of clerk assistant/clerk of committees and held that position until May 2006. In 2006 a brand new position was established within the office of the Speaker. With JoAnn's 15 years' experience with the office of the Clerk and as a classical voice and piano teacher in her spare time, this new position was the perfect fit. As the director of Education and Outreach Services, JoAnn built this department largely on her own, with support from Speaker Hickes, Speaker Reid and now myself. She designed the programs for teachers, students and special interest groups on the workings of the Manitoba Legislature, bringing students into her classroom in the Legislative Building or taking the programs on the road.

JoAnn has presented to over 25,000 students during her time and trained over 1,000 teachers. JoAnn is most proud of the trailblazers permanent exhibit, which she undertook. She indicated at the time of the unveiling of this project that, with this as her legacy, she could now retire.

Throughout her 28 years, JoAnn has seen many changes: typewriters to the ever-famous Wang computer system, Gestetners, women being allowed to wear dress pants at the table—this was approved in the morning, and she had hers on for the 1:30 sitting that day—from notes to offices from the Chamber to laptops at the table. She's worked for five Speakers; she's heard the prayer thousands of times and saw the Golden Boy removed from the top of the building.

In her present position as director of Education and Outreach Services, JoAnn has kept a journal of comments made to her by some of the students she has met along the way. Here are a few she shared with me. JoAnn was telling grade 4s about the role of the Speaker. She said to the students: The Speaker makes sure that everyone behaves themselves in the Chamber and follows the rules. A little boy asked, how does she do it? JoAnn told him that there are lots of rules and that they listen to her. The little boy said, in our class, we use yellow, red and green cards. Maybe she should start using those. A grade 6 student, when deciding on their ideas for debating a bill, came up with an idea that a student should be the principal. He said to

JoAnn, I could be the principal; I spend so much time in his office that I know exactly what his job duties are.

It has been a great run for JoAnn, but now it's time for JoAnn to move on to the next chapter of her life. She and her partner plan to spend a lot more time out of the cold and at their house in Arizona, more time on her music and having the time to focus on her painting. The biggest plan JoAnn has is to take every alarm clock out of her house.

JoAnn, you have been a tremendous asset to the Assembly in all your various positions throughout the years. Take pride in knowing that we now offer an outstanding education and outreach program thanks to your dedication and hard work to make the program such a success, and know that your assistance, wherever and whenever needed, has been appreciated. You will be missed.

Congratulations, JoAnn, on your incredible career, and all of us wish you all the best in whatever retirement brings your way.

ORAL QUESTIONS

B & L Foster Care Agency Awareness of Abuse Allegations

Mrs. Bernadette Smith (Point Douglas): After weeks of questioning this minister about how many kids are in B & L, we found out through the media that there are, in fact, over 400 children being cared for in this very agency.

But what's worse, this company has repeatedly failed these children. They've dragged their heels and dropped the ball. They've allowed kids to be sexually abused in homes.

Why does this minister continue to dole out millions of dollars to a for-profit organization, and can she today stand up and confirm that no—that all children, all 100 per cent that she said, have been spoken to outside of their foster homes and without their foster parents present?

Hon. Heather Stefanson (Minister of Families): Well, again, Madam Speaker, the member opposite is factually incorrect, which is not a shock to members of this House because she continues with her rhetoric.

But the fact of the matter is all of these children, 100 per cent of them, have been visited twice: both in the home and outside the home.

We will do everything that we can to ensure the protection of Manitoba children, Madam Speaker.

Where they failed and created a system where children fell through the cracks, we will improve the system to ensure the safety of all Manitoba children.

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

Actions to Prevent Further Abuse

Mrs. Smith: This minister is not being forthright with this House. It is clear that her department knew months before the media brought this out that kids in this very agency were being abused, and yet she did nothing. Her department did nothing. What a shameful act: children being abused while they sit idly by.

We've repeatedly asked when she knew. She will not stand up and tell us when she knew. She said—*[interjection]*

Madam Speaker: Order.

Mrs. Smith: —immediately when she found out. This was in 2016; Madam Speaker, we're in 2018. But it's time for this minister to actually be accountable.

What actions is she taking to ensure that no other child in B & L agency—or in care at all—ever experiences abuse in their life again?

Mrs. Stefanson: Well, Madam Speaker, and the member opposite wants to talk about incompetency. The fact is there was incompetency by members opposite when they created the system that we're faced to—cleaning up today on behalf of Manitoba children.

I have been asked questions; I have been answering questions every day in this House, Madam Speaker. We are divulging all information. We said yesterday, we said that 100 per cent of the children have been visited twice—not once, but twice, both in the home and outside the home.

Where members opposite failed the children in our province, we will clean up their mess.

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

Moratorium on Placements

Mrs. Smith: This abuse happened under their watch in 2016. It's now 2018 and this minister wants to stand up and say that she's doing everything to make sure that kids in care aren't being abused? Then why has there been two allegations under her watch?

Some Honourable Members: Oh, oh.

Mrs. Smith: They can clap on that side all they want while kids continue to be abused. She has not given us any evidence that all of these children have been spoken to.

Will she stand up today and tell us if this moratorium—

Some Honourable Members: Oh, oh.

Madam Speaker: Order, order.

Mrs. Smith: I'm sorry if children aren't important in—on the other side of this House if they can't listen to a question that parents in Manitoba are asking.

Will she confirm today that the moratorium is still in place on children being placed in—

Madam Speaker: The honourable Minister of Families.

Mrs. Stefanson: Madam Speaker, it's one thing for the member opposite to attack me. I can take that, but she is now attacking the agencies, the authorities, the front-line workers out there that are working towards ensuring the safety of all these children in Manitoba.

I say shame on her.

Flin Flon General Hospital Suspension of Obstetric Services

Mr. Tom Lindsey (Flin Flon): We continue to see this government attack and ignore women's health in this province, particularly in the North.

* (14:10)

Now women who expected to give birth in Flin Flon have been told that they have to travel to The Pas to give birth. Women on the Saskatchewan side are not even sure they can or will be accommodated in The Pas or in Prince Albert.

They refuse to pass a resolution that asks them to work with the governments of Saskatchewan and Canada to restore birth services in Flin Flon.

When is this Premier going to stop undermining women's health in the province, commit to real investments that will help, not hurt, mothers and their newborns?

Hon. Cameron Friesen (Minister of Health, Seniors and Active Living): I thank all the members who spoke to the resolution this morning because it's important to get the facts straight, and the facts are these: that the temporary suspension on obstetric services in Flin Flon is to respond to a long-term challenge of securing those competencies in that

community. That member for Flin Flon knows that. He also knows that this decision was undertaken by medical experts, who deemed it to be unsafe to continue.

That member would not want us to be in a place, as legislators, where the practice was allowed to go on when medical experts were warning it should be curtailed.

We stand on the side of the experts who are recommending this course of action to all of us.

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

Mr. Lindsey: Families in Flin Flon are fed up with being ignored, having their services cut. I'd like to table for the minister 130 letters received so far from northerners regarding this government's unacceptable decision to end birth delivery services in Flin Flon.

People in Flin Flon don't want excuses, Madam Speaker. What they want, as these letters show, is for this government to take action, recruit obstetricians for Flin Flon.

Will this government listen to northerners, or is this just more excuses from this minister?

Mr. Friesen: Well, Madam Speaker, just last week I had the opportunity to meet with the mayor of Flin Flon and council members and the city manager from that community. The mayor agrees with the government that this was the right decision undertaken for the right reasons.

But the mayor also reflected on the behaviour of the member for Flin Flon and said that his tactics were regrettable, knowing full well that the challenges that we are responding to are challenges the community has faced for years and years. *[interjection]*

Madam Speaker: Order.

The honourable member for Flin Flon, on a final supplementary.

Mr. Lindsey: Despite what this Premier (Mr. Pallister) says, when I go door to door in Flin Flon, people are saying, why is this government ignoring us? Why don't they care?

If this Premier was really listening to northern Manitobans, instead of just the chairman of the regional health board, he'd know that—we know this Premier loves to make excuses; we know he likes to pick fights with people instead of fighting for them. If this government was serious about growing the North,

they'd invest in the North so people would have the services that they need—*[interjection]*

Madam Speaker: Order.

Mr. Lindsey: —like childbirth, but they are not.

Will this Premier read these letters, listen to these people, restore obstetric services in the North in Flin Flon now?

Mr. Friesen: Let's consider the member's assertion about investing in Flin Flon and investing in the North. In a few weeks, we will open a \$24-million emergency department redevelopment in Flin Flon. We have a \$75,000 heating and ventilation improvement to the building, a \$690,000 Lynn Lake EMS facility, a \$770,000 sprinkler system upgrade to Snow Lake.

I only regret that the time allotted to me is not long enough to tell about all the ways in which this government is investing in the North and in Flin Flon.

Safe Access to Abortion Services Government Vote on Legislation

Ms. Nahanni Fontaine (St. Johns): Safe access to abortion services is a human right, Madam Speaker. Bill 200 would've protected women and girls' access to reproductive health care. Bill 200 would've established buffer zones for anti-choice protesters outside facilities providing abortion services.

We know that there are common sense limits to protest, such as the ban on protests within these walls and in these Chambers, Madam Speaker, but I suppose that's only when it's students or indigenous peoples.

Why did the Premier and his Status of Women Minister vote against this pragmatic legislation ensuring women and girls' access—access to reproductive health services without being harassed, bullied or intimidated?

Hon. Rochelle Squires (Minister responsible for the Status of Women): Unlike the NDP, who are clearly more interested in playing politics with the lives of women, our government is getting real action for women and girls to enhance their lives in Manitoba.

In the two and a half years that we've been in government we've been the first to legislate anti-harassment policies on post-secondary campuses. We implemented third-party reporting for survivors—*[interjection]*

Madam Speaker: Order.

Ms. Squires: —of sexual violence. We implemented a no-wrong-door approach for all civil servants and

we all voluntarily took anti-harassment training in the PC caucus so that we could make this Legislative Building a better place to work. We've provided additional funding for agencies to support survivors of all gender-based violence, and we are just getting started, Madam Speaker.

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

Ms. Fontaine: Other provinces have adopted similar legislation supporting access to reproductive health-care services as a human right, Madam Speaker. Bill 200 requires protesters to simply move across the street so that women and girls do not have to walk through what can be a very hostile experience when they're accessing reproductive health services. Bill 200 ensures the homes of health-care providers delivering these services are also free from harassment and intimidation when they are at home.

Why did the Premier (Mr. Pallister) and his Status of Women Minister vote against Bill 200 and not stand on the side of Manitoba women and girls accessing abortion services?

Ms. Squires: Madam Speaker, if this was a priority for this member, I have to wonder why she didn't ask—she was an adviser to the former NDP government for many, many years. She collected a paycheque to be an adviser for the NDP government, and not once was this ever brought up during that time when she—*[interjection]*

Madam Speaker: Order.

Ms. Squires: —was the adviser.

In fact, we looked for evidence. We looked for evidence that she had ever brought this up when she was an adviser for the NDP government, when she was cashing a paycheque. We could not find a single shred of evidence that she ever brought this up when she was an adviser. In fact—*[interjection]*

Madam Speaker: Order.

Ms. Squires: —we could not find a single shred of evidence of any work that member did when she was a so-called adviser to the NDP government. *[interjection]*

Madam Speaker: Oh, oh.

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

Ms. Fontaine: Doctors and health-care providers delivering these services have been attacked and—even

as far as being shot while at home, and—while women and girls have been harassed when attempting to access abortion services. Bill 200 was an attempt to stand on the side of Manitoba women and girls accessing these very important reproductive health-care services.

But the Premier and his Status of Women Minister don't believe in or care about women and girls' rights to access reproductive health as—*[interjection]*

Madam Speaker: Order.

Ms. Fontaine: —evinced in the minister's inability to actually make Mifegymiso also free of charge across the province. They couldn't even get up to debate this bill in the House.

Why did they vote—

Madam Speaker: The member's time has expired.

Ms. Squires: Madam Speaker, if that member was clearly interested in helping the lives of women and girls in the province, she would turn to the person on her left and say make mandatory training for all caucus members for anti-harassment so that women who come to work in this building—will be in place.

And we know, Madam Speaker, it needs to be put on the record that this member has a penchant for putting out debate and voices—stifling voices that are contrary to her own. We know that in the 2016 election she shut down a town hall in her own riding. She walked out of a debate because there were voices being heard that were contrary to her own.

We know that this member will not listen to voices that are contrary to her own, and that's what this is all about.

* (14:20)

Municipal Road and Bridge Program Request to Restore Funding

Mr. Jim Maloway (Elmwood): Madam Speaker, 102—*[interjection]*

Madam Speaker: Order.

Mr. Maloway: —communities have signed a resolution calling on the Pallister government to restore the Municipal Road and Bridge Program after it was cut by \$12 million. Making matters worse, the funding was cut in the summertime, just as work was about to begin.

Why has the Premier broken his promise to keep building for the future of Manitoba?

Hon. Jeff Wharton (Minister of Municipal Relations): And it's rather ironic that this question comes from the member that says municipalities can't even run their own towns and cities and villages, Madam Speaker.

We'll take no lessons from members opposite on municipal relations as far as relationships and collaborative efforts moving forward in Manitoba, Madam Speaker. Where they failed, we'll get it right.

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

Mr. Maloway: Well, Madam Speaker, once again no answers from this government.

The Municipal Road and Bridge Program is just one example of the cuts to infrastructure this government is making. In fact, the Pallister government is cutting deeper than any other province in Canada. That's the finding of the federal Parliamentary Budget Office, who found that Manitoba's capital spending has been cut by \$590 million under this government.

Why has the Premier (Mr. Pallister) broken his promise to keep building for the future of Manitoba?

Mr. Wharton: Well, Madam Speaker, I know the member reads the paper, but let me just take him back to June of this year when we signed a \$1.1-billion agreement with the federal government to partner in areas like infrastructure like the member speaks about.

Where we—where they failed, Madam Speaker, in infrastructure for municipalities and the city of Winnipeg, we are going to get it right.

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

Mr. Maloway: Clearly, it's this government that's failing.

Madam Speaker, councils across the province aren't fooled. Mayor Johansson from Selkirk said that, as a result of the Pallister government's cuts, their plans have to be scaled back. The new AMM president, Ralph Groening, said they had to abandon their plans to repair roads as they received no funding at all.

Councillor Melissa Draycott in Portage la Prairie says these cuts are having a huge impact for her community.

Will the Premier actually listen to municipalities and restore the Municipal Road and Bridge Program?

Mr. Wharton: Of course, for the member opposite, I will remind him that 30 municipalities in Manitoba this year received funding for road and bridge program, Madam Speaker, and I can tell you that, going forward, and if the member was, again—and he does get his press from the Free Press. I'll tell him this: that we are planning to have an announcement very soon that will be on a new road and bridge program that will be sustainable for municipalities, not only for today, but for tomorrow too.

Manitoba Businesses Access to Capital

Mr. Dougald Lamont (Leader of the Second Opposition): The Premier did not speak to the details of his economic plan today at the state of the province address. He mostly rehashed talking points that we hear day in and day out in this House.

He paid lip service to meth, on which his government has no plan. He paid lip service to poverty, on which his government has no plan.

And I admire the authors of this report, but this, frankly, is another plan to plan. On page 11 it says the government has announced, quote, efforts to develop a strategy for more capital. End quote. There are no timelines; there are no outcomes, and while the goals are admirable, there is still no way to get there.

One of the simplest recommendations that stands out is that this government, quote, relaunch current programming, end quote, to provide access to capital for Manitoba businesses.

Why did this government suspend its programming to provide access to capital to Manitoba businesses?

Hon. Blaine Pedersen (Minister of Growth, Enterprise and Trade): Madam Speaker, if the member had been at the state of the province speech today, he would have realized that there are so many good things that the Premier had to say, he just couldn't get all the details out today.

So, I would suggest to the member—*[interjection]*

Madam Speaker: Order.

Mr. Pedersen: —I would suggest to the member to go to the website, manitobagrowth.ca, and he will see the—*[interjection]*

Madam Speaker: Order.

Mr. Pedersen: —details of our strategic growth fund there. The details are all online.

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

**Manitoba's Economy
Report Findings**

Mr. Dougald Lamont (Leader of the Second Opposition): I was at the lunch, I was just in the cheap seats.

Madam Speaker, the document calls for greater federal-provincial co-operation, and—especially for Manitoba's research and development.

Manitoba has been home to incredible innovations: Canada—canola from the U of M; Dr. Frank Gunston of Brandon invented the artificial knee joint; and there are people with the ideas and skills to innovate and to create new businesses right here in Manitoba. Yet this government has suspended the business commercialization program. They cut post-secondary research support, for which there are federal matching funds, so every dollar the Province cut, researchers in Manitoba lost two.

How much of this report, Growing Manitoba's Economy, is addressing the inaction and damage done by this government?

Hon. Blaine Pedersen (Minister of Growth, Enterprise and Trade): I realize that research is difficult, but if the member was paying attention he would have realized that that business support program is now called the innovation growth fund. The capital remains the same in it and the—but now it can be much more targeted as we work with our strategic partners to build the economy across—all across Manitoba.

And I just want to remind the member, as he talks to access to capital, Manitoba continues to lead the country in terms of private investment capital.

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

Mr. Lamont: I understand that the Premier (Mr. Pallister) and his government want to present the best possible face in his government's dismal economic performance because the Manitoba Employers Council 2018 report—*[interjection]*

Madam Speaker: Order.

Mr. Lamont: —said—has—tells quite a different story. The Premier (Mr. Pallister) says wages are up, but the Manitoba employers—

Some Honourable Members: Oh, oh.

Madam Speaker: Order.

Mr. Lamont: But the Manitoba Employers Council points out they're still the lowest in the west.

As for private investment, it's because investment in Alberta and Saskatchewan have plummeted and BC and Ontario have flatlined.

The Premier's fond of cherry-picking stats because he often only looks to one side of the balance sheet. Between 2008 and 2017, says this report, Manitoba has lost 50,000 people.

Most recently this government has taken to boasting about praise from the Dominion Bond Rating Service, a company that mislabelled \$32 billion of investments as safe, in the 2008 financial crisis, that turned out to be complete junk.

Did this government pay DBRS for this report, and, if so, how much did it cost?

Madam Speaker: I'm having difficulty hearing, so I would ask for everybody's co-operation please so that the Speaker can hear the questions and the answers in case there is something that is being said that I need to rule on.

So I would ask for everybody's co-operation, please.

Mr. Pedersen: Well, Madam Speaker, the member's financial acumen—or lack of it—is definitely showing there.

No, we don't pay Dominion Bond Rating Service; we don't have to pay them just to tell us that because they realize we are doing such a great job here in Manitoba. We're leading the country. In terms of doing what we said we would do, we are doing—in terms of financial forecasts and financial matters.

Madam Speaker, we're leading the nation in private investment because businesses understand Manitoba is the place to invest because of our tax structure, because we're keeping our word on our budget, and they know that, unlike the previous government who continued to raise taxes, we will hold taxes in line and even lower them. *[interjection]*

Madam Speaker: Order.

**FRAME Report
Release Timeline**

Mr. Wab Kinew (Leader of the Official Opposition): Madam Speaker, we were tremendously let down at the Premier's state of the province speech today when he brought forward no ideas, no action and nothing for people who are worried about their jobs

here in Manitoba. Even if I was a member of the chamber, after hearing that poor speech I'd want my money back—completely devoid of action, no ideas, no plan to help communities get their jobs.

* (14:30)

But given the terrible performance by the Premier (Mr. Pallister) today, my question is for the Education Minister. He dumps the FRAME report on us at 1:29 p.m. on the last day of session until the spring, Madam Speaker.

So not only is the question, what is he hiding, but with his Premier struggling to articulate one decent idea to prevent job losses in Manitoba, why didn't he take one for the team?

Why didn't he release the FRAME report earlier and give his Premier something to hide behind?

Hon. Kelvin Goertzen (Minister of Education and Training): Well, Madam Speaker, for all of those who were at the state of the province address about an hour ago, they heard an inspiring speech. They heard a visionary speech. They heard a speech about the future of Manitoba and how it's progressing and getting stronger in Manitoba.

But he's right about something: money back. Manitobans would like the money back that the NDP took from them when they were in government.

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

Gimli High School Music Room Expansion

Mr. Wab Kinew (Leader of the Official Opposition): I only wish that all those Tory MLAs were that loud while the Premier was speaking, Madam Speaker. Crickets. Only a city councillor would bail him out with the polite applause at the end of that state of the province address.

The only thing that the Premier—*[interjection]*

Madam Speaker: Order.

Mr. Kinew: —brought to the table today, the only new announcement the Premier made was, hey we got a new website. This isn't 1995 when having a website was newsworthy, Madam Speaker. This Premier is completely out of ideas.

But when I return my attention to the Education Minister, I'm reminded that the Grinch came again early this year to Manitoba, Madam Speaker. The good children of Gimli, Manitoba, have been writing on

their Christmas list all year long, can we have a new music room? In fact, we'll even pay for it ourselves. And still, all the Education Minister's bringing is a lump of coal.

So before the House rises for the year, will he please give permission for the kids in Gimli to build a music room?

Hon. Kelvin Goertzen (Minister of Education and Training): Well, I'm glad the member opposite references the Internet. I know he's done a little bit of writing on the Internet, Madam Speaker, but I won't—no, I don't want to reference that.

But, you know, he should've been listening, as people were at the state of the province address, because those who were listening heard about optimism. Those who were listening heard about the great things that are happening in Manitoba. There was reference to all the schools that are being built, the seven schools, Madam Speaker. There were leaky roofs—leaky roofs—under the NDP: drip, drip, drip, drip when they were in government.

There is good news happening in schools all across the province, and I don't like to make predictions, but I think there's going to be some good news for Gimli too. *[interjection]*

Madam Speaker: What did everybody eat for lunch today? Must be the last day of session.

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

Post-Secondary Education Tuition Freeze Request

Mr. Wab Kinew (Leader of the Official Opposition): Well, I'll happily answer a question in question period. It was chicken, Madam Speaker.

And I just want to point out for the record that in just a few minutes here today we've managed to announce more of substance than the Premier did in his—an entire hour from the stage.

So I want to take this opportunity to thank our Education critic for his tireless advocacy on behalf of the kids in Gimli and the tremendous progress that is being made for education for young people in that fine community here in Manitoba.

Why don't we push it a step further? Why don't we get them to back off the tuition hikes that they plan for many years in this province to come?

Will the Education Minister stand with us today and commit to freezing tuition in the province of Manitoba next fiscal year?

Hon. Kelvin Goertzen (Minister of Education and Training): Well, Madam Speaker, there's a lot of contrast that's happening in Manitoba these days: optimism is going up in Manitoba; the NDP poll numbers are going down. We see schools in Manitoba, they're going up; when we talk about the Education critic, his credibility is going down.

We are the party that builds things. They're the mothball party. You know, we brought the building cranes back to the schools, Madam Speaker. It was extinct under the former government.

We are the party of optimism. We're going to keep building and they can continue to be the negative nabobs of negativity.

Regulatory Changes Public Consultations

Mr. Andrew Smith (Southdale): I'm proud to be part of a government that has taken a keen focus on protecting public safety while reducing red tape that is a burden to Manitobans, municipalities and our transportation industry.

Could the hard-working Minister of Instructure please inform the House about the new consultation tool our government is using for an-important regulatory changes for The Traffic and Transportation Modernization Act?

Hon. Ron Schuler (Minister of Infrastructure): Madam Speaker, I'd like to thank the member for Southdale for that fantastic question.

Our government is taking a leading role in modernizing the way government operates. For the first time—for the first time in the history of the province of Manitoba—we will undertake a 30-day online process of consultation on regulatory change. The new Manitoba Regulatory Consultation Portal provides the public online access to the proposed regulations, as well as the ability to submit comments and as part of our government's regulatory accountability initiative, the TTMA, or The Traffic and Transportation Modernization Act, dissolves the Highway Traffic Board and the Motor Transport Board and eliminates, Madam Speaker, 6,500 regulations.

Mental and Personal Health Information Request to Pass Legislation

Hon. Jon Gerrard (River Heights): Yes. Madam Speaker, yesterday the MLA for St. Boniface and I wrote to the Premier (Mr. Pallister) and the leader of the opposition to see if all parties could work together to pass Bill 5 today so that many Manitobans will be able to have a less anxious holiday season.

We have on occasion passed legislation like this where there's urgency and all-party agreement. The urgency here is that it will make an immediate difference to help individuals who come to our health-care institutions for assistance and are today being sent home without contacting members of their circle of care and without also ensuring a proper discharge plan.

Will the Minister of Health support our effort to have Bill 5 passed today?

Hon. Cameron Friesen (Minister of Health, Seniors and Active Living): Madam Speaker, in principle, I would thank the opposition parties for seeing the obvious merits of the bill brought by our government in respect of Bill 5, a bill that sets out to rebalance the conversation better in terms of our understanding of the need to preserve and safeguard personal information of patients, but on the other hand creating the ability for health providers to give notification to family members or others when they feel that someone's life could be in danger.

We're proud of this bill. We're proud of the process that it took to get to this bill's introduction, and we're thankful that others are seeing the merits of it, as well.

Madam Speaker: The honourable member for River Heights on a supplementary question.

Mr. Gerrard: Madam Speaker, I table today a letter from a mother whose son with a severe mental health condition was admitted recently to the crisis response centre. In spite of being told that he would not be discharged without the family involved and without a proper discharge plan, he was discharged in the last three days without the 'falmin'—family knowing ahead of time and without a proper discharge plan.

Today he was involved in a car accident.

Madam Speaker, it is to prevent deaths and to prevent injuries like this with this son that we are asking for all-party support for passing Bill 5 today.

Will the Minister of Health support our efforts to have Bill 5 passed today?

Mr. Friesen: Well, Madam Speaker, again, I thank the member for his enthusiasm for this bill.

I want to caution the member: this bill needs the proper time for the rules that will actually govern the education of the health-care providers.

* (14:40)

We're talking about a process by which new policy will be put in place where thousands of workers will be trained, changes in policy at the Department of Health, at every regional health authority and at Shared Health.

This is not a magic light switch that we turn on today, and this is a process that families with lived experiences have said is essential: the process to train.

We all want the same thing, but there's a safe way to get there, and I would caution the member that he's not auguring towards safety with the comments he's making.

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

Mr. Gerrard: Madam Speaker, I'm aware of four other cases in the last few weeks where individuals with major mental health issues, including being suicidal, were discharged or sent away from an emergency room without adequate contact with the family and without a proper discharge plan.

These families are now extremely anxious about their loved ones, certain of whom who are at very high risk of suicide. I plead with the Minister of Health to support the effort to pass Bill 5 today. We can do it with agreement and with leave and pass this magic light.

Do I have the Minister of Health's support in asking for leave to ensure we're able to pass Bill 5 today and very likely save lives?

Mr. Friesen: Madam Speaker, let's be clear: it's a false position that the member tries to advance. I caution him greatly on this matter. This is a reckless suggestion he makes.

The families with lived experiences say, you must get this right. They say it is essential to train people.

It would be the worst betrayal of Manitobans to pass a law in the Legislature and somehow pretend that we could stand up all the formal structures to support this new policy.

We need this policy in Manitoba to save lives. We must do this together. If the member is truly expressing support for the government's bill, he will be with us, and I would welcome his suggestions on how to advance more quickly the education of health-care workers in the system to help be successful overall.

Northern Patient Transport Funding Concerns

Ms. Amanda Lathlin (The Pas): Madam Speaker, we know that the Minister for Health put false information on the record when he said there have been no changes to the Northern Patient Transportation Program. The minister still hasn't retracted that information and today is his last day until next session to do so.

Will the minister retract the false information he's put on record, acknowledge the harmful cuts he's making and, most importantly, reverse those cuts?

Hon. Cameron Friesen (Minister of Health, Seniors and Active Living): Well, Madam Speaker, the first time the member alleged this she was wrong. Every time since that she has alleged this she's still wrong. She is no less wrong today than she was the first time.

The fact of the matter is the northern patient transportation system is essential for northern Manitobans to be able to reach appointments in the south on a semi-urgent and non-urgent basis. The fact of the matter is there has been policies and rules in place for years and years, and then, over time, some rules failed to be enforced.

Now, of course, the northern health authority is once again enforcing those rules to make sure that that program stays strong for Manitobans not just now, but long into the future.

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

Ms. Lathlin: As someone who has actually been through this program, I am not wrong about these facts I'm putting on record.

This government has cut over \$1 million from the Northern Patient Transportation Program and forced the NRHA to reduce the number of people who get flights under the Northern Patient Transportation Program.

We know that people in northern Manitoba on average die younger than other-than people in the rest of our province. We also know that reducing coverage for travel means that patients may not seek care as

often or as early, resulting in even worse outcomes for northern Manitobans.

Will this government reverse the cuts they've made to the Northern Patient Transportation Program?

Mr. Friesen: Madam Speaker, the government's plan for health care is better care sooner for all Manitobans, and there is more and more evidence that that is happening in our system with reduced wait times in emergency departments, reduced wait times for MRIs, reduced wait times for people waiting for personal-care homes.

While the members on the other side chirp, they know these things to be true. Madam Speaker, we're making progress. We're not there yet.

I want to take this opportunity, on behalf of the entire government and the Premier (Mr. Pallister), to wish all the members of this Assembly and the clerks and the Sergeant-at-Arms and staff a very merry Christmas, a peaceful holiday season, and we'll—intend to engage again on these important issues in the new year.

Madam Speaker: The time for oral questions has expired.

Speaker's Statement

Madam Speaker: I have a statement for the House.

As the House is expected to adjourn later today for our winter break and as Youth Parliament will be using the Chamber later this month, I would encourage all honourable members to remove the contents of their desks today.

I would further encourage members to recycle as much of the material as possible. The blue bins here in the Chamber are designated for recycling of Hansard only. Any other material you would like to recycle may be placed in the larger recycling containers in the message rooms located just outside the Chamber.

Thank you.

PETITIONS

Addictions Services— Brandon and Western Manitoba

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

The background to this petition is as follows:

(1) Addictions are a health and social problem that require co-ordinated responses from the health-care, social services, education and justice systems.

(2) It is well known that the number of people addicted to alcohol, drugs and other substances is on the rise in Manitoba, with a notable increase in the use of 'methamphetamine' and opiates, two highly addictive—[interjection]

Madam Speaker: Order.

Mr. Allum: —and very destructive drugs.

Between April 2015 and April 2018, drug abuse—[interjection]

Madam Speaker: Order.

Mr. Allum: —and alcohol abuse were two of the top three risk factors identified by the community mobilization Westman HUB when dealing with persons with acutely elevated risk.

(4) Recent Brandon Police Service annual reports show a steady increase in calls for service for crimes against property and person.

(5) In Brandon and western Manitoba, individuals seeking addictions treatment and the families trying to help them do not have local access to the services or supports they need.

(6) There is no publicly available, centralized list of addictions facilities in Manitoba.

We petition the Legislative Assembly of Manitoba as follows:

(1) To request that the provincial government consider establishing a cross-departmental team to provide leadership on a culturally appropriate, co-ordinated response to the growing addictions crisis in our province that includes an aggressive, widespread education campaign on the dangers of using 'methamphetamine' and opiates, along with addictions education for front-line medical staff in health-care facilities.

(2) To request that the provincial government consider providing additional addictions services in Brandon and western Manitoba across the continuum of care, including acute response, detoxification, long-term rehabilitation, transitional housing and support for managing co-occurring disorders.

(3) To request that the Minister of Health, Seniors and Active Living consider establishing a publicly

available inventory of all addictions facilities in Manitoba.

(4) To request that the Minister of Health, Seniors and Active Living consider providing supports for the families of people struggling with addiction, including counselling, patient navigation and advocacy, and direct access to free naloxone.

Madam Speaker, this petition is signed by Rosa Hutchings, Colleen Langlois, Steve Noctor, and many other Manitobans.

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

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

The background to this petition is as follows:

Addictions are a health and social problem that require co-ordinated responses from the health-care, social services, education and justice systems.

(2) It is well known that the number of people addicted to alcohol, drugs and other substances is on the rise in Manitoba, with a notable increase in use of methamphetamine and opiates, two highly addictive and very destructive drugs.

(3) Between April 2015 and April 2018, drug abuse and alcohol abuse were two of the top three risk factors identified by the community mobilization Westman HUB when dealing with persons with acutely elevated risk.

(4) Recent Brandon Police Service annual reports show a steady increase in calls for service for crimes against property and person.

(5) In Brandon and western Manitoba, individuals seeking addictions treatment and the families trying to help them do not have access—local access to the services and/or supports they need.

(6) There is no publicly available, centralized list of addictions facilities in Manitoba.

We petition the Legislative Assembly of Manitoba as follows:

(1) To request that the provincial government consider establishing a cross-departmental team to provide leadership on a culturally appropriate, co-ordinated response to the growing addictions crisis in our province that includes an aggressive, widespread education campaign on the dangers of

using methamphetamine and opiates, along with addictions education for front-line medical staff in health-care facilities.

(2) To request that the provincial government consider providing additional addictions services in Brandon and western Manitoba across the continuum of care, including acute response, detoxification, long-term rehabilitation, transitional housing and support for managing co-occurring disorders.

(3) To request that the Minister of Health, Seniors and Active Living consider establishing a publicly available inventory of all addictions facilities in Manitoba; and

(4) To request that the Minister of Health, Seniors and Active Living consider providing supports for the families of people struggling with addiction, including counselling, patient navigation and advocacy, and direct access to free naloxone.

This petition was signed by Wayne Kozak, Michelle Horn, Eva Graham and many more.

Vimy Arena

Hon. Steven Fletcher (Assiniboia): I wish to table the following petition to the Legislative Assembly.

The background to this petition is as follows—the background of this petition is as follows:

(1) The residents of St. James and other areas of Manitoba are concerned with the intention expressed by the provincial government to use the Vimy Arena site as a Manitoba Housing project.

(2) The Vimy Arena site is in the middle of a residential area near many schools, churches, community clubs and senior homes, and neither the provincial government nor the City of Winnipeg considered better suited locations in rural, semi-rural or industrial sites such as the St. Boniface industrial park, the 20,000 acres at CentrePort or existing properties such as the Shriners Hospital or the old Children's Hospital on Wellington Crescent.

(3) The provincial government is exempt from any zoning requirements that would have existed if the land had been owned by the City. This exemption bypasses community input and due diligence and ignores uses for the land that would be consistent with a residential area.

(4) There are no standards that one would expect for a treatment centre. The Minister of Health, Seniors and Active Living has stated that the Department of Health had no role to play in the land acquisition for

this Manitoba project for use as a drug addiction facility.

(5) The Manitoba Housing project initiated by the provincial government changes the fundamental nature of the community, including park and recreational uses, concerns of the residents of St. James and others regarding public safety, property values and their way of life are not being addressed.

(6) The concerns of the residents of St. James are being ignored while obvious other locations in wealthier neighbourhoods, such as Tuxedo and River Heights, have not been considered for this Manitoba Housing project even though there are hundreds of acres of land available for development at Kapyong Barracks or parks like Heubach Park that share the same zoning as the Vimy Arena site.

(7) The Manitoba Housing project and the operation of a drug treatment centre fall outside the mandatory mandate of Manitoba Housing renewal corporation.

(8) Provincial government does not have a co-ordinated plan for addiction treatment in Manitoba as it currently underfunds treatment centres which are running far under capacity and potential.

(9) The community has been misled regarding the true intention of Manitoba Housing as the land is being transferred for a 50-bed facility even though the project is clearly outside of Manitoba Housing responsibility.

We petition the Legislative Assembly of Manitoba as follows:

(1) To urge the provincial government to take the necessary steps to ensure the Vimy Arena site is not used for an addiction treatment facility; and

(2) To urge the provincial government to take the necessary steps to ensure the preservation of public land along Sturgeon Creek for the purposes of park and recreation activities for public use, including being an important component of the Sturgeon Creek Greenway Trail and Sturgeon Creek ecosystem under the current designation of PR2 for 255 Hamilton Ave. located at the Vimy Arena site, and to maintain land to be continue to be designated for parks and recreation active neighbourhoods, communities.

This petition has been signed by many Manitobans.

Madam Speaker: Further petitions?

Flin Flon General Hospital Obstetric Services

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

The background to this petition is as follows:

(1) Access to quality health care is a fundamental right of all Manitobans no matter where they live.

(2) The Premier has slashed budgets and cancelled projects for northern communities, making it harder for families to get the primary health care they need.

(3) The budget for the northern regional health authority has been slashed by over \$6 million which has negatively affected doctor retention programs and the Northern Patient Transportation Program.

(4) With limited services in the North the Premier is forcing families and seniors to travel further for the health care they need.

(5) On November 6, 2018, the northern regional health authority announced that obstetric delivery services at the Flin Flon General Hospital would be suspended with no 'discussing'-discussion regarding when they will be reinstated.

(6) The result of this decision is that mothers in Flin Flon and the surrounding area will have to travel at least an hour and a half to The Pas, creating unnecessary risk for mothers and their babies.

* (15:00)

(7) The people of Flin Flon are concerned for the health and safety of mothers-to-be and their babies, including the extra physical and financial stress that will be placed upon them by the decision of the provincial government.

(8) There has been no commitment from the provincial government that mothers and their escorts who have to travel to The Pas will be covered by the Northern Patient Transportation Program.

(9) Flin Flon General Hospital is a regional hub that serves several communities on both sides of the Manitoba-Saskatchewan border.

(10) Because this provincial government has refused to invest in much-needed health-care services in The Pas, the hospital in The Pas may not be able to handle the extra workload created by this decision.

We petition the Legislative Assembly of Manitoba as follows:

To urge the provincial government to reinstate obstetric delivery services at Flin Flon General Hospital and work with the government of Saskatchewan and the federal government to ensure obstetric services continue to be available on a regional basis.

And this petition, Madam Speaker, has been signed by Julie [*phonetic*] Chambers, Donna Coles, Theresa Edelicure [*phonetic*] and many other Manitobans.

Madam Speaker: Further petitions?

GRIEVANCES

Hon. Steven Fletcher (Assiniboia): Madam Speaker, I'd like to bring forward a grievance.

I gather I can do that right off the bat?

Madam Speaker: Yes, the member is welcome to proceed.

Mr. Fletcher: Madam Speaker, this afternoon I'd like to raise a grievance. It touches on money, conflict of interest, addictions, political parties and just accountability in general.

But first, I'll just make the observation that the economic plan that was announced this afternoon was basically an announcement of a committee to look at more committees to look at the economy, which is basically an indication that government has no plan to deal with the economy.

Committees are places where ideas go to die, and the fact that two years into the mandate the Province does not have a plan, not even a common sense plan, is disturbing. The—and we'll take the mining industry, for example. We were—they had a committee. They announced that they were—had a—they were going to have a task—or a committee to do consultations and then they announced the chair of those—and we still haven't heard anything from that group. But today we heard there's going to be a committee that will be a part of a committee to look at a committee. You know, like, it—just ridiculous.

That's not—committees are not economic development. They're employment for MLAs and civil servants. Civil servants are great. I don't wish the—a committee on anyone, especially those who don't have a choice. So thank you to the civil servants for doing it. Too bad the MLAs are making them because nothing's going to come out of it.

Madam Speaker, the issue I'd like to raise in a large brush strokes is conflict of interest—conflict of

interest of government MLAs and how it manifests itself. And why it is—why I've been raising this over and over and over again. In fact, I even introduced a comprehensive piece of legislation, 35 pages, based on Saskatchewan's model as a possible framework several years ago to get it started. Nothing from the government.

Then the Conflict of Interest Commissioner comes out and says, oi, here; I have 83 recommendations, and Fletcher was right, the legislation in this place is terrible on this issue. And that was in June.

We were promised that there would be legislation this fall. Still nothing. I brought forward resolutions on this. Nothing, nothing, nothing.

So why is this important? Well, let's give a concrete example.

We all know addictions is a crisis. There is no debate about that. But what is being done about it? Well, the answer is nothing, because there is no plan. There are no regulations. There's no inventory of what's available. I—it's—that—addictions doesn't even fall under Health; it falls under Families, and this is an important distinction, Madam Speaker.

And in my riding there is a parcel of park and recreation land. This land is being said going to public tender as is the City of Winnipeg policy. There's a loophole that this government and the MLA from Kirkfield Park initiated that forces the City to sell this piece of land in the middle of a recreational area to the Province. It's worth millions of dollars. So this land is going to go to the Province and it's going to go to the Manitoba Housing renewal corporation, and this province is forcing the City to sell it for \$1—it's worth millions, but for a \$1. So this beautiful piece of land—which is on Sturgeon Creek by the way, one of the few urban waterways that we have in Winnipeg, and it's been part of the community since before Unicity—is going to Manitoba Housing renewal corporation, and for what? Well, we're told that now after much searching that it's going to go to an addiction rehab facility. Really, in the middle of a residential area?

Now, we have proponents who say, oh, yes, well, we're basing it on some place in Calgary, and that is—it's in a residential place in Calgary. Well, no, it's not. It's false. That's wrong. If the government had done its due diligence they would know that, but they didn't.

I went there myself. It's not in—it's in Calgary's largest industrial park. The government still is insisting and so is the City of Winnipeg, because the Province is

making them and the Province is really the City's boss the way the constitution works.

Then you go to, well, how is this possible? Well, turns out that this foundation, Bruce Oake Foundation, has—is well connected. In fact, Scott Oake, the major proponent of this, raises money—helps raise money for the PC Party in Manitoba at their annual fundraisers not once, but at least twice; and once was during a hockey game where he was broadcasting from Nashville onto big screens in the middle of the convention. Who paid for that? Was that Rogers Communications that paid for that? Sports staff? The PC Party? Well, it probably wasn't the PC Party.

Now, if you go to—*[interjection]*—well, who raises this money for the PC Party? Oh, it's the chair of a law firm called MLT Aikins. So the chair of MLT Aikins and Scott Oakes raised money for the PC Party of Manitoba. Scott Oake is the proponent for this Bruce Oake Foundation project in the middle of a residential area. No other land was considered. No other provincial assets were considered, like the old Shriner's Hospital, or Kelsey in Pinawa, or the old hospital at Pelican Lake? No, it was just this one location for a dollar.

* (15:10)

The Bruce Oake Foundation, PC Manitoba all have something in common, and that is their legal representation is MLT Aikins. So I am going to be submitting to the Auditor General a letter of complaint about the connection between the PC party, the Bruce Oake Foundation, Scott Oake fundraising for the PC party, and the PC party, through the government, initiating sweetheart land deals worth millions of dollars and MLT Aikins.

MLT Aikins seems to have been weaponized, directly or indirectly, by the government. Not only do they represent—or lawyers on the—in MLT Aikins represent the government in many situations, they have close ties to the government which would explain why they went over the top when I brought up the last time about conflict of interest, about Delta 9 going up.

Substantially, the cannabis company shoots up. Well, why did it do that? Well, in good merit, but who else knew? Anyone in government? Well, we'll never know. Because you could make a lot of money on that.

So this ends up hurting the whole addictions plan. And why is there for-profit Bruce Oake realty foundation, Madam Speaker, under the same name? I have here four copies of scores of documents, which I'd like to table right now—

Madam Speaker: The member's time has expired.

ORDERS OF THE DAY

(Continued)

GOVERNMENT BUSINESS

Hon. Kelvin Goertzen (Government House Leader):

Could you please call, this afternoon, second reading debate on Bill 5, The Manitoba Health Amendment and Personal Health Information Act; followed by Bill 4, The Public Sector Construction Projects (Tendering) Act; followed by Bill 2, The Municipal Amendment Act (Strengthening Codes of Conduct for Council Members); followed by Bill 3, the municipal gaming and cannabis control amendment act (cannabis social responsibility fee); followed by Bill 7, The Highway Traffic Amendment Act (Immediate Roadside Prohibitions); and finally, to end the day, Bill 6, The Statutes Correction and Minor Amendments Act, 2018.

Madam Speaker: It has been announced that the House will consider second reading of Bill 5 this afternoon, followed by second reading of Bills 4, 2, 3, 7 and 6.

Hon. Jon Gerrard (Second Opposition House Leader): So I—Madam Speaker, I—

Madam Speaker: We will move then to the first bill. I had been of the understanding that the member for River Heights (Mr. Gerrard) was going to bring something up—okay, then.

The honourable member for River Heights.

Mr. Gerrard: I ask, could you please canvass the House for agreement to not see the clock until Bill 5 proceeds through all remaining stages of the bill process today, including: (1) second reading of Bill 5 immediately; (2) following second reading, immediate referral of Bill 5 to the Standing Committee on Legislative Affairs, with leave to sit concurrently with the House; (3) when the committee rises, the Chairperson will report to the House immediately; (4) following the committee report, any members with potential report stage amendments would file them immediately with the Clerk, with the understanding that the amendments would be distributed and debated immediately; (5) following report stage, or if report stage does not occur, immediate concurrence and third reading of Bill 5; (6) following the vote on concurrence and third reading, royal assent?

Thank you.

Madam Speaker: Is there leave to not see the clock until Bill 5 proceeds through all remaining stages of the bill process today, including: (1) second reading of Bill 5 immediately; (2) following second reading, immediate referral of Bill 5 to the Standing Committee on Legislative Affairs, with leave to sit concurrently with the House; (3) when the committee rises, the Chairperson will report to the House immediately; (4) following the committee report, any members with potential report stage amendments would file them immediately with the Clerk, with the understanding that the amendments would be distributed and debated immediately; (5) following report stage or if report stage does not occur, immediate concurrence and third reading of Bill 5; (6) following the vote on concurrence and third reading, royal assent will occur.

Is there leave?

An Honourable Member: No.

Madam Speaker: Leave has been denied.

SECOND READINGS

Bill 5—The Mental Health Amendment and Personal Health Information Amendment Act

Madam Speaker: We will therefore move to second reading of Bill 5, The Mental Health Amendment and Personal Health Information Amendment Act.

Hon. Cameron Friesen (Minister of Health, Seniors and Active Living): I move, seconded by the Minister of Education, that Bill 5, The Mental Health Amendment and Personal Health Information Amendment Act; Loi modifiant la Loi sur la santé mentale et la Loi sur les renseignements médicaux personnels, be now read a second time and be referred to a committee of this House.

Motion presented.

Mr. Friesen: Madam Speaker, I am honoured today to rise and to put some statements on the record in respect of Bill 5, The Mental Health Amendment and Personal Health Information Amendment Act. As members of the House understand, these are very meaningful measures that seek to rebalance some existing provisions in The Personal Health Information Act and The Mental Health Act that right now restrict people in authority, in positions of medical expertise, from being able to take steps that they think would be reasonable to prevent harm when someone is being discharged from a hospital and in those rare cases where they feel that the individual may be of danger to either themselves or to others.

Madam Speaker, the way the rules right now read in Manitoba, it sets a standard and basically says that there must be a serious and immediate threat to the health or safety of the information in order to allow a trustee to disclose personal health information without the consent of that individual. What it has proven out in practice is that this bar, this threshold where it is placed right now, is too high. It is not reasonable, because in too many cases it has meant that someone has left a facility at discharge, has presented what people could have seen as a threat to themselves, but they felt that they did not have the ability, they did not have the authority, they did not have the legal framework in which they could respond to be able to make that call to a family member, to a spouse, to a caregiver, to a loved one, to someone else in their social circle. And we know in Manitoba that, absent that call being made, there has been tragedy.

And, Madam Speaker, I cannot help, today, as we discuss this matter, to think about Bonnie Bricker. And I think that only two days ago. Bonnie sat right there in the gallery, and she was present for the first reading of this bill. And for those Manitobans who may, in posterity, look back at this report later, many of them may not know the Bonnie Bricker story or the Reid Bricker story, but they often know the details of that story, that Bonnie's son, Reid, after struggling with mental health issues for years and years and being in and out of the emergency departments and in and out of treatment, was actually discharged from hospital in the middle of the night and took his own life.

Mr. Dennis Smook, Acting Speaker, in the Chair

And Bonnie did what a mother would do, and that is, she grieved. And I can't imagine the loss. I just can't imagine the profound sense of loss.

But then she pivoted and has become a powerful advocate and a powerful voice in discussions around how we prevent this from happening again.

* (15:20)

So my first thanks go to Bonnie Bricker for being a tireless advocate for these issues. Her work with the Mood Disorders Association of Manitoba, her work in the Legislature, her work with my predecessor, the former minister for Health, Seniors, and Active Living—whose name I cannot say, but we all know he's the member for Steinbach (Mr. Goertzen)—we know that her engagement was with that member and other members in this House, to be sure. And Bonnie should know that it is largely her tireless advocacy that gets us to the point we are today. So I thank her. I thank the

former minister of Health, who really shepherded these efforts in his previous role to get this bill to the place where it could be introduced, and I thank members in this House today for what are initial and tacit acknowledgements that they see the merits of this bill. They see the strengthening of what this bill is trying to do. And so I'm glad to have the debate on this bill.

Mr. Deputy Speaker—Mr. Deputy Speaker? Yes—I want to make—*[interjection]* oh, the Acting Speaker—Mr. Acting Speaker, I want to make clear that we believe that the changes that would be incorporated in these amendments are reasonable. We believe that while we always seek perfection in this place, they, at least, at the very least, they move the needle more towards a position of balance. We understand, as a government, and we all must all understand as legislators, our solemn duty to protect the health information of Manitobans who are seeking health care. And we get that. We understand it. And we know in the past, governments have not always gotten that right. We seek through technical ways, we seek through good policy, we seek through legislation and statute to be able to do that right.

On the other hand, though, we need to be reasonable, and in Bonnie Bricker's words, she's talked about the phenomena that she calls PHIA phobia, where people will refuse to do the right thing and citing the fact that they believe there's probably a legal obstacle that prevents them. And I'm not saying that there's any ill will in these cases. I'm not saying that this is an individual in a position of authority who doesn't want to do the right thing. It's because they honestly believe there could be recourse. They honestly believe they expose themselves professionally. They honestly believe that they could come under scrutiny by their professional organization through that college and through a disciplinary process because somehow they'd be held accountable for rules that they don't fully understand.

And I stop here, Mr. Acting Speaker, because this is important for us to understand today. The rules around personal health information in Manitoba are confusing. They can be onerous, and for too long in this province, we have seen the unintended consequences when people with either an imperfect understanding of these rules or an imperfect understanding of their application find themselves caught and Manitobans suffer as a result. I say this because even today there are some who are saying to us, rush this bill through. Rush it through today. We'll give you our support. I want to leave this as a placeholder and return to this thought in just a bit.

There is an important process that will ensue if we can pass this bill in the Legislature. And we need to hear this bill. We need to hear it at second reading. I'm interested in hearing the views of other parties on what we believe are reasonable amendments. We are interested in the public ability to state their case. We know that in this Manitoba Legislature, we have among the most accommodating rules to hear the public at the committee stage in respect of any bill. And we have a duty here to hear from the public. Because I can tell you, Mr. Acting Speaker, we do not have unanimity in this province. We have even now some suggesting that maybe this bill will in some cases have a result where someone discloses personal health information who shouldn't have. Maybe under these new rules, and the new rules basically being, substituting the old language around immediate threat of harm and substituting instead, the risk of serious harm. And even then, perhaps someone doesn't get it right. Maybe they don't make the threshold. Maybe something that gets disclosed and really there wasn't a case. Well, it's going to be important for us to understand and to be able to convey out what recourse would look like for those individuals who would want to raise that view. And that would be the right of individuals to raise the view if they felt that their health information had not been duly—or supported and protected, as is their right.

So we have to have that discussion at committee, and then we've got to hear third reading as well. The stages of bill consideration in the Manitoba Legislature are there for a reason. And today the member for River Heights (Mr. Gerrard) says, throw out the rules; in this case, we don't need that full process.

Now, there is a way, of course, we understand—and the Clerk of this Legislature would be quick to remind me if I didn't get this right—that we have a way to accelerate these rules in certain instances, as we do for things like interim appropriations on bills or sometimes in the budget implementation and tax statutes act. And in those cases, there are accommodations we can make to make the stages of a bill's consideration run faster.

Is that, in this case, profitable for the overall aims we are trying to achieve? It is the view of the government that any attempt to short-circuit the process that we would—engaged in here would not serve Manitobans, would not serve the safety of Manitobans.

So, Mr. Acting Speaker, to be clear, we want to, of course, provide amendments to two acts, The Mental Health Act and The Personal Health Information Act,

to basically exchange this language in both cases and to relocate that threshold for disclosure by a trustee to someone else, essentially using someone's private health information, but creating a warning to—creating a call out, using it to contact someone and saying, this person may not be safe when they're discharged; would you please do something? We wanted you to be aware.

Bonnie Bricker said that in the case of their family it would have made the difference.

And we'll do that for both of these acts with support of other legislators in this place.

I would want to make very clear that these amendments are consistent with legislation right now in place in Ontario, in New Brunswick, in Prince Edward Island. We are not the first. It was important for us to look at other jurisdictions to see what they had done. We have done our homework, Mr. Acting Speaker. We have done our due diligence, and we believe that we have the support of families with lived experience. We believe that we are consistent with other jurisdictions who are also recognizing some unintended consequences of personal-health-information rules that do not always serve the aims of the public.

We are attempting here to strike a balance between the autonomy and privacy of individuals and the need to take steps to prevent serious harm from happening to people who are vulnerable and who are in a vulnerable state. And that's why we want to bring these changes.

Mr. Acting Speaker, I would want to finish by coming back to what I used as a placeholder before: why not rush today? I believe as this afternoon goes on, the member for River Heights (Mr. Gerrard) will say that we have an opportunity today to rush, and he will say—or, he may say that the government is putting in danger people by not rushing. I think that this is exactly the opposite of what is actually the case, and here's why.

Mr. Acting Speaker, there is no magic switch that we are going to flip on by a proclamation of this bill, even if we could reach Her Honour the Lieutenant Governor. The fact of the matter is, when it comes to this bill, what these provisions would do if passed would be to enable a process of education to take place. There are some very considerable steps that must be undertaken.

If I was a health provider in Concordia or in Grace Hospital or in the Health Sciences Centre or in Bethesda hospital or in Boundary Trails hospital or in Selkirk, and tomorrow, someone said, quick, all the

members of the Legislative Assembly passed this provision; you now have this authority, go use it. What am I going to say? I'm going to say, what is this new authority that I have? Am I protected as a health administrator, as a nurse, as a doctor, as a psychologist? When do I use these provisions? What is the threshold for me to determine? Do I talk to somebody before I make a call? Whose information am I looking at to make a call? Am I contacting a husband or wife or significant other? A child? Where do I look for the information that I am seeking? How do I record the steps I've taken to contact that individual?

* (15:30)

What are my legal protections? What are my protections within my professional associations? How will my labour organization be able to protect me from false charges later?

Mr. Acting Speaker, clearly, we can see from even the questions that I could recite off the top of my head that there's going to need to be significant education undertaken. We must plan. We must do this well.

I would want to make clear that Bonnie Bricker and other families with lived experience have said that the education of health professionals will be essential to the success of this measure that we've brought in Bill 5. These people have pointed to these provisions and said, you've got to get it right.

And, Mr. Acting Speaker, it's going to mean time. Here are the practicalities: it is three weeks until Christmas and right now we know that hospitals are busy. We know that in the winter, flu season starts. We know that emergency rooms are busy even though that this government is cutting emergency department wait times, and CIHI and other authorities are now signalling that. We still know that hospitals are busy. People take vacation and there is—in terms of the scheduling rotations done in hospital, there is substitution that is done this time of year.

Imagine the challenge that this will be to train, and train we will. I want to be clear of this; train does not need to happen subsequent to the passing of this bill. We will start now. But on the introduction of this bill, now we can start, now we can start the training.

Here's what it looks like. In the WRHA we know already that protocols have been revised in the spirit of these proposed amendments to support greater family engagement and information sharing. But we need to do so within the bounds of this legislation. Now that we know what the legislation says, we can predicate those changes.

We also know that steps have been taken in the last number of years to strengthen the discharge protocols. I would like to think that a Reid Bricker situation could never happen again in this province. I believe that we would be naive to think so. People are well-meaning, mistakes get made and assessing someone at discharge is a difficult, difficult job to do. And I don't envy the people who do that job every day, but they do it willingly, they do it professionally and they want to do it to the best possible way they can. And it would be a mistake to pretend otherwise.

So what we need to do from this starting point is we need to again revise emergency discharge protocols. We need to develop education material on protocols and legislative amendments for implementation should this legislation pass. We need to have the WRHA and every RHA collaborating with patients' families and other stakeholders as they develop this documentation, materials that we would share.

We need to make sure that if WRHA is the starting point, that there is a way to cast this good work around to other RHAs. And we need to make sure that RHAs have submitted their plans for education, that the Department of Health has policy reflecting its expectations of RHAs in line with the amended legislation. And that's going to include drafting and awareness requirements and communication standards at discharge, transparent client and family issue escalation and resolution processes. All these things are necessary. They are not impossible and they don't need to take years.

As the Minister of Health, I give my commitment that we will do this as quickly and as efficiently in the best interests of the patients and those who will make these difficult determinations about when to contact and when not to. But we need to do it safely. And that is why today, I reject the claims of the member for River Heights who would assert that somehow today is the day we should rush. Today is the day we should go around the rules. Today is the day we should not give consideration to this bill.

I believe that Manitobans see these as significant efforts to move to a better conversation on personal health information and its safeguarding, and we will get there. As a government, my Premier (Mr. Pallister), our government, other Cabinet ministers have expressed a fidelity to this commitment of improving personal health information and the sharing, and we've already taken steps to do so. But now is the time to get it right. Now is the time to take

the time that it will take, to take the time that family members with lived experiences say it will take—to take the time that, clearly, our system understands will be necessary.

Here's my other commitment: If we have all-House agreement on this issue to pass this bill, let us agree, as parties, to get collaboration and to get agreement that when this House sits again in February or in March or whenever the House sits in the spring session, let's prioritize this bill; let's get it into third reading. If we can be successful today, why don't we agree to pass second reading today? And that allows us to leave this House at Christmastime and contemplate a committee hearing as early as December or January. I believe that in discussions with the House leader we could find agreement with other House leaders on that issue.

Let's accelerate the committee stage. Let's tell Manitobans about it. Let's get back in this House in spring, and, if we can do it the first day, let's pass this bill. I believe by that point in time we should be at a stage where either we can turn that switch on to be able to make this go live, or be very, very close to doing it.

These are the comments I want to put on the record. I thank everyone for their co-operation. I invite a conversation that is centred not around politics, but a conversation that is centred around how to improve personal health information.

Let us all endeavour to work together so that we remember names like Reid Bricker, but we don't have to keep adding to the list of those who were released and it wasn't appropriate and something tragic happened. Let's stand for something better. We believe that this bill is the path forward.

The Acting Speaker (Dennis Smook): Before we move on to question—or I'd just like to indicate to the House, on record, that the unlimited speaking time for this—for the Leader of the Official Opposition (Mr. Kinew), on Bill 5, has been granted to the honourable member for Minto (Mr. Swan).

Hon. Jon Gerrard (River Heights): Mr. Speaker, I have a question.

Questions

The Acting Speaker (Dennis Smook): A question period of up to 15 minutes will be held. Questions may be addressed to the minister by any member in the following sequence: First question by the official opposition critic or designate; subsequent questions asked by critics or designates from other recognized opposition parties; subsequent questions asked by each

independent member; remaining questions asked by any opposition members, and no question or answer shall exceed 45 seconds.

Mr. Wab Kinew (Leader of the Official Opposition): I do want to thank the minister for the chance to speak today. I wasn't sure whether anyone else was going to get the chance to speak, but we do appreciate the time here today.

Just diving right into the substance of the bill here. The change that's accomplished here in moving from, like, the immediate threat to a somewhat softer standard, I think within, then—within that contains, like, a little bit more subjectivity in terms of the discretion that a medical director or a trustee would be able to exercise.

I'm wondering if there's any plans in policies or rules to be developed under this to provide greater clarity for either the medical director or the trustee. Again, there is some question of subjectivity. I'm just wondering, how does the Minister of Health plan to address that?

Hon. Cameron Friesen (Minister of Health, Seniors and Active Living): I thank the leader of the opposition for his question. And he is correct that in lowering that threshold just a bit to get—to still keep it at risk of reasonable or serious harm, we then are interjecting with a little bit more discretion, and so, then, that discretion means that we must define who are those agents who are acting to undertake this work. That is the work that will be done by each regional health authority that will develop a plan to say who will be the agent who undertakes this responsibility, what will be the guidelines, what will be the policy, and then those plans will be submitted for consideration by the department and the minister.

* (15:40)

Hon. Jon Gerrard (River Heights): Yes, Mr. Speaker, I appreciate the minister's enthusiasm for the bill. The question of how quickly it could be implemented is certainly there.

But I just want to put on the record that the minister could have worked with others and passed this today and had an implementation date when he deemed that it was ready. So he did have another option to the one that he's proposed.

And I'm just going to ask the minister to put on the record, why did he not choose the option of passing it

today and then implementing it at the time of his control?

Mr. Friesen: Because I value the democratic process. While we have some degree of consensus here in the House, support for the bill in this current form is not unanimous. We have heard from some who are concerned, and they want the opportunity to speak on how they would be able to have recourse if they felt that somehow their information—health information was wrongly used. Committee stage will allow us to do that.

This member is advocating to curtail public committee. I don't stand in favour of that, but I would stand in favour of seeing this bill passed at second reading to enable a sooner committee and maybe his co-operation to see this bill passed as soon as the House sits in the spring.

The Acting Speaker (Dennis Smook): The honourable leader—the leader of the opposition—*[interjection]*—official opposition.

Mr. Kinew: It makes no difference to me what you call me, Mr. Acting Speaker. Him only. Him only. Everyone else in this place, continue referring to me by my official title. Let the Hansard record that.

I do want to follow up on the previous line of question that I directed at the minister. So, once the RHAs submit these plans to the government, I'm curious as to which steps the minister and his department will take, (1) to ensure that there's no gaps between the different RHAs, that it's a similar standard around privacy and other considerations that's being implemented there and whether the department has any of its own criteria that they'll be using to evaluate these plans once they are submitted from the RHAs.

Mr. Friesen: I thank the member for the question. Yes, there will be expectations of RHAs. There needs to be consistency with the plans themselves. There needs to be consistency with the amended legislation to be drafted. There needs to be components of education and awareness. There needs to be establishment of clear communication protocols at the time of discharge and transparent client and family issue escalation and resolution processes. These are all things that we will measure these plans against. And I can tell the member this was also—this is also consistent with the approach taken in other jurisdictions.

Hon. Steven Fletcher (Assiniboia): I appreciate the bill, and I also appreciate the member for River Heights' suggestion to get it passed quickly.

My question to the minister is, we have an addictions crisis. Addictions are often associated with mental health, many people are dying from addiction, which suggests it's also mental health. And how do we tie these things together with this bill applied to those with addiction as well to prevent people from ending their lives with drug overdoses and issues of that sort?

Mr. Friesen: I thank the member for the question. And he's correct; there is an indisputable connection between mental health issues and addictions that often reveal themselves in visits to emergency departments as well. It's why we're increasing treatment in this province. It's why we opened additional treatment beds at Health Sciences Centre. It's why we recently opened additional women's treatment beds at AFM at their Winnipeg campus, and it's why we opened five Rapid Access to Addictions Medicine clinics. Clearly, this bill will help in some respects, as well, because it's going to create a better framework for discharge, and we want to prevent tragedy with that. But, as the member says, these issues around addictions are very challenging for everyone.

Mr. Kinew: So I'm sure we could always come up with different scenarios which might challenge the bounds of any proposed legislation, but one that occurs to me in relation to this bill is, perhaps, a scenario wherein a patient would not want information disclosed for an important reason. Perhaps it's a domestic violence situation, perhaps there's an abusive situation within a family wherein somebody in a mental health crisis would not want information to be shared.

I'm wondering if the minister can talk about—since most of this bill deals with granting permission to disclose information—what sort of safeguards or regulations will be put there so that a medical director or a trustee might not disclose information to a party where it might be harmful to the patient.

Mr. Friesen: The Official Opposition Leader raises a good point. It's one that has been contemplated.

Of course, we don't want to inadvertently have trustees disclosing information to persons who that individual would not want information disclosed to. And we've looked at other jurisdictions, as well, to see what our approach should be here.

Oftentimes, that contact person is someone that's actually been declared by the individual themselves. So, in this case, no individual would be declaring in their personal health information file the name of someone that they wouldn't want to have contacted.

We will have to work out the fine detail of how this works in terms of getting this right, in terms of what we're soliciting from—information from the patient at discharge and what we already have in the file. We need to look at this. But the member's question again also reinforces my point that this is going to take time.

The Acting Speaker (Dennis Smook): The minister's time has expired.

Mr. Fletcher: Thank you, Mr. Chair—

The Acting Speaker (Dennis Smook): Sorry, the honourable member for River Heights (Mr. Gerrard).

Mr. Gerrard: While this legislation is proceeding—and on our side, we're certainly ready to pass this to second reading today, but I can't speak for others—what I would ask the minister is what is the interim plan. There are clearly individuals being released from emergency rooms, from the CRC and other institutions without the proper discharge plans.

Will the minister work to beef up the process and make sure that individuals who are suicidal are not released without a discharge plan, and with some immediate support?

Mr. Friesen: I think it's important for us to recognize that not every single person who is discharged from a health facility under The Mental Health Act is at danger to themselves. So it's at—it's important to, at first, acknowledge that.

The member knows and should be made aware of the fact that protocols for discharge have been strengthened even in the last number of years, but even more recently. And they—the protocols are actually now again being strengthened, even in anticipation of the passage of this bill. So this thing's—in place. None of us can say with a full guarantee that there won't be an incident at any time in the system. We'd love to believe that, but our job is to continue to create better and better frameworks to do what we can.

Mr. Fletcher: A dear friend of mine from high school recently lost her husband. He went to Grace Hospital in a bad state of mind. I believe he had an addiction issue.

He was suicidal. He let the people at Grace Hospital know that, but they turned him away. Sent him home. And three days later, he was dead. So he wasn't discharged; he was just turned away.

* (15:50)

Like, how does your bill deal with those kind of situations where they may not be admitted, but they still need—you know, the family should know. It was a loving family.

The Acting Speaker (Dennis Smook): The member's time has expired.

Mr. Friesen: I thank the member for sharing that personal story. I have one that's not dissimilar from that, and thank you for sharing it.

I can tell him this. Four weeks ago, a woman presented at the new Rapid Access to Addictions Medicine clinic in Thompson, similarly with addictions issues and mental health issues. She was seen by a counsellor; she was assessed by a professional, and she was immediately admitted into a facility's care. This is the kind of measure we need. PHIA changes alone will not be sufficient, but they are important.

The Acting Speaker (Dennis Smook): The minister's time has expired.

Mr. Kinew: So the minister sort of hinted at this in his opening commentary, but I am curious about accountability measures when information is disclosed without consent. We can think about the Ombudsman, but other than recourse to the Ombudsman, what sort of accountability measures will the minister put into place, or which sort of accountability measures is he prepared to put in place, where professionals or trustees may disclose health information without consent?

Mr. Friesen: The amendments that we have introduced are consistent with the recommendations of the Ombudsman. It will be important for Manitobans to understand that this is a real and appropriate recourse that they have available to them, that if they feel at any time, because of the provisions of this bill or these amendments, that their information was shared inappropriately, that's a challenge. But they will have recourse through the Ombudsman, and the Ombudsman will investigate that claim.

We won't always get this right. I would rather stand on the side of safety. I would rather stand on the side of saying we tried. I believe we will save lives through these measures, and we will be accountable to make sure that we balance these carefully with a person's real and demonstrable rights to have us safeguard their health information.

Mr. Gerrard: Ten or 11 years ago, a friend who had depression had previously attempted suicide, went to an emergency room in Winnipeg, was seen, was sent

home with a bus pass, and approximately two days later he had hanged himself and was dead. These stories go on and on. This is what happened to Reid Brick [*phonetic*]. He presented to an institution. He was sent home without contact with his Circle of Care, without a discharge plan.

What accountability is the minister going to bring in to make sure that there are real discharge plans—

The Acting Speaker (Dennis Smook): The honourable member's time has expired.

Mr. Friesen: So we have committed that there will be the development by RHAs and reviewed by Health of real plans to make sure that there are frameworks for the decision making, that people are held accountable for their decisions and that also that these agents of health facilities feel empowered and understand what the rules are.

Because it is my last response, I will also add I believe that we need to get this right. Getting it right means making sure that we can take the time that is necessary to get education in place, to get these structures in place. That's how we will really protect Manitobans.

The Acting Speaker (Dennis Smook): The time for question period has expired.

Debate

The Acting Speaker (Dennis Smook): The floor is now open for debate.

Mr. Wab Kinew (Leader of the Official Opposition): I do want to, you know, acknowledge the personal stories that have been shared in the Chamber today. I know the minister, the member for Assiniboia (Mr. Fletcher), the member for River Heights (Mr. Gerrard) all shared personal experiences, and I think it would be very likely that most of the members in the Chamber would have their own stories to tell in relation to the issue of mental health and people who departed us too soon because of their own struggles.

I personally have lost a lot of good friends and very close relatives to the issue of suicide, and, you know, I've had my own journey with trying to understand how to work towards creating a society with better mental health outcomes for everybody. And so it's certainly something that I pay a lot of attention to and have a lot of time for.

Even as we speak, you know, like, a very good close relative, somebody that I spent a lot of time with growing up is struggling with some pretty major issues

right now, and just last night was talking to his mom and hearing about everything that's going on with him and it's pretty sad.

So, on the issue of mental health and when it comes to addictions, we know that we got to do a lot more than what's happening to date. And the bill that's been brought forward today, you know, I was also moved when we saw the media stories with the family who was here to validate the minister's piece of legislation that he brought forward. And certainly as a parent, you know, my heart goes out to anybody who's had to go through the experience of saying goodbye to their children before their time.

And so there's a lot more that we could definitely do to alleviate a situation like this, and if it is a case that, you know, changing a few words in PHIA or in, you know, other acts could alleviate the suffering of individuals who are struggling through mental health situations or psychotic breaks or issues of ideation of suicide, then I believe we ought to do so.

However, there are also a few concerns, not necessarily that would, you know, completely undo the bill, in my estimation, but rather just lingering questions that I have. And I should note that I'm encouraged to hear the minister say that he's open to reasonable amendments, and so perhaps based on some of the question period commentary that we heard with respect to the bill debate today, we'll formulate some ideas around the bill, perhaps not. But I do want to share some of those concerns on the record.

I think, first and foremost, the biggest concern that I have is that even if you do disclose the information about an individual, that doesn't necessarily mean that the safety of that person is assured. So, when it comes to accessing services, what I've heard over and over again from a lot of families is that they share a frustration when their loved one is clearly suffering, clearly needs some sort of mental health intervention, that they want to be able to ensure that that person gets that resource, they get that support, they get that treatment bed, they get that access to some kind of life-saving care. And to me that's like one of the really big, urgent areas of attention that we need to act on, in terms of our mental health system.

And, while this bill doesn't contemplate that issue directly, it is related to it, and so I'm wondering, you know, perhaps why the government didn't address that issue as well. Certainly is a—perhaps a thornier issue to try and contemplate, but again if we're talking about saving lives and we're talking about moving forward in

improving the mental health system, it would be an important issue to address.

I think it's also important to recognize that while the information sharing that is necessary to ensure that somebody gets home safely from a, you know, treatment facility or a hospital or something like that, is important, that we still are confronted in this province with the huge demand for more resources to fight mental health and addictions.

Just yesterday, you know, I tabled documents in the House that showed that the amount of needles being used in the province is going up dramatically, that it increased by, you know, half a million in the city of Winnipeg over just a few years, that it's increased by a few hundred thousand in other regional health authorities over the past number of years. And so that certainly speaks to the need to have more services for addictions.

We know that on the broader issue of mental health, of which addictions is just a small part, that the issues are huge there. I'm sure that everybody who's a parent is familiar either raising their own kid, perhaps struggling with certain issues, or at least in the classroom they're likely sharing a classroom with other children with special needs or with mental health challenges. And so this is an idea that our whole society has to get a better handle on, and we need to (1) have a lot more empathy, for sure, and a lot more compassion for young people who are dealing with these sorts of issues. But beyond that we need to ensure that there are the proper resources there so if somebody needs help can get help.

So, again, you know, I do appreciate the relatively non-partisan tone that the minister's brought forward to the debate here today, but I would remind him that there is a huge demand for additional services in our health-care system to help people of all ages who are struggling with mental health. And that right now, particularly in the grips of the mental health crisis, you know, he and the former minister of Health, I'm sure, are well aware of the scope of this addictions crisis that we're now in. But it really does demand increased action and increased attention on the part of the government.

* (16:00)

So I offer this as some commentary and some encouragement for the government. If they have an interest in mental health, if they have an interest in advancing a response to addictions, then they should put increased resources behind these priorities because

they are certainly very important priorities for people here in the province.

And so, in discussing this bill with a colleague who works in, you know, the mental health profession, who is a psychiatric nurse by profession, and, you know, their reaction was, okay, that's good; share the information, but that doesn't necessarily mean somebody's going to get the resources that they need. Share the information; that doesn't necessarily mean somebody's going to get the support that they need.

So this could be a useful step if it alleviates the situation like the one referred to by the minister or the member for River Heights (Mr. Gerrard) where somebody was released and the family was unawares and, as a result, somebody suffered, perhaps died. Perhaps they were just injured; perhaps there was some kind of other repercussion there, but I do think it's important that the second half of that sentence that I just said be paid attention to. The resources have to be there. Additional mental health supports for people across our society need to be added.

Madam Speaker in the Chair

The other question, and again, I'm framing this as a question because I don't know a more accurate way to articulate it. It doesn't necessarily mean it's a concern, but the question has certainly opened up with this bill and it's one that we did address in the question period in bill debate with the minister, is around the subjectivity afforded to the medical directors and to the trustees under this bill.

And so the bill does loosen the standard, lessen the standard, perhaps, depending on which metaphor you want to use, Madam Speaker, but the end result is that where the previous requirement was that there be an imminent, you know, threat, that now it could just be either more of a harm reduction approach perhaps, maybe like more of a lesson, the risk of some sort of an adverse outcome, and so in the softening of that, of course, is greater subjectivity and there's greater discretion.

So I do acknowledge that the minister said that there will be some work undertaken to establish the plans for the regional health authorities that would flesh out, in greater detail, the discretionary powers that a physician, in acting as medical director, or that a trustee, acting on behalf of somebody in their care, may be able to exercise in this act. And I do acknowledge that the minister also said that his department would have certain standards that they're looking for each of these RHA plans to entail.

However, I would just put a few additional words on the record on this topic, Madam Speaker, and say that one of the important issues when it comes to a law like PHIA, or its counterpart FIPPA, is, of course, the right to privacy that individuals have, and, as a result, once—[interjection]—all the time now; we're becoming better acquainted with the issues of privacy as it relates to GDPR initiatives in the European Union, or whether it's a surveillance state that, you know, the American government is basically operating through the NSA, or whether it's social media companies like Facebook who monitor the data and location and, you know, psychological profiles of all of their users, we're becoming more and more aware of the issues of privacy and the need to protect it in our modern times.

And so I would just, again, urge the minister to work towards the balance between the well-being of the patient, both in a holistic sense, but also safeguarding the privacy and the dignity of the individual. And I say that, of course, acknowledging that we have heard many stories in the course of this bill being brought before the Legislature here that families feel like, right now, the balance is perhaps not being struck properly and that their loved ones have suffered because perhaps the scale was tipped a little too far towards safeguarding privacy, and the well-being of the individual suffered as a result.

However, when it comes to some of these thorny area issues, whether it's this fee amendment or whether it's the issue of privacy more generally, it is those sorts of balances that we have to examine and that we have to be able to take a look at.

And so I would, again, urge the minister—it sounds like he is thinking seriously about this bill, and he's considering the right perspectives that, among those perspectives, again, that there should always, perhaps, be the countervailing urge to strike that right balance; again, holding up the prism of the bill when looking at it from the perspective of patient safety that I hope that the minister then again does consider in reviewing these plans, also what does it mean for privacy, and then, of course, when considering it through the privacy lens, that he does ask the questions about patient safety.

And in that back and forth and that sort of dialectical approach to diagnosing the different problem solves—problem-solving avenues before him, that he may in fact find the right balance between those two sometimes competing interests—though, of course, they are all reflective of the well-being of an individual

at the end of the day—though well-being perhaps being defined in different senses between life and liberty and, of course, the well-being enjoyed by somebody's human rights and Charter rights.

I am curious to see this bill go to committee as well. I do think that there would be a lot of commentary offered from concerned parties. Certainly, we would want to hear from those families in our province who have been damaged. Whether it's the issue of mental health generally, whether it's suicide specifically, whether it's an addictions issue, I'm sure there are many families who would like to share their perspectives on this bill.

I would encourage, also, the minister, perhaps—and I'm sure we'll be sharing some conversations with those in our circles, as well, to invite expert witness and expert testimony at the committee phase. I do think that when new demands are being asked of medical directors—so the physicians who'd be fulfilling those roles—that it's important to hear from them and to see whether they have concerns, thoughts.

It's been my experience that almost everybody in the health-care profession is guided by not just a desire to have a career, but they're—they feel it's a calling, and they feel that there's a service to the community that they're providing. And it is that higher nature and the feeling that their profession is a calling that leads many of them to be very thoughtful, conscientious about their roles, but also about what policy changes may mean for them.

And so I think it'd be important to hear from experts, certainly physicians who serve as medical directors, certainly also to hear from the trustee perspective, because the trustees are also contemplated under this bill, what would it mean for them? And, again, it's one thing for us to debate the bill on its merits here in the Legislature, but again, it's quite another—and a very important thing that Manitoba should be proud of—that we have the opportunity in this Legislature to hear from the public and to consider all of that when we're debating these bills.

Perhaps there's additional expertise from organizations like the Canadian Mental Health Association, mood disorders of Manitoba, Addictions Foundation of Manitoba, private citizens who are engaged with addictions and mental health issues. And I would certainly welcome hearing from many of those voices and many of those perspectives as well if and when this bill makes it to the committee stage.

And so you won't hear me say this very often, but I think I agree with the Minister of Health on the importance of having this bill be heard at committee. *[interjection]* Yes. And there's dissension in the ranks behind me at me saying an encouraging word to my colleague, the Minister of Health. But, of course, it is the last day of sitting, and any revolution that will be happening today will be happening on the streets outside this Legislature, where people want a government to stand up for jobs and not high-priced consultants.

So, having squandered whatever across-the-aisle sentiment that the Minister of Health and I were enjoying there for a brief fraction of a second, I'll return to talking about the bill, Bill 5, that we're currently debating here.

So, again, I would note for the House that the minister, in his commentary, did say that he's interested in reasonable amendments. And so just to put on the record here for those who may be referring to the Hansard later and preparing commentary for committee or what have you, I think some of the interesting issues that I would be looking to hear from people on whether amendments may be needed in this area are on the issues of potential appeals. So we've heard that the Ombudsman—ombudsperson, if you will—should be able to adjudicate in instances where somebody feels like, perhaps, their information was disclosed in a less-than-satisfactory way, or in a way that did them some kind of harm, or in a way that they were just not pleased with.

* (16:10)

Well, the Ombudsman may be one avenue; perhaps there could be some sort of appeals process directly within the RHA—I guess, would be the domain, the venue that would make sense under this bill. But that would be one interesting avenue that I'd be interested in seeing, because, again, I think the spirit and intent that, you know, all of us are trying to accomplish here is we're trying to advance the well-being of somebody. And, in some cases, it may be that proactive disclosure of their information does, in fact, advance their well-being, though, of course, we cannot game out every possible situation here in the Legislature, and there may be scenarios which arise in which adverse effects are experienced by somebody. Perhaps the relationship, the nature of the relationship between the patient and a close relative or a close partner changed and, you know, the person presents and the medical director says: Okay, yes, you're the spouse or you're the parent; for sure you should get the

information. But, in fact, maybe the relationship had shifted into negative territory and the patient didn't want the relationship there. In a situation like that, what grounds would somebody have recourse for? And so the Ombudsman may be one opportunity, but perhaps there's one closer to the bedside. Perhaps there's one in the regional health authority, one in the Department of Health where somebody could find recourse in a situation where they felt wronged.

So, again, that's something that we, I think, would welcome some greater commentary on.

The other question that, you know, that does stick out to me in this bill, and I alluded to it earlier in my commentary, is the subjective nature of the standard which is being established here. So I would welcome commentary, whether it's from experts or from others, as to whether we can further refine the scope of this legislation so that there is enough flexibility on the behalf of a medical director to be able to disclose information to accomplish the spirit of what's being contemplated here, but also that perhaps there's greater specificity to avoid cases where discretion may be used to less than ideal ends.

So, again, I think it's important as a general rule to mean what you say and say what you mean, and I think the same is true of legislation. And so there's the greater accuracy with which we can specify that and, you know, perhaps take some of the subjectivity out of it while preserving flexibility. I think that that is an interesting consideration for all of us to weigh back and forth.

I also want to put on the record that the minister—acknowledge that the minister referred to training, and he said, in his comments, that training will start now and made specific reference to the Winnipeg Regional Health Authority—again, that this requires the necessary investments and this requires the necessary resources, and it also is going to create certain other demands on the health-care system. So, for instance, if a medical director is a physician and they're working in a WRHA centre, then perhaps in order to deliver the training, there will be a requirement to backfill that physician's time when they're working in a different venue. So, too, with the trustee who's maybe got another role out there in the outside world, to bring them up to speed or to offer the training to them may require other resources, workshops in an office building, for instance. Perhaps it's a webinar. Perhaps there's a technological way to deliver some of this training for people who are not immediate employees of the RHAs or of health-care facilities.

So these would be some of the demands on resources. And I would put on the record that, again, the Minister of Health and the Premier (Mr. Pallister) have directed the Winnipeg Regional Health Authority to find efficiencies, in year. They've directed to make cuts, in year, to their budgets. So it's going to be difficult when they're already trying to make do with less dollars than they had initially been told at the beginning of the year for them to be able to find the resources.

So I would encourage the minister, perhaps, to come back with dedicated new resources over and above what's already been laid out for the regional health authorities, because then we would be able to say that whatever moves are taken under this legislation are not taken away from any other existing needs within the health-care system. And if we're to accomplish something new here that is going to advance the well-being of Manitobans, then it should not be at the expense of another program or another health-care service or a home-care visit or whatever it is that may be the opportunity cost faced within a regional health authority if the training resources required to fully implement this bill do actually cause such a trade-off.

So the requirements for training is one that the minister has acknowledged, but, I would submit for your consideration, Madam Speaker, is one that does require more than just a commitment; it does require a commitment of resources.

And again, I'm, you know, not in a position at this day to tell exactly what the scope and scale of those resources would be, but again, I think, when we think through this system of continuing medical education credits that physicians receive or we think through, like, what it costs to deliver a workshop or a webinar to a trustee, it's pretty clear that there will be some costs involved in the establishment of these training systems.

So I submit it for the minister's consideration that those be new resources and that existing resources from current health-care initiatives in the province not be pulled away from Manitobans who need them in the service of this bill. So we need to ensure that that's a priority as well.

The minister did note in his comments that there will be certain expectations of regional health authorities under their plans when they submit them to the department, and he made note, I think, of some of those criteria being legislation and that there be education and awareness plans and other jurisdictions. And I think a cross-jurisdictional analysis would

comprise part of that evaluation of the plans, is the way I interpreted that comment.

I would encourage the minister on the side of education and awareness to listen to expert advice in terms of how to communicate effectively on this topic. We saw with the cannabis ads that, basically, you know, they got pretty poor reviews. A lot of them look like Cypress Hill posters, and, you know, certainly a lot of Manitobans were just kind of, you know, took them as—*[interjection]*

Madam Speaker: Order.

Mr. Kinew: —more of a—*[interjection]*

Madam Speaker: Order.

Mr. Kinew: —you know, something to make fun of, rather than the actual intent, which was to try and warn young people about the potential negative impacts on brain development, as an example.

So the Department of Health, I think, does have expertise within it, and they have had some experience lately with not listening to the expertise within their department when it comes to public communication, so I'd encourage them on this time to start using the expertise, whether it's, you know, from a focus group or whether it's from, you know, experts and research and evidence that is at their disposal.

So these are some of the things that I think need to be considered, and of course, when they look at those plans, I would encourage the minister also to apply a lens of reconciliation onto the evaluation of the plan. Certainly, we know that mental health and suicide are issues which are particularly acute in many indigenous communities.

And, if it is the case that, you know, a potential—well, if it is the case where people with ideations of suicide are to be contemplated under this bill, then I would encourage the minister to reach out to the indigenous complement within the Winnipeg Regional Health Authority or to reach out to indigenous communities themselves and consult with them about the design of these plans.

And, in so doing, we would be able to see whether or not there is a cultural competency to the new training plans which are being put into place.

So, too, if there are other community norms in various health regions which may need to be respected, then perhaps those, too, are things which the minister should take into consideration when evaluating the plans and asking the RHAs to design them.

So, perhaps in, you know, Prairie Mountain, in the—you know, there's, you know, certainly a huge diversity amongst all the communities there. You know, you go to Boundary Trails Hospital, you go to, you know, Dauphin ER, you go to Flin Flon hospital in the Northern Health Region; there's huge diversity not just in the services offered, but also in the cultural and, I guess, gender norms that people will be walking in the door for.

And so perhaps there needs to be some thought given to what would be the experience of a refugee family in inner-city Winnipeg; there needs to be some thought given to what would be the cultural norms of a Mennonite family, you know, admitting into Boundary Trails, what would be the expectations, culturally, of an indigenous family in Dauphin.

* (16:20)

And so, in undertaking all of these, I think the sole purpose should be to enhance and strengthen this by respecting and gaining some insight into where people will be coming from to ensure that the tailoring of this sort of plan would meet the needs of the community and would, in fact, not run up against certain, I guess, local issues that we may not be able to anticipate here at the legislative level.

So those are some of the ideas that I think it's important to put on the record at this time, and, you know, I think we'll take the next little while to contemplate whether there are reasonable amendments that we can bring forward and work together on this bill to ensure that it meets the needs of people across Manitoba.

I would want to put on the record, this being the final day before Christmas, and the final day before the new year, that at our family and our home, we're very much looking forward to Christmas No. 1 with the new baby. And so I want to put an acknowledgment on Hansard for posterity that, you know, we put up the tree a few weeks ago. Super happy that baby Tobasonakwut is going to be able to, you know, open the presents and do all that for the first time this year.

Of course, his older brother's Bezhigomiigwaan and Oshkii'anang are super excited to be able to spend the time with their little bro. And I do just want to put on the record that our family is very blessed, and our family is very happy, and this is my favourite time of the year.

Again, you know, I'm not of the Christian faith, but we like to celebrate Christmas because when you come into an indigenous home like ours, and there's an

opportunity to have a big meal and to give a lot of presents away, hey, what's not to like? And so we definitely like to get into the holiday season, and we like to host everybody. Family will be coming back from the States and from the west coast and wherever people live, and hopefully we'll get back home to, you know, the reserve also during the holiday break, and so of a similar kind of spirit, I just want to offer to all my colleagues here that however you choose to celebrate the holiday season, whether you're celebrating solstice or whether you're celebrating Christmas or Kwanza, you're marking Hanukkah, whether you're an atheist or what have you, I do hope that the break over the winter holidays offers you some time to rest, some time to enjoy the family and friends that give you meaning in life, that you have an opportunity to participate in some charity, that you have the opportunity to give back to our communities whether you represent Flin Flon or an area in Winnipeg or Morden-Winkler, that you have a chance to give back to those who made our journey to this Legislature possible.

And, finally, again, that we may choose to fly different coloured flags come election time that, again, that we're all cognizant of the fact that we're all in this together, and that we all do come here to make Manitoba a better place, even better than we found it.

So I do just want to close with my, you know, final commentary for 2018 with that sort of call-out and wish that everyone can enjoy the holiday season to the fullest. And with those words being on the record, I just want to say once again thank you to the creator, thank you to my family, and thank you to everyone in the Legislature for every single opportunity I get to speak in these hallowed halls.

Mr. James Teitsma (Radisson): I think this is a serious bill, and I think it's important for us too—to also take a little bit of time to debate but not too much time. I really do want to hear what the member for—*from River Heights* has to say.

Like the minister who spoke before me, I, too, want to pay tribute to Bonnie Bricker. I first met Bonnie Bricker a few years ago at a Shopper's love you run in support of Mood Disorders Association of Manitoba. And, when she met me and found out that I was an MLA, someone who, in her mind, could affect—help effect change, and I believe she was right in that.

She wanted to make sure that I heard the story about her son Reid. She wanted to let me know how she felt she had been let down by the health-care system. She wanted me to remember that, and also to have an opportunity to carry that story with me

wherever I go. You see Bonnie's son, Reid Bricker, was a sculptor. He had real talent. He also had mental illness. And just before Reid died, he created his last sculpture titled *Life's Art*. It's the lapel pin that I'm wearing today, which, unfortunately, there's no way of me to get that into the Hansard. But, in any case, the lapel pin that I'm wearing today is an exact replica of that sculpture, and I believe there's other members in this House, too, who carry that pin or who have a bracelet with that sculpture—a replica of that sculpture on it.

And, when Bonnie found out that Reid had been discharged from emergency without her knowledge and, subsequently, disappeared, she was angry. I think that we would find that an understandable response. And since then, I'm thankful that she has focused her—*[interjection]*—energies on making sure that what happened to Reid doesn't have—

Madam Speaker: Order. Order.

Mr. Teitsma: —to happen to others, on making sure that change happens in our system.

I have no doubt—and the minister has already confirmed that Bonnie's tireless advocacy, the advocacy of others with lived experiences, and the work of the Mood Disorders Association of Manitoba and so many others have had a profound impact on our province and on the people in our province, and the awareness of people in our province about mental illness, about addiction, about the struggles that come with that. And I think thanks to their persistence we are here now today. We're at this point where we're now debating this bill, and we're looking forward to seeing this bill come into effect as soon as feasible.

It was the testimony of people like Bonnie Bricker and others to the authors of the VIRGO report, to the current Health minister, the previous Health minister that led to the recommendations that we read in the VIRGO report this past summer.

And what Bonnie believes, what I believe, and I expect members of—all members on all sides of this House believe is that if this law had been in place, in September of 2015, when Reid Bricker was in the emergency room, he may still—he might still be alive today and our world would be better for that, would it not? And Bonnie's world would be especially better for that.

I know the minister mentioned something he called PHIA fear. For the purposes of Hansard, I'll tell you that PHIA is p-h-i-a. PHIA fear—really what this comes down to is you have people working in a system where

they feel like the rules of the system are preventing them from doing what's right and doing what's in the best interest of the people they serve. And I think that's a problem that we see occurring not just in our health-care system; we see it in our child and family services system, we see it in other parts of government as well. And it's something that I think we should commit to changing.

Now I believe it's very important that we, as a society, not just government, but we collectively as a society ask ourselves: What does giving assistance to someone with mental illness look like? What does a caring and compassionate society look like? Does it leave people who are struggling with mental illness out in the cold? Worse, does it encourage them to end their life? No. No. No. Those struggling with mental illness need to receive care. Those struggling with mental illness need companionship. Those struggling with mental illness need supports. Those struggling with mental illness need follow up. Those struggling with mental illness need a Circle of Care. And those struggling with mental illness need love.

Now, for reasons I still can't comprehend, I think the members opposite have tried to belittle me in the past for giving expression to that very sentiment, that one of the things people suffering from addiction and mental health issues need is love. So perhaps if you'll indulge me, I'll spend a few minutes telling you what real love is like.

The kind of love I'm talking about here isn't romantic love. For those who may be familiar with Greek, they have a whole bunch of different words for love; I think seven or eight in all. There's eros, or romantic love. There's philia, or brotherly love. But there is also agape love, and that's the kind of love I'm talking about.

Agape love is universal love. It could be love for people, for nature, for God, but it doesn't depend on affiliation or familiarity. It's patient, kind and generous. And, with Christmas right around the corner, it's perhaps a good time to remind you that agape love is the kind of love referred to in the famous text John 3:16: For God so loved the world that He gave His one and only son, that whoever believes in Him shall not perish but have eternal life.

* (16:30)

Agape love is a love that cannot effectively be expressed only with words; it has to be backed up with action. I believe that government bureaucracies are incapable of giving expression to that kind of love. But

human beings, including the civil servants, health-care workers and others working in those same institutions, are capable of giving expression to that love. Governments need to recognize that. And, as a government, we need to foster and encourage those elements in our society that want to provide love and care and a Circle of Care to those who are struggling with mental health and addiction.

That might be encouraging groups like Siloam Mission and Agape Table. That could be providing mental health supports like RAAM clinic—RAAM clinics. That could be ensuring that they have—that everyone has close friends who watch out for them. And it could be making sure that their own mothers are able to provide care and love. For Reid, it was Bonnie.

So that's what this bill is intended to accomplish. It's intended to ensure that those who are in the Circle of Care—not just in government, but in all of our society—are activated, that they have an opportunity to reach out, an opportunity to protect, an opportunity to care, an opportunity to provide support, that they have an opportunity to love.

I do want to spend a moment cautioning the member for Riven—River Heights on his attempts today to short-circuit our legislative process. I think the Health Minister and even the Leader of the Official Opposition (Mr. Kinew) have also expressed that we should not lightly jump over our committee processes. Certainly, I believe that I want to hear and I would love to—if I can make an appeal to the Whip, I'd love to serve on that committee but, in—regardless, I will be in attendance.

I would love to hear from those who have lived experience. I would love to hear Bonnie put words on the record as to her feelings towards this bill. I know that she's grateful for it and she's grateful for the work and the—that went into the VIRGO report that led to the creation of this bill. But I also want to give a voice to those who may have concerns about privacy rights of individuals.

I believe we've struck the right balance but, unless we listen to Manitobans, our confidence level shouldn't be quite as high as maybe the member for River Heights (Mr. Gerrard) thinks it is.

Now, I, too—I do share with the member for River Heights the desire to have this bill come into effect as soon as possible, and I do want to remind him that that does mean that there's some time for our education—for the education of our health professionals and for the

public to understand the changes that are coming and that are now, hopefully, going to be made law.

And I also want to thank the Health Minister. I want to make sure that everybody in the House was aware—I'm not sure if everyone was aware that he did commit to being willing to move this House—or, this bill forward in that context, including passing second reading today and getting it moved along to committee and then to third reading as soon as can be agreed to by the House leaders. And I think that's a noble thing. And it still gives the opportunity for a committee to happen, and I hope the member for River Heights (Mr. Gerrard) recognizes that that does acknowledge his desire, while not short-circuiting our legislative processes, and still in the context of education is a realistic time frame.

I want to end today by bringing it back to Bonnie Bricker.

Reid was loved. There is no doubt in my mind that he was loved, and he was loved in ways that I just talked about in my previous—or, a few minutes ago. But because of the rules in our system that were intended to protect his privacy, his mother, Bonnie, was prevented from giving active expression to that love when Reid needed it the most.

Now, Reid's talents are no longer with us, although the legacy of them is still with us. Thanks to Bonnie, more people than ever know about his talents.

Reid's face no longer lights up with his infectious smile, except maybe in pictures and in memories of those he loved, but his life was not wasted, for out of that struggle, Reid's mother, Bonnie, seems to have an endless source of fuel for the fire of her motivation. Out of that pain, Reid's mother, Bonnie, has brought awareness to thousands upon thousands upon thousands of Manitobans. And out of all of that, Reid's mother, Bonnie, has brought change to our province. And those changes will bring life to other people who are struggling with mental health and addictions. Those changes will bring life to people like Reid. Those changes will bring life to the families of people like Reid.

And that's really the point of all this, isn't it?

Thank you.

Hon. Jon Gerrard (River Heights): We have lost too many Manitobans to suicide, under conditions where the suicide could've been prevented. We've heard already today, and I will tell it again, the story of a friend of mine who went to the one place where he should've found help, at the emergency room, and he

was sent away with a bus pass, and three days later he was dead. We have heard about Reid Bricker. We have heard about a friend of the MLA for Assiniboia, and I believe there are many, many more that we have not heard about because all too often, individuals in this circumstance, there is a sense of shame over the commission of suicide and an unwillingness of families to come forward and speak up. And in that, I think we owe a great debt to Bonnie and George Bricker who have been ready to 'speak' up and push for change.

Bill 5 makes changes so that health professionals can more easily contact family members or members of a person's Circle of Care in order to provide help and to prevent suicides and other potential harms to individuals. This bill copies legislation which was introduced by Manitoba Liberals two years ago. It has meant a two-year delay in getting this important approach implemented. I am pleased that the efforts I have made in the last 24 hours at least have put a sense of urgency forward in terms of getting this legislation passed. And I think that that sense of urgency is important because we are talking about the life and, hopefully, not deaths of individuals and being—having a measure that could make a significant difference. I do hope that that sense of urgency and the sense of an increased need to be vigilant and do what can be done even under the present laws before we get this law passed.

I respect that there will be others coming forward and who will have important comments to make when it gets to committee. But at the same time I think that the Minister of Health—and I would ask the Minister of Health to redouble his efforts to make sure that everybody who comes in who is suicidal goes out with a discharge plan, goes out with somebody, whether it's a peer support worker—you can have a peer support worker now—whether it is a Circle of Care. What you will often find, in my experience, is that even, for example, when there is somebody who has a difference with their parents and doesn't want their parents to know, that there is usually somebody else who they will say, yes, if you ask, talk to them because they are still somebody that I trust. And I believe that there is a way, even in the current circumstance, to find somebody who can provide peer support through the mood disorders of—association, if necessary, or somebody who can be a trusted friend in the Circle of Care who can be approached, with the permission of the individual who brings in the concern.

And one of the problems that we have seen, and it's important that all know this and health professionals know this, is that currently, when an

individual comes in who is suicidal, they may be asked, you know, are you suicidal? Is there a risk if you're—go home? And they're often—some of them, not all—some of them will admit they are. But quite often we have individuals who are really good at talking, at convincing, and saying, oh, I'm not suicidal. What we have to know is that the biggest risk factor for somebody to commit suicide is a previous suicide attempt.

* (16:40)

And so, where we have somebody coming in who has had a previous suicide attempt, we need to take that issue of possible suicide very, very seriously and make sure they're not sent home with just a bus pass, they are not sent out into the night or the day without some sort of a plan there.

And so I believe that this can and should be done, even with the legislation we have now, and I would urge all in the health-care system to be part of the change and making sure that we can provide better support to individuals; in particular, those who are suicidal—even when they say they are not—if there is a history of previous suicide.

I want to mention a little bit about the bill that the MLA for Kewatinook introduced: the Liberal bill, November 30th, 2016, a little over two years ago. She introduced the bill, and she said, and I want to quote from her: "When a person is hospitalized for an injury, a heart attack or a stroke, health-care professionals contact that person's Circle of Care, whether they be family or friends, yet there is uncertainty to make that contact when it is a mental illness, suicide attempt or drug overdose, due to the language used in our Personal Health Information Act and our Mental Health Act."

"Madam Speaker, Bill 209"—and that was the bill two years ago—"would see that language clarified so that circles of care may be notified in the case of mental or brain health issues when compelling health or safety circumstances exist."

And that was using languages, primarily, were taken from law in British Columbia, which has been working and has been more effective in this respect.

It is to be noted that two years ago, the Conservatives voted against this bill at second reading, which is too bad. Now, I'm pleased that they have seen the light and are indeed bringing in this bill and, as a result, I think, in part, of the discussions we've had most recently in the last 48 hours, that there is a bit of a sense of urgency now to getting this passed and to

getting attention to it, and attention to this whole subject.

The—I mentioned the individual who is a friend who went to the emergency room because he was depressed and suicidal, and he was sent home with a bus pass, and within days, he committed suicide, and that brought to my attention and to our attention, as Manitoba Liberals, the 'needges' for changes to the way individuals who are suicidal need to be treated when they present to an emergency room.

That led to the development of what was then bill 230, The Mental Health Bill of Rights, and this included aspects which are in the UN Convention's recommendations: that individuals with mental health should be given equal treatment under the law, and the right to have family members or a circle of friends supportive of their decision-making. This, in fact, is what we are talking about today.

October 24th, 2015: Reid Bricker, who was suicidal and presented for care, was sent home without the family being notified, and when they found out, even though it was only a few hours later, it was too late; and months later, Reid Bricker's body was found.

Bonnie and George Bricker have pushed for changes to ensure that there's legislation so that health professionals are able to notify family in such circumstances before a person is discharged, so that such suicides can be prevented.

Following the 2016 provincial election, in which brain and health was a significant issue, Manitoba Liberal caucus entered into extensive consultations with regard to brain and mental health. These consultations led to the release, in the fall of 2016, of the Manitoba Liberal Party report: Optimal Brain Health for all Manitobans.

The report included the recommendation which read: A working group on optimal brain health make recommendations for the optimum approach available in Manitoba for creating effective networks of support to assist those with brain-health issues.

These recommendations need to include changes to The Mental Health Act to make it easier for health professionals to share information with family members and possibly with other members of the person's circle of support.

It was this recommendation which led to bill 209, which was introduced a little over two years ago by the MLA for Kewatinook.

We have had, in the last few weeks, a rather extraordinary number of people who have come forward, largely family members, parents, and members of circles of care who are desperate, who have come forward with stories which are remarkably similar to the stories of Reid Bricker and the stories of the friend that I mentioned and the stories of the individual from the MLA for Assiniboia.

And it is important to recognize the urgency of the situation now. It's my understanding that the Mood Disorders Association of Manitoba had something like a tripling of their normal calls over the holiday season last year and that the number of people presenting to emergency rooms increased significantly for those with mental health issues over the holiday season last year, and that gives us some extra urgency in dealing with this matter and extra urgency, as I had mentioned to the Minister of Health, to make sure that everything that can be done to improve the way that individuals who are suicidal are helped, whether it be in an emergency room or the crisis response centre or other places within our health-care system.

We have, I think, an important role, and it's been talked about, to monitor situations when information is shared under this clause so that we can track what's happening and improve the nature of the support and the nature of how the health-care system responds and that tracking would be important to understand when the clause is being used well and if and where there may be problems in its use so that we can, in fact, inform policy and improve policy and guidelines as we move forward based on the experience.

I think it's very important that we understand the potential critical role for peer support workers. Peer support workers have been employed now in many, many countries. They have been used in quite a number of facilities in Canada. The interesting thing is that the finding has been that employing peer support workers actually reduces subsequent emergency room visits. It reduces the expenses related to emergency room and hospitalizations and so that there is a net cost saving, even though there is an upfront investment that has to be made in order to ensure that there are adequate numbers of peer support workers. And this is one of the areas where it is critical that we move forward and move forward vigorously and quickly.

I think it's also important, as I've talked about, that we understand and build upon this concept of having a Circle of Care who are supportive of individuals with mental and brain health, and it is important to be able

to work with those affected because sometimes, whether it's family members or others in the Circle of Care, there becomes a situation where there is a rift, but if you have a significant Circle of Care, there will always be individuals who, the individual who is suicidal, or who is affected by a mental illness or brain-health problem feels that they can still trust.

* (16:50)

And so building up and nurturing the Circle of Care can be of critical importance, and the ability to share information with people who are part of that Circle of Care and understand the importance of building that Circle of Care, not just with health professionals, but with friends and family members, is really a part of what is needed in terms of helping those with brain health and mental health issues.

So, with those comments, I want to move to wind up. We are at just about the end of this sitting. We are going to break for the holiday season. I want to thank the Clerk and the Clerk's table and the people who have been a tremendous support for us in the Legislature, whether it be Hansard or translation or various other services.

I also want to extend greetings and best wishes for the holiday season for all the MLAs who are here and the staff, and just say that whether it is Xmas—Christmas, or Hanukkah, or other celebrations, that it is time for some period with family and friends and to relax. But it's also time, as we are talking about today, to remember those who are less well off, to remember those who have brain or mental health issues and—because this is a critical time for them as well as for all of us and for our families. And so I wish all well. And, Madam Speaker, I wish you well, as well.

Thank you, and perhaps we can move forward to have the second reading passed.

Mr. Matt Wiebe (Concordia): Thank you to my colleagues. *[interjection]* Oh, there we go. We're still here.

I know everybody's starting to think about the holiday season, but I do appreciate the opportunity to rise to say a few words and put some words on the record with regards to this important bill.

And in many ways, I wanted to pick up exactly where the member for River Heights (Mr. Gerrard) left off, and that is to say, as we are all thinking about the holiday season, thinking about spending time with our

own families, just to acknowledge how important it is that members here today have put on the record the importance of this bill in seeing that all families have a happy holiday season, and acknowledge that, for those who suffer from mental health issues—the strain that that puts on their families and their loved ones, and how so very important it is for us to do everything in our power as legislators to support them and to give them the resources that they need to protect their loved ones and give them all the supports that they possibly can.

Now, as I said, I started with that in a positive way, but I do want to put some words on the record in the form of criticism of this government when it comes to mental health. And this is not something new that I'm putting on the record here, but it is something that I feel very strongly about—that this is a government that was elected, you know, by Manitobans with a promise to act immediately on mental health issues, to come up with a plan—within the first 100 days, I believe was the commitment. And that commitment was broken and was extended and pushed—what we thought first was going to be just to the end of the year, then it was pushed to the next year before a mental health strategy was formulated. And then, beyond that, it actually went well into the second year—I think the spring of that second year before we actually saw the government's plans.

And, you know—and the government now has the information in front of it. The government knows, the minister knows the steps that they can take to address the mental health and addictions crisis in this province. He understands some of the tools that are available to his government. He understands the resources that are required. He also has a federal government that has said that they are willing to step up and partner with this government, put dollars on the table to actually move forward with regards to issues around addictions and mental health. So you have all players at the table, all interested parties at the table, and yet this government has been slow to act in so many ways.

And so I know, as a caucus, we will continue to push this government; we will continue to push for the minister to act, to put real resources towards a real mental health and addictions strategy in this province, and to acknowledge the role that we can play here as legislators.

But, when it comes to small—well, maybe small isn't the right word—but pieces of the puzzle such as the one that we've seen here before us, I think what we're

seeing is all members of this House again sharing their own experiences, sometimes bringing their own family experiences or friends or relatives that they know, other times just the experience of constituents, but how important that is to paint the true picture of the importance of this issue and to really focus us on how we can actually have an impact, and I do believe that this bill is one of those ways that we can have an impact.

And I think there's certainly work to do to make sure that we get this right. As the minister said today in question period and also in his speech, there's certainly a lot of work that needs to be done to make sure that we're listening to those front-line health-care providers who are going to be implementing this and working through this. So there's certainly a lot of work, and we want to support them in that work that they do and make sure that this legislation is the right legislation, that it does meet the requirements, and then, again, it ultimately protects those who are most vulnerable in our society.

So I do feel that, again, as we're all getting ready for the Christmas season and the holiday season—there's so many great holidays that Manitobans celebrate and come together, and think not just of themselves but of others at this time of year, a true time of charity and a time to recognize the importance of looking out for those most vulnerable in our province—that this is a perfect time to bring forward a piece of legislation like this that we can all say needs to get some attention, needs to be worked through, and that we need to come together as legislators to move forward.

So it is certainly my pleasure to rise in this last day. I don't know if I've ever had this privilege before to be the last, what I hope to be the last speaker before the holiday break, but to join my colleagues in wishing you, Madam Speaker, of course, the table officers and all the staff that help us to do our job so well—help us so well to do our jobs, maybe that's the right way to say it—but also to all my fellow colleagues to just say that it is a privilege to represent the people of Manitoba wherever we come from in all parts of the province, whether it be St. Johns, or whether it be other parts of the province, the North. You know, I could go on and on for two whole minutes, I'm sure, listing every single constituency.

But I do know that members here in this House do appreciate the opportunity to represent our constituents and to bring forward important pieces of legislation that better the lives of Manitoba—Manitobans.

And, with that, Madam Speaker, I will hope that we can move this forward.

Thank you.

Madam Speaker: Is it the pleasure of the House to adopt the motion?

Is the House ready for the question?

Some Honourable Members: Question.

Madam Speaker: The question before the House is second reading of Bill 5, The Mental Health Amendment and Personal Health Information Amendment Act.

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

I declare the motion carried.

Just before we rise, I would once again remind members, if you haven't already done so, to remove the contents before your desks before you leave.

And I would also just like to say from myself and my family to all of you here, all the best to you and your families. Have a wonderful Christmas. Many blessings over Christmas and in the new year too. And I look forward to all of us being back here in the new year, and I hope everyone stays healthy and safe and that we can all have a wonderful celebration. I think there's been a lot of really nice comments made about the privileges we have here to be in such a place and to be able to end the session as we are ending it today.

So all the best to all of you, and the hour being 5 p.m., this House is adjourned and stands adjourned until March 6th, or at the call of the Speaker.

LEGISLATIVE ASSEMBLY OF MANITOBA

Thursday, December 6, 2018

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