

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

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

Vol. LXXIV No. 19 - 1:30 p.m., Monday, March 9, 2020

ISSN 0542-5492

MANITOBA LEGISLATIVE ASSEMBLY
Forty-Second Legislature

| Member | Constituency | Political Affiliation |
|--------------------------|---------------------|------------------------------|
| ADAMS, Danielle | Thompson | NDP |
| ALTOMARE, Nello | Transcona | NDP |
| ASAGWARA, Uzoma | Union Station | NDP |
| BRAR, Diljeet | Burrows | NDP |
| BUSHIE, Ian | Keewatinook | NDP |
| CLARKE, Eileen, Hon. | Agassiz | PC |
| COX, Cathy, Hon. | Kildonan-River East | PC |
| CULLEN, Cliff, Hon. | Spruce Woods | PC |
| DRIEDGER, Myrna, Hon. | Roblin | PC |
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| EWASKO, Wayne | Lac du Bonnet | PC |
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| FONTAINE, Nahanni | St. Johns | NDP |
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| GUILLEMARD, Sarah, Hon. | Fort Richmond | PC |
| HELWER, Reg, Hon. | Brandon West | PC |
| ISLEIFSON, Len | Brandon East | PC |
| JOHNSON, Derek | Interlake-Gimli | PC |
| JOHNSTON, Scott | Assiniboia | PC |
| KINEW, Wab | Fort Rouge | NDP |
| LAGASSÉ, Bob | Dawson Trail | PC |
| LAGIMODIERE, Alan | Selkirk | PC |
| LAMONT, Dougald | St. Boniface | Lib. |
| LAMOUREUX, Cindy | Tyndall Park | Lib. |
| LATHLIN, Amanda | The Pas-Kameesak | NDP |
| LINDSEY, Tom | Flin Flon | NDP |
| MALOWAY, Jim | Elmwood | NDP |
| MARCELINO, Malaya | Notre Dame | NDP |
| MARTIN, Shannon | McPhillips | PC |
| MOSES, Jamie | St. Vital | NDP |
| MICHALESKI, Brad | Dauphin | PC |
| MICKLEFIELD, Andrew | Rossmere | PC |
| MORLEY-LECOMTE, Janice | Seine River | PC |
| NAYLOR, Lisa | Woleseley | NDP |
| NESBITT, Greg | Riding Mountain | PC |
| PALLISTER, Brian, Hon. | Fort Whyte | PC |
| PEDERSEN, Blaine, Hon. | Midland | PC |
| PIWNIUK, Doyle | Turtle Mountain | PC |
| REYES, Jon | Waverley | PC |
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| STEFANSON, Heather, Hon. | Tuxedo | PC |
| TEITSMA, James | Radisson | PC |
| WASYLIW, Mark | Fort Garry | NDP |
| WHARTON, Jeff, Hon. | Red River North | PC |
| WIEBE, Matt | Concordia | NDP |
| WISHART, Ian | Portage la Prairie | PC |
| WOWCHUK, Rick | Swan River | PC |

LEGISLATIVE ASSEMBLY OF MANITOBA

Monday, March 9, 2020

The House met at 1:30 p.m.

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

Please be seated.

Good afternoon, everybody.

ROUTINE PROCEEDINGS

INTRODUCTION OF BILLS

Bill 29—The Municipal Statutes Amendment Act

Hon. Rochelle Squires (Minister of Municipal Relations): I move, seconded by the Minister of Finance (Mr. Fielding), that Bill 29, The Municipal Statutes Amendment Act; Loi modifiant diverses lois en matière de droit municipal, be now read a first time.

Motion presented.

Ms. Squires: This bill will amend eight acts to increase clarity and create a level playing field in municipal elections. The bill will also streamline how municipalities are required to refund excess taxes and exempt regional public libraries from municipal taxation to put them on a level playing field with local libraries.

It will enable four cities that have their own charters to have the same ability as other municipalities to determine their council composition and remove redundant approval requirements related to minor capital leases.

The bill also strengthens provisions to protect Winnipeg residents undergoing the tax sale process by not requiring publication of their properties, which leaves them vulnerable to unscrupulous lenders.

I am pleased to present this bill to this House for its consideration.

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

Bill 30—The Fisheries Amendment, Forest Amendment and Provincial Parks Amendment Act

Hon. Sarah Guillemard (Minister of Conservation and Climate): Madam Speaker, I move, seconded by Minister of Agriculture and Resource Development (Mr. Pedersen), that Bill 30, The Fisheries Amendment, Forest Amendment and Provincial Parks Amendment Act; Loi modifiant la Loi sur la pêche, la Loi sur les forêts et la Loi sur les parcs provinciaux, be now read a first time.

Motion presented.

Mrs. Guillemard: Madam Speaker, it gives me great pleasure to introduce the fisheries, forest and provincial parks amendment act. The purpose of this bill is to put forward statutory amendments to align existing regulatory frameworks and authorities to support full implementation of Manitoba's new e-licensing system for resource-use licences and park vehicle permits.

This is a joint bill between the departments of Conservation and Climate, and Agriculture and Resource Development. Therefore, on behalf of both departments, it is my pleasure to introduce Bill 30.

Thank you.

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

Bill 28—The Legal Profession Amendment Act

Hon. Cliff Cullen (Minister of Justice and Attorney General): I move, seconded by the Minister of Finance (Mr. Fielding), that Bill 28, The Legal Profession Amendment Act, be now read a first time.

Motion presented.

Mr. Cullen: I'm pleased to introduce the—this legislation that will enable the Law Society of Manitoba to increase the types of legal service providers in Manitoba. Our government is acting on the recommendations of the Law Society of Manitoba by introducing this legislation which will allow the Law Society to permit limited practitioners to deliver specific legal services.

This will provide more affordable options for Manitobans seeking professional legal advice.

Improving access to justice is a top priority for our government, and we will continue to expand the services available to Manitobans.

Thank you.

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

**Bill 210—The Wildlife Amendment Act
(Protecting Property from
Water and Wildlife Damage)**

Mr. Derek Johnson (Interlake-Gimli): I move, second by the member from Swan River, that Bill 210, The Wildlife Amendment Act, protecting property from water life—water and wildlife damage, be now read a first time.

Madam Speaker: It has been moved by the honourable member for the—for Interlake-Gimli, seconded by the honourable member for Swan River (Mr. Wowchuk), that Bill 210, The Wildlife Amendment Act (Protecting Property from Water and Wildlife Damage), be now read a first time.

Mr. Johnson: I'm pleased to introduce this bill, as it will empower municipalities, towns and Northern Affairs districts to make decisions on their watersheds while freeing up conservation officers to work on important duties such as enforcement.

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

Committee reports? Tabling of reports?

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 rule 26(2).

Would the honourable minister please proceed with her statement.

International Women's Day

Hon. Cathy Cox (Minister responsible for the Status of Women): I am honoured to rise today to acknowledge that yesterday, March 8th, was International Women's Day.

This day is a global tribute to women's achievements and the continuing pursuit of gender equality. This year, we were also commemorating the 100th anniversary of the very first woman elected to the Manitoba Legislature, Edith Rogers.

Edith Rogers was elected in 1920 as a member of the Manitoba Liberal Party. She was a Metis woman who worked hard to ensure that other women would follow her in the Manitoba Legislature, and since then 65 women and one non-binary individual have joined our Manitoba Legislature.

And in support of the international movement to achieve gender equality, and in commemorating Edith Rogers, our Manitoba governments seeks to honour women who have made outstanding contributions to the advancement of gender equality.

Madam Speaker, I was pleased to announce just a while ago our empower 20/20 awards. These awards will honour women who have helped further gender equality in important aspects of Manitoba life such as community service, law, education, health, arts and culture, thereby enriching all of our lives.

Twenty awards will be presented, reflecting Manitoba's rich diversity and regional representation, and the names of this year's recipients will be announced during Gender Equality Week, which will take place from September 26th, 2020—September 20th to September 26th, 2020.

Madam Speaker, I invite all of my colleagues in the Manitoba Legislature to take some time to recognize those women in your life who have fought, and continue to fight, for gender equality. Without them, we would not be where we are today, and with our hearts filled with hope and determination, I hope that each and every one of you will take the opportunity.

* (13:40)

I also invite all members to share the information about empower 20/20 awards and nominate a woman. The nomination forms can be found on the Status of Women website.

Again, thank you, and happy International Women's Day to everyone.

Ms. Malaya Marcelino (Notre Dame): Madam Speaker, International Women's Day is a day filled not only with the celebration of great milestones that women have made in different areas, but it is a day to bring about awareness and encourage important conversations and action surrounding gender equality.

Domestic violence is an issue that impacts women and impedes on their ability to progress in their personal and professional lives. In Canada, one woman is killed every six days by an intimate partner. Manitoba has not been an exception in the wake of

rising cases of domestic violence. In 2018, 12 women in Manitoba died as a result of domestic violence, and five of them lived in First Nations communities.

According to the centres for disease control, intimate partner violence can be prevented. Intimate partner violence can be prevented by promoting the development of healthy, respectful and non-violent relationships in our communities.

There is currently a shortage of shelters and resources in First Nations communities across Manitoba. Many women are forced to go to off-reserve shelters, which are typically at overcapacity. Our First Nations communities need their government to build more shelters to give women a safe haven and support from domestic violence.

Here in Winnipeg, there is a need for women's shelters that host women experiencing various challenges. Many women and children don't feel safe at homeless shelters that house men predominantly. There are community centres and organizations such as the West End women's resource centre which are ready and willing to open a 24-hour safe space for women.

With their upcoming move to the old Klinik building on Portage Avenue, the West End women's resource centre will have enough space to provide this important service.

Providing safety and support to women when they need it most is a crucial step to ensuring that we achieve gender equality in Manitoba.

Thank you.

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

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

Ms. Lamoureux: I rise today to talk about about International Women's Day, which took place yesterday on March 8th.

In the past, International Women's Day has highlighted unique struggles of displaced women, rural women and women in prison. This year, the theme being recognized is #EachforEqual.

Madam Speaker, an equal world is an enabled world. We can actively choose to challenge stereotypes, fight biases, broaden perceptions, improve situations and celebrate women's

achievements. Collectively, each one of us can help create a gender-equal world.

Madam Speaker, I want to use this statement to celebrate achievements of women this year in Manitoba.

This past Saturday I had the opportunity to attend Pinay Manitoba's recognition brunch, where we recognized the 2020 trailblazers. This year's award recipients were Dr. Janylyn Arsiento *[phonetic]*, Sally Bader, Dr. Irene Mestito-Dao and Marjorie Soldevilla.

I also wanted to share an upcoming event with everyone.

On March 22nd, Asian Women of Winnipeg, otherwise known as AWOW, will be celebrating International Women's Day. The president of AWOW, Sharan Tappia, says that empowering women is to increase the spiritual, political, social or economic strength of women by developing confidence, knowledge, worth, high morals and values in their capacities.

All of my colleagues are invited to this event, Madam Speaker.

In wrapping up, I wanted to share something that women from the Manitoba Teachers' Society shared with me just prior to this statement. They said that: With 70 per cent of our membership being women, it's extremely important that we have an organization in which we are committed to having women empower women.

On that note, Madam Speaker, a big shout-out to all of my women colleagues—the clerks, the pages, people on Hansard, all of the staff and everyone who helps make the Legislative Building run—for helping empower women throughout Manitoba.

Thank you.

MEMBERS' STATEMENTS

The Creative Cocoon

Mr. Derek Johnson (Interlake-Gimli): Madam Speaker, I stand before you today to introduce The Creative Cocoon.

In 2016, several individuals from Arborg saw the need for an arts and wellness centre in the area, and The Creative Cocoon was founded. The Creative Cocoon is advised by Arborg Arts Committee, also formed in 2016 and is a committee consisting of luminaries who help guide and shape The Creative Cocoon.

In recent years, there has been a growing understanding of the impact that taking part in arts can have on the health and well-being. When used as a supplement to medicine and care, the arts have been proven to improve the health of people experiencing mental or physical health problems. Engaging in the arts can promote prevention of disease and build well-being.

The arts have proven helpful in improving health and care environments and staff retention in health-care centres. Research has shown that performance arts, such as theatre, dance and music, can reduce illness related to stress and anxiety, relieve pain, provide a means of self-expression and communication, improve self-esteem and social skills, lower symptoms of trauma, enhance treatment for addiction and boost mental skills and mood.

Moreover, engaging in the arts has been proven to help reduce delinquency in youth and improve an individuals' sense of belonging and attachment to a community.

Today—Jenna Stansell, the chair, Lisa Klym, the vice-chair, are from The Creative Cocoon. They are with us here today in the gallery and please join me in welcoming them.

Universal School Breakfast Program

Mr. Matt Wiebe (Concordia): Madam Speaker, every day Manitoba families are juggling busy schedules, working long hours and often leaving the house for work before the children even wake up. As families struggle to make ends meet, we no longer live in a world where every child can have a stay-at-home parent ready to whip up a full meal first thing in the morning. Parents could appreciate a little bit of help to make sure their kids get a healthy breakfast and a good start to the day.

But last week, the Premier (Mr. Pallister) said that he doesn't think his government has any role in feeding hungry kids. He said, quote: If children are going to school hungry, then parents aren't fulfilling their responsibilities. This statement is wrong, and it demonstrates just how severely out of touch the Premier is with the challenges parents face today.

The evidence is clear: breakfast programs in our schools improve kids' performance, attendance and overall classroom participation. The Toronto District School Board did a study which showed that eating morning meals improved students' behaviour, reduced tardiness and disciplinary problems and enhanced their ability to stay on task.

I've seen this first-hand, Madam Speaker, as I've volunteered with parents, with staff and community partners in my own neighbourhood as they've served nutritious programs—nutritious breakfasts while bonding with kids in a meaningful way. Making these programs universal and available to every child in Manitoba that needs one is not only one of the best ways to improve student outcomes, it's also the right thing to do. It's a no-brainer.

I heard educators across the province give this government this same advice during their education review, but—clear the Premier isn't interested in listening to Manitobans about the best ways to improve outcomes. These programs give children meals and opportunities that they otherwise would not have, and to suggest more nutrition options would take away from family mealtime is completely out of touch.

Madam Speaker, we on this side of the House stand with the Manitoba Teachers' Society, the Manitoba Child Nutrition Council and Manitoba families that it is in fact the role of government to feed hungry kids.

Thank you.

Kidney Transplant Awareness

Hon. Reg Helwer (Minister of Central Services): Madam Speaker, March is Kidney Health Month and March 12th is World Kidney Day, an international campaign to raise awareness of the importance of kidneys and kidney health.

In November of 2019, we celebrated the 50th anniversary of the first kidney transplant in Manitoba. We have had 1,671 kidney transplants over the last 50 years, including 607 living kidney transplants since 1971. Manitoba is a leader in kidney transplantation and has absolutely fabulous transplant teams; the physicians, nurses and staff of the kidney clinic are second to none.

* (13:50)

As you may know, our family has great familiarity with kidney transplants as our daughter, Jessica, is a double kidney transplant recipient from her mother, Aynsley, and her brother, Andrew. We were very fortunate to have several family and friends offer to be tested to be a donor, but not everyone has that good fortune.

Transplant Manitoba has been working to increase the registry of organ and tissue donors, and the Logan Boulet effect, in 2018, added a dramatic

increase to the number of registered donors. Green Shirt Day, in honour of the Logan Boulet effect, is on April 7th. Please remember to support Green Shirt Day.

The recent sad but uplifting story of Luke Hatcher from Brandon emphasizes the emotional decision of a family to decide to donate the organs and tissues from loved ones. His mother, Aimee Hatcher, is working on a plan to raise awareness of organ and tissue donation and spread Luke's legacy.

If you are still carrying a paper donor card in your wallet, thank you for doing so, but please recycle it, go online to signupforlife.ca and register your intent to be a donor. It takes but a couple of minutes and you need to have your Manitoba Health card number available.

Manitoba's online registry, signupforlife.ca, currently holds the donation decisions of 46,804 Manitobans.

Thank you, Madam Speaker.

Indigenous Winter Road Construction Workers

Mr. Ian Bushie (Keewatinook): Madam Speaker, I am honoured to have the opportunity to recognize a group of indigenous workers, or may I say generations of indigenous workers, who more often than not go unrecognized, yet their contributions cannot be of a more vital importance to our northern remote communities. They are the community members who build and construct our vital winter road network.

Remote First Nation communities rely on a complex network of winter roads and ice crossings to be able to supply and ship much needed goods and necessities to our remote communities.

Most of our remote communities are now on their third or fourth generation, and some cases even more, of winter road workers. That goes to show the knowledge and skill that our First Nation communities have, not only in their communities, but within their own families. Our people have come a long way from just simply being labourers along the winter road system. They are now fully functioning COR certified companies and are considered experts in the field of winter road construction.

This type of work is not for the faint of heart. The workers endure extreme conditions and work environments, all in the service of keeping this vital northern lifeline open for as long as possible.

For some, the work takes them away from home for hours on end, and in some cases for days at a time, working in total isolation on nothing but a trail in the bush, or a path on the lake, sleeping in their vehicles when you can, or in a makeshift shack because it is too far to go home at the end of your workday and come back for the next day.

We all know how harsh Manitoba winters can be. Imagine the coldest day possible, maybe -40, -45 with the wind chill. Now imagine working outdoors in that bone-chilling temperature and running a hose of freezing water in total isolation for hours on end. That is just one example of the conditions these brave workers endure for their communities, their families and for themselves in order to keep this vital remote community lifeline open.

With climate change affecting Mother Earth today in ways we could have never have imagined before, the importance of our winter road network and the need for the lifeline it provides is at an all-time high. I commend the brave workers of our winter road network for their commitment to ensuring that all of our remote communities are able to access their much-needed goods and services for as long as possible year after year.

I now ask my colleagues in the Assembly to join me to show our appreciation for the hard work, dedication and efforts of all of our winter road builders all across the province.

Miigwech.

Black History Month

Ms. Audrey Gordon (Southdale): Madam Speaker, every February for the last 39 years we have celebrated Black History Month, a time to recognize the achievements and contributions of African/black Manitobans.

Last month was filled with exciting events, from cooking classes and story time to community concerts and educational forums. These events give us the chance to recognize and strengthen the African/black Manitoban community, and I would like to thank the Black History Month Celebration Committee for organizing another great month of festivities. I look forward to participating when Winnipeg hosts the black history conference this July.

For the last weekend of February, I was also honoured to attend the fourth annual Canadian Congress of Black Parliamentarians summit in Halifax, Nova Scotia. This summit brings together

elected officials of African/black descent from jurisdictions across Canada. We work collaboratively to provide practical solutions for issues and concerns related to African/black Canadians.

The presentations and discussions concerning education, youth engagement and access to justice highlighted the main challenges while also providing concrete recommendations to promote diversity and inclusion, for inclusion, Madam Speaker, makes us strong and helps us move forward together.

Madam Speaker, 2015 to 2024 is the United Nations International Decade for People of African Descent. The pillars are recognition, justice and development. This period gives us a chance to ensure African/black people can equitably and respectfully access and participate in all facets of Canadian society.

Black History Month may be over, but we have many opportunities in the upcoming months to realize its theme—Strong Roots, Amazing Achievements—for Manitoba's African/black community.

Thank you, Madam Speaker.

Introduction of Guests

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

I would like to draw the attention of all honourable members to the public gallery, where we have with us today the Manitoba Teachers' Society provincial executive board, including President James Bedford, who are the guests of the Minister of Education (Mr. Goertzen).

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

Also seated in the public gallery from HBNI-ITV out of Fairholme school we have 19 grade 9 students under the direction of Evelyn Maendel, and this group is located in the constituency of the honourable member for Portage la Prairie (Mr. Wishart).

And also seated in the public gallery from Nelson McIntyre Collegiate 17 students under the direction of Chris Enns, and this group is located in the constituency of the honourable member for St. Boniface (Mr. Lamont).

Please help me in welcoming our guests to the gallery.

ORAL QUESTIONS

Universal School Breakfast Program Inclusion in Budget 2020

Mr. Wab Kinew (Leader of the Official Opposition): Madam Speaker, when you see that a child is hungry, should you feed them?

Now, this is a very straightforward and easy question for most Manitobans to answer. We know that we are, of course, joined by the Manitoba Teachers' Society today and they, among many other Manitobans, have been advocating for a universal school breakfast program.

We know that kids learn better when they're not hungry and that their other friends in the classroom learn better too. That's why we've joined in this movement to try and ensure that no child should go hungry when they're trying to learn in one of our schools.

But, apparently, the Premier does not agree. Instead, last week he chose to shame parents before labelling such approaches as state-funded cafeterias without even thinking.

Madam Speaker, it's a simple question: Will the Premier, his caucus and his Cabinet commit to implementing a universal breakfast program in our schools?

Put simply: Will they feed hungry kids?

Hon. Brian Pallister (Premier): Well, Madam Speaker, despite the gross misrepresentations of the member's preamble, he raises an issue of some importance: important enough to this government that we have actually doubled the number of meals that we provide funding for in this province in schools, which I think is worthy of acknowledgement; important enough to this government that we have been able, effectively, to move our province away from being labelled as the leader in child poverty in the country of Canada to now middle of the pack and gaining ground.

Madam Speaker, this is the key. The key is, of course, to uplift the lives of all of those who live in poverty and to make sure that we provide them with more money on the kitchen table, not less, as the NDP constantly proposes.

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

Mr. Kinew: Well, let's just go to the Hansard record, Madam Speaker. You know, the Premier himself said,

quote: If children are going to school hungry, then parents aren't fulfilling their responsibilities. End quote. Now, that was on a day when the member for Radisson (Mr. Teitsma) was his policy czar. Of course, they called school breakfast programs a #BadIdea.

Now the Premier is standing up and saying that apparently it is a good idea to feed hungry children, so which approach will win out in this year's budget?

* (14:00)

Will it be the regressive approach that shames parents, that blames hungry kids for situations beyond their own control, or will they join us in funding a universal school breakfast program right across Manitoba?

Will the Premier stand in his place today at the appropriate time and announce his support for a universal school breakfast program for all children in Manitoba?

Mr. Pallister: I can assure the member that the approach that will not win out will be the one that attempts to use Manitoba's hungry children as a political ploy. That will not happen.

I would ensure that the member understand that doubling the amount of meals available to hungry children does not give evidence to his thesis; and, finally, I would say to him when he constantly—constantly—advocates for higher taxes and less money in the hands of working families in our province, he is exacerbating the problem that we are addressing head-on at its root cause.

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

Mr. Kinew: There's a contradiction that the Premier cannot address: either funding and doubling the number of school breakfasts is a good idea and it should be expanded by being included in this year's budget with an entire commitment to providing a universal school breakfast program—in which case that would be a good idea—or, Madam Speaker, parents—in the words of this Premier—are not fulfilling their responsibilities and providing meals at school is a #BadIdea.

Those two positions that the Premier is trying to occupy are mutually exclusive.

Again, we have been very clear from the outset: a school nutrition program helps every child learn. It is

a good idea. It will improve literacy and numeracy across the board.

If the Premier now agrees, will he stand up today and commit in this year's budget that there will be a universal school nutrition program available to every Manitoba child who needs a good meal at the start of the school day?

Mr. Pallister: Well, I come from a family with a collective over a half century of teaching experience, and I know one thing for sure: the member's proposed bilateral method of thinking is not what teachers teach in the classroom.

What they do is they educate their children on critical thinking approaches, and it's quite possible—quite possible—Madam Speaker, quite possible—to increase funding for school programs for meals, which we've done, while at the same time remembering the unintended consequences of not focusing on educating and teaching parents about nutrition, about meal planning, about dietary strategies.

Madam Speaker, this complex level of thinking—*[interjection]*

Madam Speaker: Order.

Mr. Pallister: —may be—*[interjection]*—may be beyond the members—*[interjection]*

Madam Speaker: Order.

Mr. Pallister: —opposite, but it is not beyond the understanding of the Manitoba Teachers' Society.

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

Mr. Kinew: So if we are hearing the Premier right today, he is doubling support for a program for which he vociferously—

Some Honourable Members: Oh, oh.

Madam Speaker: Order.

Mr. Kinew: He's doubling support for a program—*[interjection]*

Madam Speaker: Order.

Mr. Kinew: He's doubling support for a program that he vociferously disagrees with the unintended consequences of, Madam Speaker.

Again, he stood in his place and he said, when you feel—when you feed a hungry child, there are unintended consequences. Again, Madam Speaker, he said—*[interjection]*

Madam Speaker: Order.

Mr. Kinew: –quote: If children are going to school hungry, then parents aren't fulfilling their responsibilities.

Right now, there is a patchwork approach to child nutrition at schools across Manitoba, and many children are falling through the gaps.

Will the Premier simply commit to rectifying the situation by announcing that, in this year's budget, there will be a province-wide universal school breakfast program for every child who needs it?

Mr. Pallister: Study after study after study, should the members choose to peruse them, recognizes the importance of children having the opportunity to get good nutrition in company of parent or parents. Study after study recognizes that unintended consequences can occur if that is not an addressed issue.

We are addressing causative factors, in partnership with other Manitobans interested in the cause of making sure that children's development is not interrupted through hunger. We are working in partnership with many of them through school meal programs, but through other mechanisms as well.

And so the College of Family Physicians' report, which is a chronicle of a dozen other studies—academic research—recognizes that children's development depends upon, to a great degree, their opportunities to eat with their own family. And so we are for meal programs if necessary, but also—and doubling the funding of them—but also supportive of working with families to upgrade their ability to feed their own children.

Madam Speaker, it's not that complicated.

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

Mr. Kinew: Madam Speaker, there is a school meal program in Dauphin. It's only able to run a few days a week and it is run by volunteers. But this program shows some very clear results: when you feed children, they show up for school.

We're talking about many kids who are struggling with attendance for situations outside of their own control. When offered a hot meal through Dauphin's school meal program, they show up to learn. They show up to join a path to success. They show up to improve their own lives and improve the classroom for all the other kids in attendance.

Now, if these are the unintended consequences that the Premier is speaking about, so be it. I would much rather have a Manitoba where parents can know that their kids are going to school, where every child has a nutritious breakfast, where every kid has a shot at success, than the vision being posited by this government.

Will the Premier simply announce that he will support a universal school breakfast program in this year's budget?

Mr. Pallister: Madam Speaker, the vision espoused by the NDP opposite and repeated by this member is of tax increases which would make it very, very difficult for families to feed their children.

Fifteen tax hikes in just the last 14 years. I know they don't like it, Madam Speaker, but those are—*[interjection]*

Madam Speaker: Order.

Mr. Pallister: —the facts. *[interjection]*

Madam Speaker: Order.

Mr. Pallister: And so continuously taking money off—*[interjection]*

Madam Speaker: Order. Order.

Mr. Pallister: I'm sorry, if the member for St. Johns (Ms. Fontaine) has a question, I'd be happy to take it, Madam Speaker, if—that's her option, I suppose, in this Chamber.

But in the meantime, I'd appreciate her listening.

Fifteen tax hikes in 14 years. Taking—*[interjection]*

Madam Speaker: Order.

Mr. Pallister: No. That's enough.

Madam Speaker: We're getting off to a bad start this week, and I would ask for members' co-operation.

When I do call order, members aren't to be sitting in their seats and saying no. When I call order, I am asking for respect to be shown by all members for the questions that are being asked and the answers that are being given. People don't like the questions or answers, that doesn't mean that you should be heckling across the House trying to shut somebody down. That is not what this democratic process is supposed to be about.

So I'm going to ask for everybody's co-operation, please. These are important issues and I'm asking

for everybody to show respect for the Chair that when I am looking at somebody and asking for co-operation particularly, I'm asking that the Chair be respected as the person that is trying to hold account to the Chamber so that we do have a process in place that people can watch and learn from.

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

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

Mr. Kinew: Madam Speaker, with the amount of money that this Premier and his Cabinet pay high-priced consultants, you could fund a universal school nutrition program that would give every child in Manitoba a healthy start to their school day.

Some Honourable Members: Oh, oh.

Mr. Kinew: Yes, we agree with that approach.

Now, we know that this would benefit the child themselves. When a child starts the day with a good meal, they are able to learn better. But it also helps all the other children in the classroom if that child is no longer being disruptive simply because they are hungry. Teachers, educators, parents, experts have told us time and time again, if you want to improve schools in Manitoba, help kids deal with the barriers that they face before they even show up to class, hunger being one of the main ones.

Will the Premier stand in his place today and announce that this budget about to be unveiled this week will include a universal meal program to help every school child in Manitoba eat when they need to?

* (14:10)

Mr. Pallister: Doubling the resources, committing to working with families to strengthen their ability to provide healthy meals to children is exactly the balanced approach we're taking.

The NDP had 17 years. They had \$200 billion slip through their hands. They tripled the provincial debt in that time. They raised taxes every year and they left us a legacy of a billion dollars of debt service costs which we can't put to the kinds of expansive programs the member now proposes as a simple solution.

So the member is simply repeating the same problem without demonstrating any understanding of how vital it is to address the—*[interjection]*—I know the member cares not for the rule of law. I know the member would love to go on a blockade. I know the

member loves to disrespect the job opportunities—*[interjection]*

Madam Speaker: Order. Order.

Mr. Pallister:—Canadians need, indigenous or not.

I know the member for St. Johns (Ms. Fontaine) wants to make her own rules, Madam Speaker, but we will act to feed hungry children in this province in an intelligent, respectful and collaborative way. That's how we run here.

Universal School Breakfast Program Inclusion in Budget 2020

Mrs. Bernadette Smith (Point Douglas): It's shameful that the other side will stand up and clap for kids in poverty. No child asked to be born in poverty, but somehow—*[interjection]*

Madam Speaker: Order.

Mrs. Smith:—this Premier (Mr. Pallister) decides that it's okay to blame parents that their children are in poverty. *[interjection]*

Madam Speaker: Order.

Mrs. Smith: And we know the effects of poverty, Madam Speaker, because many of us on this side have actually lived it, and we know that poverty isn't even on this government's radar. The words didn't even appear in their own Throne Speech.

Universal nutrition programs help to address real needs, and they can make a big difference in children's lives.

So will the minister today commit to a universal nutrition program for all schools here in our province of Manitoba?

Hon. Kelvin Goertzen (Minister of Education): This is a government that has taken this issue seriously, Madam Speaker.

We saw under the former government where there were significantly less meals and snacks handed out to students each and every year. Since this government has taken power in Manitoba, we've added almost 2 million times when students are getting food when they didn't under the former NDP government, Madam Speaker. That accounts for 10,000 additional students that are getting food that didn't under the former NDP government.

So I know now they feel that this has become an issue for them. It was never an issue for them when they were in government, Madam Speaker. I'm glad

that they finally decided to get on to this issue as something that is important. We've been taking it in a serious way since we've come to government. I welcome them to that discussion now.

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

Mrs. Smith: We know many hardworking Manitobans have to make difficult decisions each and every day, whether that's keeping their lights on, putting food on a table, or actually paying higher rents that this government has forced parents to pay.

But this Conservative government is making these difficult choices even harder. We know that there is one simple step that this government—*[interjection]*

Madam Speaker: Order.

Mrs. Smith: —can take to make things better for kids in Manitoba, and that's to feed the children at school before they go into their classrooms and have to focus on learning.

Will the minister today commit to implementing a universal breakfast program in this year's budget?

Mr. Goertzen: Madam Speaker, when I lived in government housing as a young child after my father died, I didn't realize it at the time, but I certainly came to appreciate the role that the government has in supporting individuals.

Later on, when I became vice-president of the largest food bank in rural Manitoba, I'd also learned the importance having partnerships with those in the community, Madam Speaker.

We are doing both. We have government support when it comes to ensuring that young people who need food are getting that food, Madam Speaker. We are also working in partnerships with those like Walter Schroeder, who is going to be honoured in Washington later this month, who has renovated the St. Johns High School cafeteria and subsidizing that food together with a local grocery store.

There is a partnership between government and the private sector, and I'm proud of that, Madam Speaker.

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

Mrs. Smith: Manitoba's in—Manitoba parents and families don't need blame, which is exactly what this

government has done. They need actual, real, tangible supports from this government.

The Premier (Mr. Pallister) has an ability to take a simple step which could make things better for kids here in Manitoba right in their schools and supporting their families. He can actually listen to parents. He can listen to the experts and even the students themselves who are going to school hungry, saying I can't learn because I'm worried about my tummy growling and I'm focused on getting my next meal.

Universal breakfast programs actually help children. Why would we not want to help children?

So, again, I'll ask the minister: Will he be instituting a—implementing a universal breakfast program in this year's budget?

Mr. Goertzen: Madam Speaker, the member opposite seem to think that helping families in some ways doesn't help young people, and that's simply isn't true.

I remember a debate in this Legislature—I've been here long enough to remember many debates—where there was a debate about ensuring young people stayed out of crime, and there was a premier at the time who said that it was important to ensure that the families were supported because the greatest change you could have started at the family. That individual was Gary Doer, Madam Speaker, who said that. Because it is important to support the families, as we are doing, and then within schools to provide real support, and we are doing that as well.

Maybe they can understand another NDP phrase when it comes to this, feeding young people: we have much accomplished, but more to do, Madam Speaker.

Universal School Breakfast Program Inclusion in Budget 2020

Mr. Mark Wasyliv (Fort Garry): In response to the 2008 financial crisis, countries across the world scaled up their school meals programs. They recognized that feeding hungry children isn't just the moral thing to do, it makes good economic sense. It's an investment in the future, ensuring that children have the basic needs met to help them—prepared for learning.

I ask this Finance Minister: Will he listen to the teachers and the experts and implement a universal breakfast program in this year's budget?

Hon. Kelvin Goertzen (Minister of Education): Well, Madam Speaker, we have since we've come into government been listening to teachers who have told

us that, absolutely, there is a need within the school system when it comes to those who are going to school hungry. In fact, we have—now have 4.8 million times that we're handing out either meals or snacks or some sort of food item to address that hunger. That is 2 million more than ever happened under the NDP.

So we recognize the need. We've been listening to teachers. We'll continue to do more, but that doesn't mean that we shouldn't strengthen families. That is absolutely an important part of it. I would say that the best breakfast that a young person could have is the one at home with a parent, a guardian or a loved one. But where there—that isn't happening, for whatever reason, we want to ensure they're getting food at school.

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

Mr. Wasyliw: Well we've yet to hear from the 'finance' minister on this issue, and anyone who has spent time in our schools knows that there are too many children going to school hungry and it's hurting those children's futures.

Countries around the world have recognized that feeding hungry children brings strong returns. It's a financial investment in the future of our province. It's unfortunate that this idea has been dismissed out of hand.

Will the Finance Minister reconsider his Premier's (Mr. Pallister) position and invest in a universal breakfast program in this year's budget?

Mr. Goertzen: Madam Speaker, this government will continue to invest in ensuring that young people who are going to school and who don't have appropriate food or meals get that. We've been working with partners throughout Manitoba. We've been supporting it through government support as well.

But, ultimately, we continue to do more. Each and every year the number of food items that are handed out within the school system increases. That means that we are reducing hunger, certainly far more than the NDP, Madam Speaker, and we'll continue to do more.

This budget will advance that, as every budget has since we've come into government, Madam Speaker, and I'm sure that the member opposite will do what he's always done and vote against the budget because he says one thing, but does another in his actions.

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

Mr. Wasyliw: Well I'd remind my friend opposite that their own poverty reduction strategy shows that poverty is going back up in Manitoba and social inequality is going back up in Manitoba given the policies of this government.

Now, if children don't have the basic needs met, they will not be able to learn and to reach their full potential. If that's the case, we all lose out.

We're all in this together, Madam Speaker, and, again: Will the Finance Minister take our advice and make the modest investment in our future? Will he invest in a universal breakfast program in this budget?

* (14:20)

Mr. Goertzen: Madam Speaker, we will continue to do what the NDP didn't do, and that is to significantly ensure that young people are getting support, not just with government support, but we will be working with partners, because there are willing partners who want to be involved and we break down those barriers that the NDP put up when it came to working with the private sector and others who want to support these important initiatives.

I wonder where the member opposite was when he was a school board trustee in raising these issues. He never seemed to be speaking strongly about that, Madam Speaker, while in 2017-18 while he was in San Antonio, Texas, at a junket, at a conference, spending almost \$1,200. I wonder how many hungry mouths could have been fed instead of going to San Antonio on your concert—or, on your conference.
[interjection]

Madam Speaker: Order, please.

Just a reminder to members that when posing questions or answers that they be posed through the Chair.

Universal School Breakfast Program Minister's Position

Ms. Malaya Marcelino (Notre Dame): Madam Speaker, a universal breakfast program ensures that hungry children are fed nutritious food, and it is so important for women who struggle just to make ends meet.

One parent at École Powerview calls their breakfast program a lifesaver and says that she is so thankful that her children can get what they need without being labelled or judged for needing the extra food. It helps moms, it helps families and it feeds hungry children.

I ask the Minister responsible for the Status of Women (Mrs. Cox): What does she have against a universal breakfast program?

Hon. Kelvin Goertzen (Minister of Education): Madam Speaker, the member opposite is right. There's no child that should be judged when they go to school hungry, and certainly my experience—both in running a food bank and also in ensuring, now, as the Minister of Education, that young people are getting support—backs that up.

There's no question that when a young person is going into a school, they should have no stigma put upon them if they are hungry entering that school, and we will continue to ensure that not only does the stigma not exist, but there is more support for those young people who are going to class and are not getting the nutrition that they need at home, Madam Speaker.

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

Ms. Marcelino: Madam Speaker, to this parent in Powerview and to thousands of mothers across Manitoba, the Pallister government has only blame. Last week, the Premier (Mr. Pallister) said that if her children are hungry, then parents aren't fulfilling their responsibilities. Madam Speaker, this government is completely out of touch with what goes on in our schools and the challenges that mothers face in making sure their kids have what they need to be successful.

Will the Minister responsible for the Status of Women please stand in her place and explain why she won't support feeding hungry children in schools?

Mr. Goertzen: Madam Speaker, my mom raised my sister and I as a single mother after my father died when we were young, and she went to great lengths to ensure that we had everything that we needed, and I'm sure there were times when she felt that she couldn't do enough or couldn't do as much as maybe other parents around her.

So I understand, and I know that there are many stories from members on this side that would have the same kind of experience. I understand clearly how difficult it can be for a single mother or a single parent when they're raising a young person. That is why we continue to take this issue seriously and put more support into helping those young people than ever happened under the former government, Madam Speaker.

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

Ms. Marcelino: Madam Speaker, the Pallister government is out of touch with the experience of thousands of Manitoba families and out of touch with the reality of what really goes on in Manitoba classrooms. Across Manitoba, across our province, 68 per cent of indigenous children under the age of six years old live in poverty, and in my constituency one in two children live in poverty.

Feeding hungry children lifts all of us up. It helps children meet their potential. It supports parents and women who may be struggling just to get through each day.

I ask the Minister responsible for the Status of Women: Will she stand up to her caucus and tell them to put a universal breakfast program in this year's budget?

Mr. Goertzen: Madam Speaker, I think the member should be careful in some of the language that she uses.

I certainly—on—members on our side of the House, members of our caucus—I've heard some of the struggles that they've had growing up. I've talked to members of the NDP who shared with me some of the struggles that they had growing up as young people and I've—I'm sure that those same stories would exist within the Liberal caucus.

This is not something that is partisan or political. There are all of us who could identify different times when we've probably struggled within our lives and where we've needed the support from somebody else. That is why our government has been continuing to increase that support, why we will continue to increase that support, because we recognize that it is a difficulty and a challenge, and all of us, I think, can share in that goal, Madam Speaker.

Universal School Breakfast Program Inclusion in Budget 2020

Mr. Matt Wiebe (Concordia): Madam Speaker, I had the opportunity to hear first-hand from parents and experts across this province as they gave advice to the government about the need and effectiveness of breakfast programs during this government's educational review.

You would think with that advice clearly stated over and over again at every stop, and with this Premier's purported expertise in the classroom, that he would understand the importance of making sure that

no child is left behind when it comes to learning hungry. But, clearly, the minister and the Premier (Mr. Pallister) aren't interested in listening to those parents. They're not listening to the experts about the best ways to improve the outcomes.

Will this minister simply commit today to listening to those parents and experts, and implement a universal school breakfast program across Manitoba?

Hon. Kelvin Goertzen (Minister of Education): The member opposite references the K-to-12 commission. I want to thank my colleague, the member for Portage La Prairie (Mr. Wishart), for his good work in the K-to-12 commission.

I can confirm for the House that we received the commission's report late on Friday. We look forward to releasing it later this month as committed—not burying it like the NDP did with so many of their reports—and then having a good discussion about their recommendations on our path forward.

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

Mr. Wiebe: Well, the minister says he just got the review, and yet in November the minister went on record to say that he would wait until he saw those recommendations before commenting on a K-to-12 universal breakfast program; and yet, his Premier was more than willing to stand up ahead of that particular set of recommendations, and he made up his mind and made it clear to his entire caucus they would not be following that, if that is one of the recommendations that they heard.

We know the evidence is crystal clear, Madam Speaker, universal breakfast programs help children, and it is the right thing to do.

So why won't this Premier simply in—add that to his budget this year, a universal breakfast program?

Mr. Goertzen: The member for Concordia has been in this House for some time. He knows that I have an appreciation for him and we've had some good discussions, and I think on many things we might agree when it comes to policy.

But I also know that he sat in a government caucus for many, many years, and he saw many budgets that came forward from the NDP government that did far less when it comes to providing support for young people, when it comes to nutrition, that our budgets have done; and yet he supported every one of the NDP budgets that did far less than we're doing to

provide food for young people, and he's voted against every one of our budgets that's done more.

So if he actually wants to back up his words with actions, I look forward to him supporting the budget that the member for Kirkfield Park (Mr. Fielding) is going to be tabling on Wednesday.

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

Mr. Wiebe: Madam Speaker, with every response this minister continues to show just how out of touch he is with this issue and out of touch with the struggles that parents are having every single day.

Parents work hard every day to provide for their kids, and sometimes it just isn't enough. They're simply working too hard and maybe they don't have the time or they don't have the resources, and this is where we have the opportunity as legislators. These struggles are real for modern families, and it really is up to this Premier to step back, take off his ideological blinders and support this very important program.

Will the Premier simply commit to this House today to include a universal breakfast program in this year's budget?

* (14:30)

Mr. Goertzen: Madam Speaker, the issues of hunger aren't new. They didn't just come up in the last week. They were there when I was running a food bank many years ago, they were there when the NDP were in government, and, yes, they are there today. And we recognize that, and that is why we've been putting more resources in and ensuring that more young people are getting food items when they go to school.

But I would say to the member opposite, and I suspect that he brings this forward with the best intentions, that he never talked about these things in the House when they were in government, Madam Speaker. It was never on his radar. So I would ask him to just take a step back and ask why it is that he never said anything when the NDP were underfunding these programs, and now that we're doing more, he seems to be critical.

Addiction Treatment Medications Provincial Formulary Coverage

Mr. Dougald Lamont (St. Boniface): I was approached recently by a constituent whose brother has very serious mental health, health and pain issues and, as a result, is unable to work. Because of his pain, the doctor prescribed him Tramadol, which is less

addictive, but it is not covered under the provincial formulary, so he has to take other opioids with a greater risk of addiction instead.

Given that we have an addictions and opioids crisis in Manitoba, will the Premier (Mr. Pallister) ensure that drugs like Tramadol are covered so that Manitobans can access less addictive drugs, rather than addictive drugs being the default?

Hon. Cameron Friesen (Minister of Health, Seniors and Active Living): I thank the member for the question. That member knows that there are new drugs added to the Manitoba formulary on a regular basis. We participate broadly and well with other jurisdictions to get preferred pricing. We've made incredible gains in the last few years in being able to get better pricing to add more to the formulary, and I would inform all members of the House that we have other ways that we will continue to bring initiatives to help us do that better and more efficiently.

In the meantime, that member knows that I cannot comment on an individual case in this House.

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

Mr. Lamont: During the break I had an opportunity to meet with an addictions nurse working at Opaskwayak Cree Nation. She's doing an incredible job of running an opioid replacement and treatment program. She said one of the obstacles she faces is that, while it is easy for doctors to prescribe medications that lead to very serious addictions, like morphine, hydromorphone and fentanyl, it is actually harder for doctors to prescribe a drug like Suboxone, which is effective in helping patients manage their withdrawal.

Will this government ensure that it is as easy for doctors to prescribe Suboxone to treat addiction as it is to prescribe OxyContin, morphine or fentanyl?

Mr. Friesen: The member knows that this government has been leading when it comes to addressing the issue of opiate overprescribing. As a matter of fact, we became the first jurisdiction in Canada to allow our EMS personnel to give acamprosate and other drugs. We give Naloxone kits broadly.

The issue of overprescribing of opiates is a broad one. It is a global issue. We continue to learn well from other jurisdictions and collaborate in-jurisdiction, and I'd be open to anything that the member would want to provide in the way of

information to build better policy, as we're always committed to do.

Individuals with Brain Injuries Expansion of Services Needed

Hon. Jon Gerrard (River Heights): Madam Speaker, the family of Taylor Pryor shared her story today. It is a tragic story of a health-care system in disarray. Taylor Pryor was an amazing young woman, in the words of her family, a world-changer, who suffered a concussion and saw her life turned upside down.

In Manitoba today, among many other concerns, there is a huge lack of supports for individuals with an acquired brain injury.

Will the minister support the family's call for an inquest, and will the minister also act today to ensure that there are much more robust and co-ordinated services for children and adults with concussions and other acquired brain injuries?

Hon. Cameron Friesen (Minister of Health, Seniors and Active Living): Madam Speaker, I know the Pryor family. I met with them. They are carrying a tremendous burden in the loss of their daughter—a daughter that we knew well.

Our daughters sang in the same choir together for some time, attended the same university. No parent envies the path that they are walking. I sensed in them a tremendous humility, and still there is much that we can learn from them.

We know that there's a broad investigation under way. If there are learnings that our system can take away as a result of their experience, we are ready to learn and improve our system. But the VIRGO report clearly said that our system was in disarray, and we've inherited tremendous challenges.

Budget 2020 Preparation Prebudget Concerns

Mr. Len Isleifson (Brandon East): Our government has a proud record of consulting Manitobans on important issues, particularly around finances. For the last few months, this government has undertaken one of the most comprehensive prebudget consultations in the history of Manitoba.

I'm asking if the Minister of Finance could brief this House in further detail about this historic process.

Hon. Scott Fielding (Minister of Finance): Madam Speaker, in preparation of Budget 2020, more

than 18,000 Manitobans participated in our pre-budget consultations either through telephone, town hall meetings or active engagement—*[interjection]*

Madam Speaker: Order.

Mr. Fielding: —in places like Brandon or Thompson, Flin Flon, Gimli, The Pas, Swan River, Altona, Steinbach and Winnipeg, Madam Speaker.

Members of the government also had consultation meetings in their communities. And I understand members from the opposition came to these.

We know under the NDP's consultation they raised taxes 15 times in 14 years, Madam Speaker. Our consultations will not lead to that. Manitobans will be more affordable—it'll be more affordable for Manitobans under our budget.

Pembina Trails School Division Travel Times and Child Care

Mr. Jamie Moses (St. Vital): Parents at École South Pointe in Pembina Trails are looking for a solution to ensure their children can stay close to home and in their current school. These parents face real disruptions as their children bounce from school to school.

Local parents have been very clear with the Pallister government about what is needed, and their concerns have been ignored. Some children have already been moved around and their parents will struggle to find before-and-after-school care.

Will the minister listen to the parents of South Pointe, listen to the leadership at the school division and ensure these children can stay in their school?

Hon. Kelvin Goertzen (Minister of Education): I appreciate the member pointing out the lack of education spaces that were left under the former NDP government. I encourage him to continue to bring that forward about how few spaces were built under the former NDP.

But the good news is that things are changing and that with the election of a Conservative government, a Progressive Conservative government, we not only committed to seven new schools in our first term, many of which are already done, but 13 in the last election, which would be a record number of new schools built.

There will be two in that area, which will address that as a long-term issue, Madam Speaker.

Madam Speaker: The time for oral questions has expired.

PETITIONS

Personal-Care Homes

Hon. Jon Gerrard (River Heights): Madam Speaker, I wish to present the following petition to the Manitoba Legislature.

The background to this petition is as follows:

(1) Manitoba elders and seniors have built this province and should receive a high level of support, having earned the right to be treated with due respect, dignity, understanding and compassion as a fundamental human right.

(2) Seniors who reside in personal-care homes have more diverse and complex physical and brain health issues today than those who were in similar homes even just five years ago, yet the staffing formula, or minimal personnel requirement, is over 20 years old.

(3) The issue of the changes to, and more complex nature of, care is being exacerbated by the provincial government's policy of discharging people out of hospitals more quickly, leaving many residents still in need of a high level of care.

(4) Manitoba does not have enough health-care aides and nurses specifically trained to care for seniors with high and complex levels of physical and mental issues such as those with dementia, coupled with multiple chronic conditions.

(5) The added complexity of care with such residents is putting additional stress on doctors and family members, as it may take six to eight weeks for a doctor to see a resident in a personal-care home.

(6) Unfortunately, the lack of quality care received by many residents is not unique, causing one person to say that: It was easier to watch my dad die in a personal-care home than to watch him live in the personal-care home.

(7) Staff are so overworked that they are forced to tell senior elders and residents in need: Go in your diaper; I can't help you. You will get food eventually.

Relatives are also being told that residents in care homes should not ever expect to walk again after hip or knee replacement surgery because care homes are not set up for rehabilitation.

(9) The provincial government has allowed personal-care homes to serve food that is warmed

from frozen instead of being freshly cooked, depriving seniors the taste of good food which is one of the few real pleasures that would—they would be able to enjoy at this time of life.

* (14:40)

(10) Although residents enter personal-care homes to have the best quality of life in their last few days, weeks, months or years, relatives repeatedly hear the words: He came here to die; and: She came here to die.

(11) Relatives are regularly angry, frustrated, disappointed and shocked at the care their loved ones now receive in Manitoba's personal-care homes.

(12) Administrators in personal-care homes respond to complaints by stating they need more and better trained staff.

We petition the Legislative Assembly of Manitoba as follows:

To urge the provincial government to increase training and staffing requirements for personal-care homes in Manitoba to ensure residents receive high-quality, nutritious food as well as compassionate care.

Signed by Sean Humphries, Donna Youngdahl, Rush Ochockwi [*phonetic*] and many others.

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

Crown Land Leases

Mr. Diljeet Brar (Burrows): Madam Speaker, I wish to present the following petition to the Legislative Assembly of Manitoba.

These are the reasons for this petition:

Many farmers, specifically cattle ranchers, will be negatively impacted by the changes to leased Crown lands announced by the provincial government on September 27th, 2019.

Farmers previously had the ability to strategically plan out the way in which they utilized the leased Crown land.

The announcement reduced leaseholds by 35 years to 15 years, and these changes will create great uncertainty, having the potential to impact an entire farm's operation and even existence.

This uncertainty will take away the incentive for farmers to safely invest in their Crown land leases.

The potential of losing these leases without the afforded time to plan ahead will create additional stress for the current farming generation and the ones to follow.

We petition the Legislative Assembly of Manitoba as follows:

To urge the Minister of Agriculture to reconsider the changes to Crown land leases and instead create an agreeable strategy that satisfies all parties, specifically ranchers;

To urge the Minister of Agriculture to recognize the value of agriculture in the province of Manitoba and the value Crown land holds to farmers in sustaining their livelihood;

To urge the Minister of Agriculture and all honourable members to understand the important role farmers play in Manitoba economy and to allow them to take part in discussions that directly impact their livelihood.

This has been signed by many Manitobans.

Thank you.

Madam Speaker: Grievances?

ORDERS OF THE DAY GOVERNMENT BUSINESS

Hon. Kelvin Goertzen (Government House Leader): Please call for debate and hopeful passage this afternoon: Bill 10, The Regional Health Authorities Amendment Act (Health System Governance and Accountability); followed by Bill 11, The Minor Amendments and Corrections Act, 2019.

Madam Speaker: It has been announced that the House will consider second reading of Bill 10 this afternoon to be followed by Bill 11.

SECOND READINGS

Bill 10—The Regional Health Authorities Amendment Act (Health System Governance and Accountability)

Madam Speaker: I will therefore call second reading of Bill 10, The Regional Health Authorities Amendment Act (Health System Governance and Accountability).

Hon. Cameron Friesen (Minister of Health, Seniors and Active Living): Madam Speaker, I move, seconded by the Minister for Economic Development and Training, that Bill 10, The Regional Health Authorities Amendment Act (Health System

Governance and Accountability); Loi modifiant la Loi sur les offices régionaux de la santé (gouvernance et obligation redevictionnelle au sein du système de santé), be now read a second time and be referred to a committee of the House.

Her Honour the Lieutenant Governor has been advised of the bill, and I table the message.

Madam Speaker: It has been moved by the honourable Minister of Health, Seniors and Active Living, seconded by the honourable Minister of Economic and Development and Training, that Bill 10, The Regional Health Authorities Amendment Act (Health System Governance and Accountability) act, be now read a second time and be referred to a committee of this House.

Her Honour the Lieutenant Governor has been advised of the bill, and the message has been tabled.

Mr. Friesen: It's my pleasure to be able to rise today and put some comments on the record in respect of The Regional Health Authorities Amendment Act (Health System Governance and Accountability)—act.

Madam Speaker, it is a historic piece of legislation that we introduce. Members of this House will remember that we previously introduced this same legislation some time ago and reintroduced it now in the—more recently. This legislation that we bring is in many respects the road map, the path forward in Manitoba to a better, more responsive health-care system.

We have committed as a government to fix the finances, repair the services and rebuild the Manitoba economy. And, when it comes to the health system, this is the means by which many of those repairs come.

We inherited a mess when it came to health care in Manitoba. We know that for many years under the previous government, Manitoba had one of the most expensive health-care systems in the country.

As a matter of fact, that on a per-person funding basis, the funding in Manitoba was almost \$1,000 more than the national average, and yet you would expect that, for that level of investment, we would have had a system that was near the top, a system that was providing the best possible care—consistent care.

Urban, rural, remote, it would have been a system that had the lowest wait times. It would have been a system that boasted some of the highest volumes of

procedures and the best diagnostic framework, and the lowest cost for procurement of any jurisdiction.

You would have thought that those would have been the hallmarks of such a system under the previous government but, indeed, it was not so. Instead, Manitoba both had one of the most expensive systems, but one of the worst performing systems in all of Canada, with some of the worst emergency department wait times, some of the longest journeys people would have to have between things like suspicion and diagnosis and treatment and post-treatment care; those journeys were longer here than in other jurisdictions. The wait times for diagnostic services were longer.

And, when we took government, we committed to do better. We recognized immediately, and we said to Manitobans that ensuring reliable, accessible and equitable health care was a top priority for our government. We know that we had advice—we had both the advice of experts who examined our system; we also had the advice of other jurisdictions who proceeded quickly, more quickly than Manitoba to actually change their systems.

And that advice indicated that our system was overly complex for the size of jurisdiction. That advice indicated that our system was inefficient in the way it provided for care, or provided for access. The previous system was simply not delivering the results that Manitobans expected and deserved.

We know in the time between 2003 and 2016 when our government—when our party formed government—that health-care funding in this province rose by almost 100 per cent. Health-care funding almost doubled in size. And we know right now that health-care funding accounts for almost 42 per cent of all government expenditure.

As a matter of fact, we have said in the past—the member for Steinbach (Mr. Goertzen), when he was the minister of Health, used to say that if left on the trajectory that health was proceeding on in this province, eventually—I think he said it only half jokingly—there would only be two departments left in government: the Department of Finance to collect revenues and the Department of Health to spend them.

I can recall being at national meetings on health care and the Canada Health Act with the member for Steinbach when I was the Finance Minister and he was the Health minister. And at that meeting, we heard from jurisdiction after jurisdiction whereby they had taken steps to actually arrest the out-of-control growth

of health care that was eclipsing everything in its path. Some people half-joked that it was the Pac-Man that was eating all resources in its path, and that's not sustainable.

* (14:50)

So, Madam Speaker, we went to work. We committed to Manitobans that we would improve health care, that we would reduce wait times, that we would provide for more diagnostic tests, that we needed to do better to both procure a commitment from doctors to practise and to retain them, not just in urban areas, but in rural areas. We needed nurses. We needed technologists. We needed people who were working in our hospitals as health-care aides and professionals, and we have made progress along the way.

We know that this is a huge enterprise. Health care in Manitoba is a \$6.7-billion enterprise. It has 55,000 people working in it, and we are seeing improvements across the system. Even last week, the member for Union Station (MLA Asagwara) was trying to spin a yarn that somehow there were less nurses working now in Manitoba, when in fact we've hired more than 230 new nurses into our system in just the last nine months.

Madam Speaker, we are spending almost \$600 million more than the previous government ever spent in health-care delivery. We have more doctors retained in this province than ever before, and we know there are challenges still under way and there are things left to do.

But I can tell you anecdotally that even in the last year and a half to two years, we have added diagnostic tests, like MRIs and CT scans, and those are up 23 per cent–22 per cent more than just under the previous government, that much more volume in our system.

And we need it, because we are an aging population. We are a population that is 'strewed' out on a very vast piece of geography. I sometimes start remarks by saying we are a relatively small population on a very big piece of land, and that makes for some real challenges when it comes for health-care delivery.

So we received advice from experts. I know that the NDP continues to say they don't listen to anyone. They did solicit for advice from external sources. They even hired David Peachey to come into this jurisdiction. I remember, in particular,

one PricewaterhouseCoopers examination on procurement from 2015 that probably cost a million dollars that, on the day it was delivered to government, their minister said he had no knowledge of the report. We found it collecting dust on a shelf somewhere and we put it into effect. They procured for the report; they put it on a shelf; their minister said he had no knowledge of a million-dollar report.

The difference between us and them is we will act on the advice of the experts within our system. We will act on the advice of the experts that we procure to be able to help us to get something done, to be able to reduce wait times, to be able to hire doctors, to be able to create a more sustainable health-care system.

Madam Speaker, that's where this bill comes in. This bill is the architecture that helps us to co-ordinate our system better, to help to align it better.

I was at a meeting less than a week ago with a nurse in Manitoba that has more than 20 years of experience in the area of cancer care, and that nurse made the comment that in Manitoba we don't have a health-care system; we have several health-care systems, because the system in the last twenty years has not been constrained to clearly act as one system.

No wonder experts said, when they surveyed Manitoba's health-care system, that it was unnecessarily complex and that additional complexity was standing in the way of better results.

So this blueprint, what what Bill 10 describes, is the better co-ordination of our system. The regions—our five regional health authorities—remain. CancerCare becomes the cancer care authority of Manitoba. And then, we establish Shared Health to serve the entire province, to take up very specific assignments. And then, in addition to that, things like the Addictions Foundation of Manitoba find a home in Shared Health, where that enterprise and that initiative can be maximumly effective throughout this system.

In others' words, we are knocking down artificial silos that did not help to create a better system. It is a blueprint that is undertaken to create a more patient-focused, sustainable and efficient health-care system that will result in improved and effective health services for Manitobans.

Bill 10 amends The Regional Health Authorities Act. It amends a number of other acts. I understand that this bill is so extensive that it will amend, in some way, over half the legislation currently on the books

for Manitoba. This is no small thing that is being undertaken, but it is something that is being undertaken because of the advice of experts in the system, and I would want to completely eject from discussion the understanding, somehow, today that this is political in nature.

This is actually—this—this system redesign was the advice of people within the system, and I can tell you anecdotally, Madam Speaker, that wherever I go in this province, people will say to me, off the record, this is the right change for our province. This is something that we advocated for years on—system leaders, doctors, nurses, people who practise in the system saying this is the co-ordination that our system has needed all the way along.

Has it been bumpy? Yes, it has been bumpy. Culture is an enormous force in any kind of organizational change and the culture in this has been enormous. It is—we are asking people to do their job differently, sometimes in new places, sometimes with newly formed teams, but we can tell you that, across the system, even as a result of the steps that we've undertaken so far, there are so many stories of success.

I think, right now, about Victoria General Hospital and how we have consolidated our mental health in facility and community functions. We coalesced beds onto this one campus. We took mental health experts, doctors, from three and four different places in the system and moved them together, and all evidence would show that this has been helpful, that it is helping those staff to better serve those patients and their community clients. I'm hearing story after story of success. I think right now about the move to urgent care from—of some of these facilities. We had six emergency departments in Winnipeg and part of this plan, of course, calls for the consolidation of emergency departments into three hospitals and then for a—urgent care focus to be given to three community hospitals.

And some out there say, well, if three emergency departments are good, isn't six better? Isn't nine better? And yet, when we look across Canada, we see clearly that is not the case; that resources must be co-located in order for them to be maximumly effective. And we continue to express confidence that when it comes to things like our emergency department wait times, they are moving in the right direction.

Yes, the opposition said last month that that month-over-month time did go up. Yes, that is true, and we are in the middle of a flu season. We had a co-occurrence of strains A and B and RSV. We are all

preparing for the COVID-19 and the arrival of coronavirus in this jurisdiction by preparing—not by panicking, but by preparing—adequately and carefully should we find an occurrence here in Manitoba, a presumptive case.

But I can tell you, Madam Speaker, that measured against the NDP emergency department wait times, our wait times are down. Measured against the start of the transformation of the health-care system in the WRHA, our wait times are down, and I would suggest to you that as we continue to receive our data from February, March, April, May and June, that barring a health-care emergency—and we don't know what the future holds right now as we continue to prepare for COVID-19—that we know our emergency wait times are moving in the right direction.

I heard recently that when it came to emergency departments in Winnipeg that at Victoria General Hospital they said that the volumes had gone up 30 per cent while the wait times had fallen by 20 per cent, and while patient satisfaction records were showing increased satisfaction that they had been dealt with and treated in an effective and prompt way. I think that is great evidence to continue to receive about the system.

*(15:00)

What this bill does, it supports the transformation principles of improved and effective health services, role clarity and accountability for Shared Health, for CancerCare Manitoba and for our five regional health authorities. Those are the seven major organizations that provide health services to Manitobans. And we are clarifying the respective roles of organizations involved in the delivery and administration of health care that are foundational to the success of our overall transformation.

Mr. Doyle Pivniuk, Deputy Speaker, in the Chair

This bill streamlines a lot of legislation so that the seven regional health authorities operate under one piece of legislation—not several pieces of legislation, but one piece. Bill 10 renames The Regional Health Authorities Act as the Health System Governance and Accountability act. And that would reflect the role of the legislation in the organization, management and oversight of the provincial health-care system.

As I said, the bill establishes Shared Health as the provincial health authority that sets out specific duties—as the caretaker, if you will—for our provincial clinical and preventative services plan. Shared Health becomes the home of a provincial health human

resources plan and a provincial capital plan for the health system. It will become the place where administrative and clinical support services for the CancerCare authority, for regional health authorities and other service delivery organizations are provided. And it has other functions as well. Sometimes I think it could be understood—you could almost say that Shared Health completes the circle.

When changes were undertaken in the mid-'90s to create the regions, probably now in the fullness of time and with the objectivity that 20-some years gives us, we've seen that all of these regions and all of these authorities are duplicating and overlapping in a lot of areas. Human resource planning and planning for capacity and capital planning—there is so much area of shared work that can be centralized. Sometimes we will say now that we are learning to plan from the centre out instead of having all of these side-load approaches.

We know as well, Mr. Deputy Speaker, that the VIRGO report said that when it came to mental health and addiction services in Manitoba, that ours was a badly siloed system. And only earlier today in question period we had specific questions today on a very tragic death of one young person in this jurisdiction who fell through the cracks, the family is saying. I've met with that family and their story is a heartbreaking one. And I have said to the family, and I will continue to say, that if there are learnings that our system can receive to strengthen care so that no family has to go through what that family did, we will undertake to do the very best job we can to receive that advice and to act on it. But we did have a very siloed system, a system where care was inequitable.

And we were very proud only months ago to make some brand new investments at the adolescent psychiatric unit at the Health Sciences Centre where we have added more psychiatry, more group counselling, more capacity for psychiatric nurses to receive people, more capacity for in-facility adolescent care and more community care. These are exactly the investments that we must be making.

These are investments that were not undertaken by the NDP in 17 years as they watched people slipping through the cracks. We were proud to bring these investments. I'll hint to everyone in this Chamber that we are not done bringing investments that will improve our mental health and addiction services. But this structure through Bill 10 will assist us in making those improvements as we continue to go along.

I intimated earlier that other jurisdictions are travelling before us on all of this. It doesn't matter what the political stripe is, we know that other provinces and territories have, in many cases, have undergone changes to their health-care systems to allow them to co-ordinate care better, to allow them to coalesce groups more onto-into single facilities instead of strewing out those resources across the system.

We know now that that nucleus of care can be disturbed. Much like a small fire burning, those embers can be strewn about and the fire loses its heat and ability to continue to burn, that coalescing of resources together helps the system deliver better care.

There is a simplicity and an accountability built into this new structure that we believe will be robust and it will benefit Manitobans. We will set about to have service delivery agencies, the regions, enter into accountability agreements where it is clear what we are asking the regions to do and it is clear the methods and mechanisms by which those regions will be measured in the performance of those activities that we ask them to undertake.

I would also submit it will be clearer to their governance what their role is in constraining those groups to deliver health care. Simply said, the role of the regional health care authorities in the new structure will be to deliver health care. Policy and policy development will be the responsibility of the department. Shared Health will be that enterprise to both assist and deliver some functions directly—as I said: mental health, addictions, EMS and Emergency Medical Services. Procurement, human resource planning, back-office financial planning; a lot of those things will be done.

I'm very proud of this standardization of the work, through Bill 10, of the standardization of things like our service purchase delivery arrangements with groups. So service delivery organizations in the former system signed a service purchase agreement, and there was a service purchase agreement separate and autonomous for every single group that delivered a service in Manitoba. I once mistakenly asked for those SPAs, as we call them, to be delivered to my office, and there were stacks upon stacks of service purchase agreements that were delivered to my office.

Think of the inefficiency. Think of the way that no one could keep on top of what we were asking groups to do. We were essentially saying as a system

that every single group that does any function in this system is automatically unique in every sense.

That, of course, is not true, and we are so proud of the work that has been done in collaboration with partners to standardize those service purchase agreements to make it clear what we're asking those partner organizations to do in the delivery of health services, and to make it clear that there will be an integrated, consistent performance-oriented framework right across the province, no matter where you are. If you're doing that role, you know you have the confidence. Think of the confidence it gives to the CEO. Think of the confidence it gives to senior administration. Think of the confidence it gives to people who work in the facility, or those who have governance positions and responsibility for the— for that organization. So those are just some of the benefits of what we're doing.

I do want to speak just very briefly about the role of enhanced audit capacity when it comes to physician remuneration, and I was almost surprised to see the NDP in the fall somehow raise a ruckus about auditing a billion dollars of doctor remuneration.

Think of any system—and Mr. Deputy Speaker, I know your background and you have a financial services background, and you—if there's anyone in this Chamber who understands things like risk and exposure to risk, and your due diligence to oversee risk appropriately—you know that world. You lived in that world.

And, Mr. Deputy Speaker, I can tell you that there were years under the NDP where physician billing in this province just for fee-for-service—not for contract billing, but just fee-for-service was going to \$750 million and there was almost no one in charge of reviewing doctor billing to see if anything had been billed where a service hadn't been performed, or anything hadn't been billed where a record hadn't been kept to demonstrate that, or anything had been billed where perhaps the service wasn't medically necessary. And I was almost shocked to see the NDP stand out and somehow suggest that oversight of physician billing was somehow inappropriate.

Mr. Deputy Speaker, what is inappropriate is a government that would be so lax as to not put an appropriate audit function on almost a billion dollars of taxpayer dollars going out the door.

* (15:10)

Now a few caveats, Mr. Deputy Speaker: (1) The vast majority of doctors go to work every single day

and seek to bill in the system appropriately. We thank doctors for their service. We thank them for the practice that they maintain. We thank them for caring every single day.

But, Mr. Deputy Speaker, I would say to you that those doctors care very much that people within the system who are not behaving ethically have a watchdog.

There is a reason that we have a speed limit on the highway. And I know a few things about your, you know, very wide constituency, Mr. Deputy Speaker, and I know that you have a lot of area to cover in your car. And I know from time to time that you have a way of getting to events very, very quickly. But I would say this without exposing you in any way in this Chamber: There's a reason the speed limit says 100. And you might say that not everybody goes 100—they might be travelling 110 or 112—but I would submit to you that, because of the speed limit, they are not going 160.

And the same principle applies when it comes to physician billing. We have an obligation as a government to oversee doctor billing because, in the absence of any oversight, it gives the wrong message to people who might drive 160. And I think that that appropriate constraint of oversight is not just a good idea; it is a cornerstone for any system. And I am shocked and dismayed that the NDP in this province for 16 and a half years did not see fit to build an appropriate oversight over almost a billion dollars of billing in our system.

Our system of doctor billing, in doctors' defence, is way too complicated. We have almost—we have thousands—thousands of unique tariffs and fees that doctors can use to bill, and we are at work collectively and 'collaborately' with Doctors Manitoba inside this master agreement to be able to fundamentally reform the practice by which doctors bill the system for their services. And I can tell you that that work that we're taking—undertaking collectively has the broad buy-in of doctors.

It is the right work, it's certainly heavy lifting, but we believe it will result in a system—well, that first of all looks a lot like other systems in other provinces where there's—where you remove codes that aren't being used, whereby you rationalize codes to make sure that people are billing appropriately and consistently through the system and that the system itself is building doctors remuneration in a way that reflects the need of our jurisdiction. If we need doctors to do some specific things in the system, we should

have an ability at a table collaboratively to indicate how we are going to remunerate doctors to do the thing we need. And that is work that is under way in this province.

As I said, Bill 10 makes a lot of consequential amendments; thus, the large degree of acts that are amended as a consequence of the introduction of this bill. And that is simply to ensure consistency. We are repealing outdated legislation; in some cases, we're repealing legislation that was never actually enacted—or, proclaimed, I should say.

I'll sum up with this, Mr. Deputy Speaker. When we were elected, our health-care system was broken. It was in disarray. I can recall when I was the critic of Health, there was a time in about 2014 where the previous government actually acknowledged and said our emergency wait times are the worst in the country. We are struggling. We are—this was the NDP saying this—that they were paying fines to the WFPS—millions of dollars of fines—and they were paying it willingly as an acknowledgement that they could not improve the wait times in the hospital, so paramedics were waiting out in the parking lot. And they were willingly playing the fines. And at that time in 2014, they said, but this is it, we have five new priorities and these priorities are going to finally, dramatically change that trajectory and health care will improve in five key areas.

And I would encourage the members on the other side to do a Google search. You can search it up. You can find who was the CEO of the WRHA at the time. You can find the five pledges.

One year later, when we asked the question about how it went, they said, yes, that didn't work. The times got worse for emergency. The offload times for WFPS got worse; the fines that they were paying for the WFPS who waited in the wings got worse and worse. And that was what we got out of the NDP: promise and promise to improve the system, the most expensive system, the worst performing system in Canada. We are turning the corner. We are turning the page. Bill 10 is the blueprint. It is the architecture from which we will springboard to the changes we'll bring in the rural setting.

Let me end on this, Mr. Deputy Speaker. One of the things that is most exciting to see right now is that rural and northern health, that was for years and years ignored under the NDP—really, a two-tiered health system, one in Winnipeg and one for everybody else, where diagnostic services fell, where the—where treatment was variable.

And right now, Mr. Deputy Speaker, we have articulated \$250 million in new capital to support the work of the Manitoba preventative and clinical services plan, a broad-based plan in 14 clinical areas to finally provide one provincial plan to build a better system, a better practice in the area of diagnostics; in the area, emergency medicine; in the area of women's health; in the area of children's health; in the area of surgery; in the area of cancer care; in the area of mental health and addictions; in the area of indigenous health and so many more.

Finally, in this province, a plan; finally, a commitment from a government to do better; and, finally, we are beginning to see the results of this heavy lifting that we are seeing improvement in the system, hiring doctors, hiring nurses. These new teams in Winnipeg are finding out how to work better together.

We have committed to stabilize the WRHA and these new teams that are working together and, Mr. Deputy Speaker, we look forward to the support of all parties for these changes that are designed in our province to finally bring better health care sooner for all Manitobans.

Thank you.

Questions

Mr. Deputy Speaker: A question period up to 15 minutes will be held. Questions may be addressed to the minister by any member of the following sequence: first question from the official opposition critic or designate, subsequent questions asked by critics or 'designites'—designates from other recognized or opposition parties, subsequent questions asked by each of the independent members, remaining questions be asked by any opposition members and no questions or answers shall exceed 45 seconds.

MLA Uzoma Asagwara (Union Station): Did the minister consult with the Manitoba Nurses Union when drafting this legislation?

Hon. Cameron Friesen (Minister of Health, Seniors and Active Living): Nurses have been broadly consulted. As a matter of fact, the nurses are involved. They were part of that 300-person team that helped us over a year to design and build Manitoba's preventative clinical and—Manitoba's clinical and preventative services plan.

That is not a plan made by politician. That is a plan made by front-line health-care providers, including nurses.

Hon. Jon Gerrard (River Heights): Speaker, I ask the minister to give us the current status of Shared Health. Is Shared Health now fully operational or is it still largely in the planning stage?

Mr. Friesen: The development of Shared Health is evolving. It has functions that it has taken on and is already acting in and, then, as that member knows, there is a broad plan for, over a period of time, how we will additionally be transitioning functions into Shared Health.

So right now I can tell you that when it comes to things like emergency medicine, that work has been consolidated there. When it comes to things like the transition of Cadham lab and Selkirk Mental Health Centre, those functions are coming into Shared Health. In the meantime, Shared Health continues to hire those executive and other positions that will help it to undertake those new responsibilities.

MLA Asagwara: My question is specific to the standards committees. Why would the records from standards committees be excluded from FIPPA?

Mr. Friesen: I'd just ask the member to expand a little more on her question—on their question.

* (15:20)

MLA Asagwara: Sure. So the standards committee that will be comprised are excluded from reporting—or excluded, rather, from FIPPA, so their—we won't have access to information in terms of what standards committees are working on, and I'm wondering if the minister could explain why the standard committee are being excluded from FIPPA. Transparency and access to that information is—it should be readily available to the public, and would certainly help build credibility and trust and just keep the public apprised of what the standard committee are engaging in.

Mr. Friesen: I would indicate to the member that the standard committees are currently established under The Hospitals Act and The Mental Health Act, and they are to audit medical practice; and based on the results of these audits these committees recommend remedial action when required. And information related to the proceedings of these committees have historically been treated as confidential and prohibited from use in legal proceedings. The act encourages full participation by practitioners in a standards committee practice and open discussion of practice issues.

Ms. Cindy Lamoureux (Tyndall Park): Mr. Deputy Speaker, could the minister please expand on what functions has Shared Health already taken on and what functions are still in the planning stage for Shared Health?

Mr. Friesen: So I do regret that these interactions have a 45-second limit.

So, as I indicated, of course, you know, we have a CEO in place at Shared Health. We have an executive management team. We are soliciting—there are some open positions that are being filled, but many positions that have already been filled. Let me talk about one very recent transition. Just very recently a director of mental health and addictions—an interim acting director—was brought on so that represents just a very recent addition to the team, and so even as the bill describes, the movement of mental health and addictions to come inside Shared Health, that leadership is now in place.

MLA Asagwara: Did the minister consult with any two-spirit, queer or trans health-based organizations, initiatives, or health-care providers in the drafting of this legislation?

Mr. Friesen: The department and our government consulted with a broad variety of people, and we did so in a manner that was not specific to check-marking gender boxes.

MLA Asagwara: Can the minister provide some information regarding to who specifically was consulted in the two-spirit community, trans community, queer community, in regards to front-line service providers, health-care organizations? Some specific details around the names of these organizations or individuals, community leaders would be great.

Mr. Friesen: I'd like to talk about our—the method and manner of our consultation. The NDP for years presided over a failing health-care system. They failed to recognize it. They failed to take ownership of it. They failed to improve it. And over the course a year we engaged support and leadership of 300 clinical leaders—rural, urban, north, south—system leaders, nurses, doctors, technicians, people who had been advocates of the system. In all the areas that I just indicated in my remarks earlier this afternoon—if the member wants a demonstration that this has been an inclusive exercise, she has my word that this has been an inclusive—

Mr. Deputy Speaker: The honourable minister's time is up.

MLA Asagwara: I would suggest that if the minister wants to demonstrate inclusivity that the member—the minister, rather, could use the correct pronouns when addressing me. They, them, would be, actually, appropriate.

And so, I mean, there are a number of organizations and providers that I can certainly provide some information to the minister in regards to. Seeing as how the minister couldn't identify not one single two-spirit, queer or trans health-based organization, front-line provider—and of which there are many in our province. The question that I have now is in regards to the transition of—or, rather, specifics around whether or not the bill includes the transition of laboratory and diagnostic services that would be placed under Shared Health.

Mr. Friesen: Yes.

MLA Asagwara: So we know that nurses are more stressed out now and overworking. We've seen in many, many years, we are on an almost daily basis receiving emails and letters and phone calls from nurses and front-line providers about what they are experiencing right now in the health-care system. They feel less safe at work; they feel less respected, less job satisfaction.

Can the minister explain his government's plan to better respect Manitoba nurses so that we don't risk losing qualified, more health—don't risk losing more qualified health-care professionals due to burnout?

Mr. Friesen: Well, that was a highly subjective and anecdotal preamble, but, Mr. Deputy Speaker, I would say the proof is in the numbers. Overtime hours are falling; nurses are being hired—more nurses working now than at any time in the past in Manitoba—230 new nurse hires since June alone, and our commitment as a government that we are working to stabilize these new workforces across the region.

These are busy times in hospitals. It's a flu season. We thank everyone for their work on a daily basis.

MLA Asagwara: I would agree that it's highly important to hire as many nurses as possible when this government has fired hundreds of them—hundreds of them since forming government.

But, specifically, again, to the fact that nurses are reporting that they don't feel—they feel less safe at work, that they feel less respected, that they have less job satisfaction, can the minister explain if there is a plan as to how to improve these working conditions

for front-line service providers, allied health providers and nurses?

Mr. Friesen: The member should reflect that it was only a few months ago that the Leader of the Opposition tried the same stunt to try to demonstrate somehow that there were less nurses working now in Manitoba, and actually, as a matter of fact, the member—the Leader of the Opposition got his fingers slammed in the book when CIHI actually took exception to his statements.

The Canadian institute of health information indicated that that was a false narrative. There are more nurses working in Manitoba. If that member is somehow suggesting that there are less nurses working now, I believe they're probably filing their FIPPA requests in the wrong jurisdiction.

MLA Asagwara: If the minister could explain how Bill 10 plans to take these concerns and resolve these real concerns from nurses, from front-line providers and from allied health professionals, that would be great.

Mr. Friesen: I would need a clarification of what concerns the member is referring to.

MLA Asagwara: Sure. As I've stated now twice, the fact that front-line service providers, including nurses, feel less safe at work; they feel less respected, have less job satisfaction.

Mr. Friesen: Well, Mr. Deputy Speaker, the member is asking me to respond to the anecdotes that they say they are getting, but I also have anecdotes. I shared in my speaking notes just a few minutes ago that at a meeting I had less than a week ago with a nurse in Winnipeg with more than 20 years' experience, that nurse indicated that the changes that Bill 10 are bringing—is bringing, this architecture is the right architecture for the system that will actually, over time, be the right change to be able to reduce wait times, to do things as practical as allow for the consistent scheduling of rotations for nurses, which will give them confidence and be able to—

Mr. Deputy Speaker: The minister's time is up.

MLA Asagwara: How does this government plan to address the current vacancies in Winnipeg hospitals?

Mr. Friesen: Nurse vacancies continue to fall as they have been falling since September. Obviously, at that point in time, because of the number of changes we'd undertaken, there were vacancies there. I can report to the House that nurse vacancies continue to fall. We are hiring not only more nurses, we're hiring faster,

and I would welcome a question from this member so—to give me the opportunity to explain how we're managing to hire nurses on a quicker basis.

Mr. Dougald Lamont (St. Boniface): I was wondering if the minister could explain—I understand that there's a new director of mental health and addictions—if he could explain that director's mandate and what they've been doing up to this point.

* (15:30)

Mr. Friesen: So, essentially, the roles that we are articulating within Shared Health then have a provincial responsibility and a provincial role. Now Shared Health becomes the home for that director position for the individual who will then have the responsibility for mental health and addictions in a manner that can serve all regions, in a manner that can serve Manitobans more effectively than the former siloed approach.

MLA Asagwara: Could the minister explain how this bill keeps the minister accountable for the decision making—the authority—the decision-making authority, rather, that it grants him?

Mr. Friesen: Well, I'm not exactly sure what part of the bill the member is referring to, but in the absence of that reference let me say that our government has indicated that it will be fully accountable for the results that it achieves for the changes we are making in the health-care system.

We are being more proactive with disclosure of documents than the NDP ever was. We are disclosing faster than the previous government ever did. We believe that the governance structure that is indicated in this bill is seen in other jurisdictions, as well. So we'll continue to be accountable, not just for the structure we're bringing but for the results we're getting for all Manitobans.

MLA Asagwara: Can the minister provide specifics around which indigenous First Nation organizations, health private—health providing entities were consulted when drafting this legislation?

Mr. Friesen: Well, I am certain that we could look into that, because indigenous groups were broadly consulted 'insentially'—or, also, in the development of this preventative and clinical services plan in Manitoba.

Indigenous people just—weren't just consulted, they were on the planning committee. Indigenous persons continue to be on the provincial clinical advisory network to guide the implementation. But, in

addition to that, of course, all those connections are in place with the federal FNIHB branch and within our own communities.

We continue to consult broadly with indigenous peoples.

Mr. Deputy Speaker: The time for question period has expired.

Debate

Mr. Deputy Speaker: The debate is open.

Any speakers?

MLA Uzoma Asagwara (Union Station): Thank you for the opportunity speak to this Bill 10, The Regional Health Authorities Amendment Act.

So this bill is, you know, quite extensive. It amends The Regional Health Authorities Act; it consolidated administrative services related to health care into centralize the delivery of certain health services across Manitoba. There are a number of other details in terms of what this bill proposes to do.

I'd like to focus, though, on some aspects of the bill that are concerning, and I'd like to highlight, you know, some reasons for those concerns.

So, you know, in the minister's explanation of, you know, why he's bringing this bill forward, he talked about the fact that the government, in his words, inherited a mess, and I wonder when, at what point, the minister and his government will start taking responsibility for the mess that they've created. I wonder at what point the minister and his government is going to start being accountable for the mess that they have created in our health-care system today that we're hearing about from people on a regular basis.

And he can be dismissive and say it's anecdotal, the stories that we're sharing, but the voices of the families, individuals in Manitoba deserve to be heard in regards to their lived experiences in our health-care system as it is today.

And so, you know, it's interesting that—I find it interesting the minister talks of historical unsustainability and we're trying to talk about the unsustainability of what's going on right now. You know, there are—we're getting letters from nurses at St. Boniface emergency room who are bravely and courageously, you know, pooling their experiences within the context of their expertise as front-line service providers to ensure that we, as legislators, are aware of what's going on.

You know, nurses—and I know this because I am a registered psychiatric nurse and I did work front-line health care for a number of years—I have family members who are working in our health-care system right now, friends, colleagues. Nurses don't take the time to share those kinds of experiences and concerns because they just want to make noise for no one to hear. They share it because they need change to happen, because they're concerned about the care that Manitobans are receiving. They're worried about the fact that, you know, if they're working ongoing mandated overtime, that they're not being consulted. They're concerned that, you know, if the MNU isn't duly consulted during the drafting of even this piece of legislation, that the changes they need to see happen in order to provide the best care possible, keep Manitobans safe when they're accessing health care—it's not going to take place.

You know, I'm sure the minister is aware of the same things that, on this side of the House, we're all aware of. I'm sure the minister's getting the exact same letters that we're getting on this side of the House. And yet there seems to be this commitment to focusing on years and years ago instead of focusing on what's taking place now, what's happened most recently under this government's decision-making, and that to me is unacceptable.

It's not a big ask for Manitobans to ask this minister and this government to be accountable to the decisions that they're making in our health-care system. That's not unreasonable at all.

You know, it's—I find it really interesting, I have to say, in the last little while, seeing members opposite talk about addressing root causes. That language, I'm—I think it's important that we use that language; I really do. I think it's important we talk about social determinants of health in addressing root causes. I think it's interesting that they finally gotten on board with our side of the House in using that language, in recognizing that addressing root causes is, in fact, how you create long-term positive health outcomes for Manitobans.

Unfortunately, I think that they don't necessarily quite understand what addressing root causes actually means and what that needs to look like, because in the same breath that they're expressing root causes, they're not talking about providing affordable housing. They're not talking about providing social housing. They're not talking about providing a living wage. They're not even talking about making sure that every hungry child in Manitoba whose parents or

caregiver may not have the means to feed them before they get to school can do so—can get a meal at school. That's a root cause right there—poverty.

And, when we're talking about this bill, and when we're talking about legislation that addresses those issues, this doesn't cut it, and I think that, you know—I know myself, and I'm sure, you know, members on this side would be more than happy to sit down with the minister or members opposite and have a good, constructive conversation about how to address root causes or, in fact, what root causes actually is referring to, because I think they're a little confused, to be honest.

So I think that, you know, in that—it's important to talk about the realities of what that would mean, though. It would require listening and consultation, and when I ask the minister about whether or not he consulted with MNU, when I ask the minister about, you know, whether or not there were two-spirit, trans, queer health organizations consulted in the drafting of the legislation of this bill, the minister wasn't able to name not one single organization or entity.

One of my final questions was in regards to whether or not the minister consulted with indigenous health organizations, First Nations-based organizations in regards to the drafting of the legislation. Very confidently, the minister stood up and talked about some of those interactions and the ongoing consultation that will happen.

And that's important, and should happen. I think it's disappointing, and I think it's important to note that the minister couldn't name not one single—and in fact, referred to my question about two-spirit, queer, and trans health organizations being included in the consultative process, in the drafting of this legislation, as checking boxes, as a way to dismiss the importance of the question that I asked.

* (15:40)

I can tell you, as a queer person who accesses health, it's not something to be dismissed. It's significant to recognize that that is an aspect of our health-care system that desperately needs attention and consultative process in order to make sure that folks who fall into those groups and populations and demographics don't disproportionately suffer within the chaos that has been created by this government in our health-care system. Because the folks who suffer the most, you know, during a time when accessing health care and navigating a health-care system—because it is a very big system, it is complex—but the

folks who are disproportionately impacted by decisions made by this government in creating chaos in our health-care systems are folks who are already highly targeted and marginalized within our systems.

And so I would encourage, if the minister just simply—you know, for whatever the reasons, maybe it was just a moment of lapse in memory, I'm not sure. But I would encourage the minister to do some digging around that and find out whether or not, you know, two-spirit, queer and trans health organizations and front-line service providers were consulted in the drafting of this legislation, because that is important.

And I'm sure, you know, the minister, you know, is a good example—talks about being inclusive. As I mentioned before, part of being inclusive is practising inclusivity in all aspects of what you do, including using the right pronouns for a member on this side of the House, that being me. That's not insignificant. And part of my responsibility in being in this Chamber is bringing up those issues because maybe those are issues that the minister hasn't had to deal with with anybody in this House before in that capacity.

And so, you know, I don't bring those things up to be antagonistic. I bring those things up because they're important aspects of our health-care system and they happen to be something that I have some expertise on. And so I think it's important to give that voice in this Chamber. And I'm sure that most people, you know, as legislators in this House, would agree that those are important issues to ensure we're amplifying.

I'd like to also talk about, you know, the minister toward the end of his statement talked about the doctors. He talked about—actually, he talked about us on this side of the House and how we were amplifying—because that's actually what we were doing. We were amplifying the concerns of the doctors who wanted to ensure that they would have a fair process in regards to the audits. I find it very, very interesting that the minister, in regards to that piece of recent history is so quick to rewrite what happened. That—he seemed really keen on that.

So, you know, the minister standing up and introducing this and talking about Bill 10 and talking about us on this side of the House simply doing what, you know, we're supposed to do in amplifying the concerns of docs who want to—and doctors who want to ensure that they can just simply have a fair process and have the opportunity to even appeal audits is important.

And it sounds, you know, like the minister is simply trying to, you know, present a situation as it didn't happen to make it seem like all of a sudden, now, they're really collaborating and they're working collectively with doctors, when it wasn't too long ago there was a letter—we were receiving letters as part of a—it seemed to be a letter writing campaign from doctors who were concerned about something in Bill 10.

And so I think it's really important that we recognize that, you know, on this side of the House we do what we can to make sure that front-line service providers and primary care providers have their concerns heard and amplified by the folks who represent them.

And so I'd like to talk—I'd like to talk now a little bit about—a little bit more, rather, about front-line care providers. We talk a lot about nurses, as we should. You know, and we talk a lot about doctors, as we should. It's not just, you know, doctors and nurses who are impacted by this legislation. It will also be, you know, allied health professionals like health-care aides who are also working mandated overtime, who we're also hearing from, in terms of what they're dealing with in this current health-care system as a result of the government's cuts to health-care and the government's decision-making that have led to unsustainable workloads and work conditions that, in the words of front-line service providers, are increasing the opportunities for critical incidents to take place.

And that is something that I think is really important for us to acknowledge, that it isn't just doctors and nurses. It's also health-care aides. It's all folks working within the system who are feeling the strain of what's going on, due to lack of capacity as a direct result of the decision making of this government in our health-care system.

The—another aspect of what's going on and why we should be concerned about, you know, this bill and what's contained in this bill, you know, is evidenced by what we've seen most recently with flu season. I did ask questions of the minister leading up to flu season about planning around dealing with flu season, what was the capacity looking like in our health-care system to deal with the flu season. And now we're dealing with conversations around something that we're seeing globally with COVID-19. That's a very real concern. It's a valid concern.

I have people in my own life, Mr. Deputy Speaker, you wouldn't believe how many people in

my life come to me and ask me on a daily basis, what's going to happen with COVID-19? Are we prepared to deal with COVID-19? What is COVID-19? I get all these questions, day in and day out. My mom is so worried and anxious about this. And I would love to be able to tell all of those people in my life—health-care professionals even, you know, constituents, friends, neighbours, my mother—I would love to be able to share with them, you know, the plan that this government has and I would love to be able to say, this government is making sure it is communicating protocol effectively, efficiently, so that I could alleviate their concerns.

And, you know what, unfortunately, the evidence speaks for itself. The concerns and the fears in terms of how we would handle this in Manitoba are valid, given that we saw increased emergency room wait times. We saw, you know, a young person sitting in an emergency room, protocol hadn't been communicated as to how to deal with this person presenting with respiratory issue—Mr. Deputy Speaker, I'd love to be able to tell people in my constituency and our communities that this government has made sure there's enough capacity, that there are enough nurses, front-line service providers.

But, as I've already stated, we know that is simply not the case. And, you know, that is something that we just have to be honest about because it's talking about the realities of those numbers and the state of which things are in that allows us to actually work collaboratively and make those changes in the right direction.

You know, according to the Province's annual statements, you know, this government underspent its \$250-million health-care budget. And look at what we're facing now. That to me doesn't really add up, doesn't make sense, not good decision making there in my mind, Mr. Deputy Speaker.

Vacancy rates from the fall are as follows, and I'll just read these out: HSC's emergency room, 9 per cent; St. Boniface, 25.8 per cent, which we know now has actually risen—and that is where the letter from some nurses came from about their experiences there, really just a plea for help, a plea for someone in this government to listen and make some decisions that will ensure that they can actually not only stop working unbelievable amounts of mandated overtime hours, but decrease their anxiety, decrease the risk of critical incidences occurring as the risk of burnout rises—Victoria hospital, 15.4 per cent; Grace Hospital, 16.4 per cent; Concordia, 18.4 per cent;

Seven Oaks, 21.4 per cent. Vacancy rates have been rising since this government assumed leadership. In the 2017–twenty-eight fiscal year vacancies were 21.9. After that fiscal year, vacancies rose to 23 per cent.

I mean, Mr. Deputy Speaker, it is not, I know, lost on anybody in this Chamber just how significant those numbers are.

*(15:50)

I would like to talk a bit about—I would like to talk a bit more, actually, about root causes because, lately, Mr. Deputy Speaker, members opposite seem so excited and keen to talk about root causes. And so I would like to talk a little bit more about poverty as a root cause.

You know, we've—we on this side of the House have talked a lot about the importance of a living wage. We've really encouraged this government to take a serious look at implementing a living wage in Manitoba. It is one way to address the ongoing issues around poverty. I, certainly, in the constituency that I represent see the impacts of poverty on a daily basis. I've been seeing the impacts of poverty increase in the last few years, and it's certainly something that impacts health—mental health, physical health.

When we talk about poverty, we also have to talk about the realities of addictions, problematic substance use—you know, of which I also see in my own constituency. And I hear from folks in my constituency on a regular basis about issues around problematic substance use and addictions.

And one of the things that we need to make sure that we are talking about when we're talking about problematic substance use and addictions and poverty—and we're talking about all of these things, Mr. Deputy Speaker—we need to be able to talk about adverse childhood experiences. We need to be able to talk about trauma. We need to be able to talk about what it is that we know based on evidence contributes to mental health issues, which contributes to addictions.

And, you know, I wonder in this—in the process of drafting this legislation, in the process of all of this consultation in regards to Bill 10, you know, one of the things that really stands out to me is—especially now hearing members opposite talk about the importance of addressing root causes—specifically, I question whether or not addressing adverse childhood experiences and trauma has been pursued. That is something that anyone from any walk of life, any

socio-economic background, nationality, can identify as an issue. Where you see mental health, where you see addictions you will see—you will find more often than not experiences, unfortunately, with adverse childhood experiences and trauma.

And that is something that is, in fact, a root cause, is, in fact, something that should be taken into serious consideration in terms of consultation. And it's something that is lacking in terms of what I've seen in their—in what they've been willing to provide in terms of what they've been doing in their consultative process. And so it's just a point that I wanted to make; it's an important point.

Anyone who works in addictions and in mental health, anyone who works as a front-line service provider who knows, you know, about health care and is invested in making sure that we have long-term positive health outcomes and recognizes the importance of the consultative process as part of developing equitable and progressive and visionary legislation, knows that you have to include addressing adverse childhood experiences and trauma in that.

And, you know, we talk about a lot of different things in this House, but that is something that I think and I hope the, you know, members opposite and the government will invest in. They talk about smart investments; I hope they'll make some smart investments in terms of addressing that one specific area, and including that moving forward. And I would be curious to know to this point and in the drafting of this legislation, Bill 10, whether or not that was any part of that process as it's something that is significant and not something to minimize. Certainly, if you continue—or, rather, if it is minimized, then these issues that we're seeing around addictions and mental health and unmet needs in all of those areas will simply be perpetuated.

Now, I'd like to talk a little bit about indigenous health. It is something that, as I stated earlier, the minister—or the Minister for Health was able to excitedly speak about the involvement of indigenous health-care providers and organizations and First Nations health-care providers and organizations in the consultative process, and made mention of ongoing consultation—and that's critically important. When I talk about targeted—and in case members opposite aren't aware, when I say two-spirit, I'm referencing specifically indigenous persons. But it is critically important to really dig into that and talk about that.

When I—whenever I talk about, you know, the importance of ensuring that marginalized and targeted

communities and individuals and demographics are centred when it comes to consultation and the development and drafting of legislation—anything health-care based—I am also in that—in those statements referring to indigenous health. I'm referring to indigenous persons—peoples.

And I'm doing so because we have to be able to talk about the realities of what anti-indigenous racism looks like in our health-care system. We need to talk about the ongoing realities of colonization. We have to be able to talk about the ongoing anti-indigenous racism in our health-care system as it stands today. And we have to talk about that because if we do not identify that—when we talk about consultation, I certainly hope that folks are talking about within the consultation and the drafting of this legislation and moving forward. I certainly hope folks are naming the fact that systemic racism is real and that systemic racism has long-term health implications that disproportionately impact indigenous peoples.

And so, when we talk about consultation—and, admittedly, I'm not a part of that process; I'm not privy to all of that information—but I certainly, as someone who has worked in health care for a number of years, as someone who recognizes that indigenous peoples have been subjected to discriminatory health practices in this province for a very, very long time and that there are ongoing issues in that regard, it's not good enough to simply say, oh, you know, we're consulting or we've got some folks at the table.

What does that mean? We need to talk about meaningful consultation. We—sorry—we need to talk about who's taking the lead in regards to developing and implementing, championing health-care policy and legislation that we know will impact disproportionately some communities more than others. It is something that I certainly hope to see more information in regards to. It is something that I have conversations on this side of the House with my colleagues about.

It is something that certainly cannot be—it has to be centred. I won't even—it needs to be integral to the evolution of legislation, the evolution of our health-care system. It needs to be centred, it needs to be fundamental to how we deliver health care in our province if we are to see long-term improvements in our health-care system in Manitoba.

And so, you know, from what I've been seeing and from what I've been hearing, that is also something that I would love to see and I know is important, is a—as a health-care provider—you know,

as someone who recognizes who is significantly impacted or disproportionately impacted by changes that this government makes in the health-care system. It is critical, and I know this in my conversations with other health-care providers and professionals and doctors, nurses, health-care aides—folks in all aspects of the health-care system recognize that if we are not centring indigenous health and if we're not ensuring that indigenous peoples are taking the lead on what indigenous health in this province and what bills like Bill 10 can look like, then we're not really doing health the way that it should be done in Manitoba.

* (16:00)

And I say that—I don't say that lightly. I say that from a place of believing, as I'm sure all of my colleagues on this side of the House also believe, that in order for health care in this province to be equitable and fully accessible, then the communities and the individuals who have not experienced equitability and full accessibility in our health-care system should really be the ones who have their voices amplified whenever we're talking about drafting and passing legislation; whenever we're talking about, you know, making changes to our health-care system that is—it—purporting to be progressive and inclusive and forward thinking in our country.

And so, you know, with the last couple of minutes that I have, I would like to talk just a little bit more about the realities of a bill—Bill 10—that, really, in so many ways, what it does—you know, I could talk about the question that I asked specifically surrounding committees, and the fact that committees aren't going to be—the standards committees aspects of it are going to be FIPPA-excluded. I mean, I could talk about at length, actually, about how now, more than ever, the public really needs this government to be transparent about what's going on in our health-care system; transparent about what decisions are being made and what ideas are being tabled for our health-care system.

You know, the public has a lot of questions. It's our job as representatives and legislators to bring those questions into this Chamber and do our very best to get answers to those questions, and being able to FIPPA allows us to do that. And so, you know, I would hope that this government certainly understands the importance of transparency and accessibility to the public. Manitobans have a right, an absolute right, to know that if they've got questions about what's being—what's going on in terms of decision making for their health-care system by this government, they have a right to get those answers.

And, you know, our job is to—and the minister can—and members opposite can talk about anecdotal this and anecdotal that, sharing the lived experiences of Manitobans in the health-care system as it is today and the chaos that this government has created is important and needs to be heard.

Mr. Deputy Speaker: The honourable member's time is up.

Mr. Len Isleifson (Brandon East): Let me welcome everybody back. It's the first chance I've had to address everybody since the constituency break. And, again, I'm sure everybody—and I hope everybody got an opportunity to spend some time with family. I know I certainly did.

And I also took the opportunity to follow up on a number of conversations related to health. I have the privilege and honour of being the legislative assistant to the Minister of Health. And, in that role, I've had the honour to go around all of Manitoba and speak on—to different folks and get some feedback on how we're doing as a government, and a lot of good feedback coming back.

And when I look at Bill 10, I know the opposition also know it's a good bill, and I know they're going to support this, so I'm going to keep my comments short. And the reason I know they're going to support it is because the member from Union Station said that it was not unreasonable for the government to be accountable. And if we look at the title of the bill, it's Bill 10, The Regional Health Authorities Amendment Act (Health Systems Governance and Accountability). So it's there, so it's a no-brainer that this will pass this afternoon. So we'll keep our remarks short.

I do want to talk, though, Mr. Deputy Speaker. Health care itself—and yes, I could use up the whole 30 minutes or two days talking about health care. As most folks know, I worked in health care for 21 years before I was elected. And, in that, I went through a number of transitions. I started off with the Brandon General Hospital. And then that was turned over, and the regional health authorities were created, so it was the Brandon Regional Health Authority. Worked with them for a number of years. And then, most recently, with the amalgamation back—was, I believe, around 2010. I could have the date wrong, though; it became Prairie Mountain Health. So, with a number of health authorities in Manitoba all working together to provide better care and better services for Manitobans, I know a lot has happened over time, and I will agree, as the First Minister has said and as the Minister of

Health has said, you know, we still have a long way to go.

I know we made some changes to the way EMS or paramedics operate in our province, definitely for the better, lots of really good comments and reaching out to folks. I had a friend, Mr. Deputy Speaker, who was a paramedic. He worked for a small rural area. He was a volunteer at the time. He had a full-time job. And he was out on a farm doing some work in his regular capacity when he got a call on his pager that there was an accident on the highway.

So he left the place of employment, got in his car and was whipping back to town in order to get his turnout gear and the ambulance, and he ended up passing the accident on the way.

So it creates some challenges but, thanks to our government, we have put things in place with more full-time, well-trained paramedics, you know, that will answer a call immediately. And it certainly helps speed up that service. And that's what we look for. We're looking at that accountability piece on how do we provide better care sooner, closer to home.

Just recently, Mr. Deputy Speaker, I had the honour of attending with the member from Dauphin up to the Dauphin Regional Health Centre. Some great things are going up there, had some great meetings with folks. Spoke with the physician in charge of the residents program through the University of Manitoba up there. They're doing some great work, full capacity. Trying to bring the rural to the people and people to the rural. And it looks like they're having great success in Dauphin.

And also I—you know, so I thank the folks in Dauphin for that, and also the University of Manitoba, but in particular the students—the students that are taking their practicum and their residency in a rural area with a good chance of many of them staying in the Dauphin area or even, you know, running around in the Parkland area and hopefully if not, then throughout Manitoba.

At the same time, while we were up there, I had the privilege of joining our—the MLA from Dauphin in bringing an announcement of increasing dialysis services in the community by 50 per cent. So, again, when we look at the provincial clinical services plan of bringing health care closer to home, there's a prime example of something we're doing even without this Bill 10 being enacted, because this is a government that truly does care.

I also want to mention and thank the member from The Pas. I had the privilege of going up to The Pas this winter and participating in the—a few events. And one of them—what I did while I was up there, Mr. Deputy Speaker, is took the opportunity to have a visit and a tour of the University College of the North. So some great programs up there.

Their president, Doug, showed us around. He showed us the new nursing lab up there. And we were—unfortunately, the students were busy in another area. But, again, at the same time, that was almost an advantage because we really got to spend some time in the new lab looking at it and really seeing what type of an investment this government is making in the future of health care.

And, of course, up there we looked at that. We didn't just stay in the lab all day, obviously, we toured around and looked at other areas as well. So phenomenal, remarkable, an opportunity to serve the North. And there's evidence once again that this government that I'm so proud to be a part of is truly investing in health care of Manitobans.

I've also had the pleasure four year in a row of attending the annual general meeting of CancerCare Manitoba. It just works out that, in my previous role as a city councillor in Brandon, I was able to attend their meeting in Brandon at the time. And then, once I became the MLA for Brandon East, I had the opportunity to go back to Brandon and attend their meeting in my constituency. And then again, this year—on behalf of the minister—while the annual general meeting was held here in Winnipeg.

So again a big thank you to Dr. Navarantnan [*phonetic*] and Mr. Paul Penner from CancerCare Manitoba who have taken the opportunity to tour me around their facility here just recently, check out some of the innovation that they've been doing over at CancerCare. Again, a lot of good work.

* (16:10)

And if we look at what Bill 10 does, it really transitions CancerCare into a very important role throughout Manitoba with all CancerCare facilities and, again, we do that because of the accountability and governance piece.

So, Mr. Deputy Speaker, when we look at what is happening out there in health because of this bill—and, again, keep in mind it's not even enacted yet, right. So we've got Shared Health out there that is doing lots of work because they know the importance of what it is to bring health care together.

I remember back in—and I'm going to say 2002, 2003—we had a really big issue with hallway medicine. And the opposition at the time put some resources and some money into—to alleviate hallway medicine, but they created highway medicine.

So, when we talk about consequences of a decision or not, we need to look at all of that. And, again, as the minister previously spoke about, during this process we had 300 workers—front-line workers—nurses, administration, get together with over 3,000 collective voices and put into this plan over a year.

So a lot of work has gone into it. It's still not done. There's still work going on and it's very evident that things are working. When we start working on hand A, hand B continues to do lifting, and that's very evident in the 230 new nurses that were hired since 2019.

So, while a bill is being introduced in this Legislature, the work doesn't stop. The work goes on. Results are out there. That's what is important. We need the results because we have areas out there that rely and depend, again, on the future of Manitoba.

We have our roles in here as legislatures, to bring things forward from our constituents, but we also have a role to look out for the future for those that are yet to become our constituents because they're not born yet. We need to leave a province that is capable of looking after the needs of our future, of building on the health care and, yes, there are lots of challenges in health care.

I don't think you'll find one single person that doesn't say there are challenges in health care. There are a number of challenges but, you know, it takes a community to raise a child, they say. And just a couple weeks ago, prime example: I was able to attend the HSC Children's Hospital where the new 'catherization' lab was opened. And, again, government is well represented, well supportive, but it's a partnership, and we've heard that a number of times here today about partnerships.

So we get folks like Gerry Price and his wife who really indulge in the community and help build the community forward because they realize that a government cannot do it on its own, right. They understand the financial restraints we have. They understand the financial position we were left in by the previous government, Mr. Deputy Speaker.

So we certainly know that there's lots of work to do ahead of us, but we need to do it in a practical

manner. We need to be accountable for what we do and, again, we have the bill in front of us. Lots of things, Mr. Deputy Speaker, when we look at what, really, does Bill 10 mean. And when we look at it again, it's providing better health care sooner.

It is the priority of our government as we repair the services that were neglected by the previous NDP. Our current health-care system is not delivering the results that we need. It needs an overhaul, and the hard work of these 300 people, with input from those 3,000 and more, is evidence that we're all working together to get it done.

And, again, I'm so happy that the member from Union Station is onboard by saying she supports it because it's not unreasonable for our government to be accountable, and that's exactly what the bill is. It's about accountability.

So I've got another 20 minutes to go, but, you know, Mr. Deputy Speaker, I think it's important to understand and realize we were at point A. We need to get point B. The work is being done by a hardworking group with the support of this government. We have a Health Minister that is doing an amazing job on behalf of all Manitobans.

And I could talk about physicians. I had a physician just the other day that was saying the great work that we're doing in health in general—not necessarily to this bill, but in health in general—how we're helping them speed things up, recruiting more nurses, recruiting more physicians; very happy with what we're doing.

I always encourage folks that I talk to, if they have other ideas I'm always wanting to hear them. If they don't agree with what the government's doing, that's fine. Let us know. Let's talk about it. Let's create that dialogue because we should all be here for the benefit of all Manitobans, and that's exactly what this bill does.

So I'll end with that, Mr. Deputy Speaker, and I thank you for the opportunity.

Mr. Tom Lindsey (Flin Flon): I must say it's good to be back here to hold this government to account, particularly hold them to account for some of the horrendous things they're doing or not doing in the North. Sometimes, coming from the North, I think it's better when this government does ignore us, because the only time they pay attention is to see what service they can do away with that we've had.

Certainly, when we talk about the regional health authority, we'd be remiss in not talking about the state of health care in my home community of Flin Flon. And while they all sit around and pat themselves on the back and say what a wonderful job we're doing saving money, what they fail to take into account is some of the things and how it affects people, people trying to access health care. Now, I could go on for a long time talking about the northern patient transportation service, or as it's become more recently, the lack of service.

The things that they think are fair boggle the mind, Mr. Acting Deputy Speaker. That someone from Snow Lake, for example, who has to access health care first in Flin Flon—they used to get a small 'renumeration' for driving that distance; they don't anymore. Someone from Snow Lake who has to get to medical care in Winnipeg, once upon a time, they used to be able to hitch a ride from Snow Lake to the junction at Ponton, and spend 12 hours sitting there waiting for a bus. Well, unfortunately, the service station at Ponton burned down, and Greyhound bus quit running, so that's no longer an option.

So now those same people have to find a way to get to the airport in Flin Flon, but they don't get any kind of compensation for that drive, which—and I recognize that in the city of Winnipeg people don't get paid to drive to the hospital but it's a little different when you're driving two and a half hours, particularly this time of year, when some of the other cuts that we see from this government affect people's ability to drive because there's not as many snowplow operators. They're not plowing the snow in a timely fashion; they're not even meeting their own standards for maintaining those roads in a safe condition.

And now we expect sick people to have to drive over those roads with no thought to helping make a health-care system that's equitable. It's never going to be equal; I recognize that. We're never going to have all the services in Flin Flon or Tadoule Lake or anywhere else that you have in Winnipeg. I recognize that. But people need to have that basic human right that this government seems to forget so often in being able to access those health-care services in some manner.

You know, we've waited patiently, perhaps too patiently, in Flin Flon. It's been over a year since you could no longer give birth in Flin Flon, so the government said well no, no, no, no, just hold on. Our clinical services plan will make it all abundantly clear what the plan for the future's going to be.

Madam Speaker in the Chair

Course, as we all know after having seen this wondrous plan, it's just another one of this government's plan to have a plan to have a plan, because it did not, in any way, shape or form, address any of the issues with northern health care. All it said was, well, we're going to have a plan someday; just not today.

* (16:20)

And, you know, I listened to the member from Brandon East while he was talking about accountability. But one of the things that really piqued my interest was when he talked about we're here to represent not just the needs of our constituents, but the needs of our future constituents. Well, we can't do that in Flin Flon, can we? Because we can't give birth to future constituents, thanks to that member and his government. So the needs of future constituents are not being met by this government.

And I hope the member from Brandon East will go to his caucus and say, wait a minute, we've let people down. We've let future constituents down. We've let the people of Manitoba down. Instead—I don't suspect that's going to happen.

Something else the member from Brandon—excuse me, Brandon East had to say was accountability, that that's the name of this bill. It's got accountability right there—right there—right there in the title, so it must have something to do with accountability. And yet it doesn't. And yet it doesn't. It's the same doublespeak, 1984 talk that we normally get from this government when they say one thing while they're actually doing the opposite.

And why do I say that, Madam Speaker? Well, one of the things in this bill is that Shared Health—this new entity that this government has created that's going to be part of the master plan to solving all the health care woes in the world—is really accountable to no one but itself. There's nothing in there that holds shared services accountable to the people of Manitoba. And it's just going to become more and more difficult for the people of Manitoba to find out what's really going on behind the curtain.

One of the things that the member from Union Station talked about when she was questioning the minister was part of what's in this bill is that it's going to establish standards committee to determine what services would be provided and how they'll be provided. But none of that information is going to be available to the public.

And, really, that's what accountability is about—if you've said you're going to do something, why did you decide that? What input did you have that made you decide to make that decision? And yet none of those decisions are going to be available through FIPPA, which is really the only means that we as opposition have to find out what this government is really up to because they don't really tell you. They don't tell you in an upfront, accountable way what they're doing.

And now this bill is the complete opposite of accountability because it very specifically says that we're going to come up with a plan through this Shared Health; we're going to have these committees. And who's going to be on the committees? Well, what we've seen from this government is they've placed their friends and donors on those committees. And they're going to make decisions and we're not ever going to know what information they had to make those decisions.

So one of the things that they talked about when I was at a meeting in Flin Flon with the RHA and chamber of commerce and concerned citizens was the government was going to commit to properly funding and doing that which it said it was going to do.

Now, that sounded really nice on the surface of it, but then when you see what they've done with this bill, you get a little peek behind the curtain again to see that, well, it's going to be pretty easy to live up to saying we're not doing anything. It's going to be pretty easy for this government to say, well, we never said we were going to commit to birth services; we never said we were going to commit to surgical services; we never said we were going to commit to providing any kind of health care for people in the North. And look at us—your government is going to say, look at us, aren't we heroes, we lived up to what we said we were going to do because we simply said we're not going to do anything.

And that's what's wrong with this bill and that's what's wrong with this government's outlook when it comes to health care, particularly in northern Manitoba.

If we don't know, if—the citizens of this province don't know why the government is making decisions. I mean, it's bad enough, Madam Speaker, that for the most part, they only make decisions based on what a paid consultant tells them and then they pay the consultant that which they're supposed to tell them—but now they're going to have these secret committees that will make decisions that will affect our constituents' lives.

And make no mistake, Madam Speaker, it will affect people's lives. We've already seen from this government how they've affected people's lives when people have been left to die on a bus getting to Winnipeg, rather than getting here properly with a companion to make sure that they got here safely.

We've already seen the horrific changes they've made to Northern Patient Transportation and Lifeflight where it takes hours and hours and hours for a hospital, for a doctor to find a Lifeflight to come and get a patient who needs immediate medical care that can't be provided in the North. It takes longer to find that plane and that doctor than it does to fly to Winnipeg. People's health is being negatively affected by every decision that this government makes.

And, you know, I don't want to just focus on the conditions that we see in the North, so let's talk about some of the conditions we see at hospitals in Winnipeg—because make no mistake, Madam Speaker, the conditions that we see at hospitals here affect people from the North as well.

I had a constituent who was awaiting heart surgery. He was diabetic. Every day, they'd tell him, well, you can't eat today because we've got to prep you for surgery. So he would fast. Sometimes he got as far as actually being in the operating theatre before they'd tell him, yes, we're not going to operate today because we don't have enough staff—wheel him back to his room.

You know, Madam Speaker, this government, through their cuts, did everything in their power to almost kill that man. And it was only after he reached out to his MLA that we actually got him the surgery he needed. He was in such bad shape simply from the repeated fasting and not being able to eat that his diabetes is out of whack, and it's still out of whack and now that's almost a year ago.

And this government, that Minister of Health, is very specifically to blame for that. They're very specifically to blame for that man almost dying because of the cuts that they've made to health care.

Now, you could say, well, that's when things were in flux and, you know, they were just in the process of shutting down all the ERs and nurses were hard to find, and they sit here now and say, no, we fixed all that, that—those shortages aren't there. And I'm here to tell you, Madam Speaker, that that quite simply is not true again.

I know a person who's in one of the local hospitals as we speak awaiting heart surgery, and waiting, and

waiting, and waiting, and waiting, and waiting simply because that hospital does not have enough staff to perform the surgery that is required. And I've talked to that constituent any number of times and the stories that aren't stories—they're facts that can tell you about the shortages that are encountered every day, about the number of health-care professionals that are expected to work overtime, day in and day out, because there's nobody to take their place.

*(16:30)

And I can tell you what kind of effect that's having on that person's health, because they're still waiting for heart surgery. And, apparently, now at this hospital they only do that surgery on Tuesdays. She just got told that her next scheduled date is Wednesday. Huh; guessing that's probably going to get cancelled, because they don't do that surgery on Wednesday. Why don't they? Well, because they don't have enough people to do it.

So, just to get back to my own constituency for a minute, Flin Flon; like I said, we anxiously awaited this clinical services plan because that was going to answer everybody in the constituency's concerns about where health care in Flin Flon was going. And, of course, as we all know now, Madam Speaker, that plan has been released, and the only thing it said about the North is stay tuned, there's a plan coming someday.

So is that plan going to be the same as this government's Look North plan? Because we've been waiting, well, four years for that plan to be something other than a plan. I believe they've got some people hired to work as a Look North something-or-other. We haven't seen any plan. The entire North is struggling, looking for this government to recognize that they need assistance, and seeing no assistance coming from this government.

You know, we know that things in the North are going to be different. So they've talked a little bit about, well, there's going to be these hubs so that, in the North, maybe there'll be a hub for something in Thompson. Okay. So the question then becomes, Madam Speaker: how do you get there? How do you get to this hub?

It's not like creating a hub at St. Boniface and a hub at Health Sciences Centre and a hub at Misericordia. At best, on a good day, it's a four-hour drive from Flin Flon to Thompson. Oh, and there is no public transportation that would get you between point A and point B. None.

So, Madam Speaker, if this government is going to create these hubs that they've alluded to, what would be the point if citizens can't get from hub A to hub B? We don't know what those hubs are going to be. All we know is that they said, well, we're going to reduce transportation costs.

Well, what we've already seen from this government, Madam Speaker, when it comes to reducing transportation costs, is telling somebody's grandmother—half-blind, walks with a walker—that, oh, yes, you're going to have to go to Winnipeg by yourself because we're not paying for your escort to go with you. That's the kind of mean-spirited cuts that we see from this government when it comes to the North.

One of the things that my colleague from The Pas-Kameesak had brought up in the last sitting, in the last 41st—we're now in the 42nd sitting in the government—was that the community at Cross Lake was looking for the Province to step up and help fund a proper hospital for that community.

And at that time, the current Minister of Health here in the province completely ignored them. They even had kids sending him birthday cards, saying they sure wished they could be born in their home community, but they couldn't. And they still can't. And they still have committed actually zero dollars to health care in that community.

One of the things that really concerns a lot of people with bills like this one that they're bringing in is, what happens to a community like Lynn Lake, Leaf Rapids? They currently have functioning health centres, hospitals. They're scared to death that those are going to get cut by this government because they won't fund doctors, nurses, health-care professionals.

But then if they're also not funding transportation services, are people just supposed to stay home and die? Well, we haven't seen that plan from this government because we haven't seen any plan from this government when it comes to things in the North.

And the only thing that we've seen is really when this government talks about money. Their eyes light up and they become impassioned. Oh, the money. We must save the money. And, when you ask the question, well, what about the people? The only thing that they seem to think is, well, do they have money? Because if they don't, that government doesn't care about them. And it's really sad.

And I recognize that a lot of northern Manitoba falls outside of the scope and vision of this

government because, well, they don't have any representatives in northern Manitoba, because northern Manitobans took a chance in the last session and voted for a couple of folks that—they came to regret that. And we've got two new NDP members here now simply because people in the North recognize that this PC government, that Brian Pallister's government simply did not care in one way, shape, or form.

Some Honourable Members: Oh, oh.

Madam Speaker: Order, please. Order, please.

I think the member, by his responses right now, realizes that he used—put a couple words together that aren't supposed to be mentioned in the House. But Pallister government is an acceptable term; putting the first name in there is not. So just a caution to the member.

Mr. Lindsey: I appreciate that, and I apologize for that slip-up.

And it's the Pallister government that people in the North were scared to death of them getting back in power again because they saw what that previous government did to them. Not for them, because they did absolutely nothing for people in the North, and this current session—this current make-up of current PC government still is doing nothing for people in northern Manitoba. But they are still doing things to the people of northern Manitoba. And that, Madam Speaker, is such a shame.

While we see industry struggling in the North and we see the government doing nothing to help them out because they don't have farms up there, we see the same thing happening over and over again with health care, with housing.

You know, we talked a little bit earlier today about the need for a nutrition program for kids going to school. You know the other thing we need, Madam Speaker, is a housing program so that kids actually have a house to live in so they can go to school. But do we see this government stepping up and doing that to help people of northern Manitoba? No.

Cranberry Portage, for example—18 houses sitting empty that belong to Manitoba Housing and a list of people—people with kids—trying to get in to those housing units and getting told, well, there's nothing available when there clearly is. Now, we talk about how does that affect people's health when you've got houses sitting empty that families could be living in.

* (16:40)

Instead, they're crammed into spaces that are too small, that lead to the spread of disease and sickness and all kinds of other unhealthy aspects to people. And this government just doesn't care because they want to keep those houses pristine for what reason? Well, maybe they plan to sell them off as well and privatize them.

So, while we're talking about privatization of services, what is the ultimate goal of creating Shared Health? That's my question, because it certainly isn't to hold the health system accountable to the people of Manitoba.

It seems to me, and perhaps maybe someone will accuse me of being a conspiracy theorist, but—I might be—but what I see is the creation of this new entity that will get spun off to really begin the whole privatization of health care in this province a piece at a time, a step at a time. They'll chip away at the universality of health care because this government, Madam Speaker, doesn't believe in that universality.

We've seen that most recently with their thoughts on a universal breakfast program for kids. They believe that, well, it should be left up to charity, charity to look after those kids and single them out, and they—they're doing the same with health care.

They don't properly fund it and maybe in Winnipeg you can have a St. Boniface charitable health organization or a Health Sciences Centre charitable organization, but what kind of charitable organization will fund a health centre in Snow Lake? What kind of charitable organization will fund health centre in Flin Flon? Those deep pockets of investors looking for favourable tax writeoffs on their charitable investments don't exist in northern Manitoba.

We—we've talked a lot about accountability and one of the big things that happened in Flin Flon was a physician's assistant who wanted to stay in Flin Flon but, as you know, a physician's assistant needs to be supervised by a qualified physician. The qualified physician that was doing it in The Pas didn't want to do it anymore. So, when I asked the health region well, why don't we get somebody from Flin Flon or Thompson? Well, nobody in Flin Flon wanted to do it and Thompson was too far away. I fail to see the difference between being in The Pas or Thompson to supervise the doctor in Flin Flon.

So really just became an excuse to cut a valuable service that was being provided because that physician's assistant was well liked and provided walk-in clinic services which we don't have. The ER

becomes the walk-in clinic, except that the ER doctor won't see you at night, so you sit there for 10, 12 hours, and that's the reality for people living in the North.

So, while this bill talks about governance and accountability, it's fundamentally flawed right from the start because it allows this government to do things in secret that will affect our health, our family's health, and as the member from Brandon East said, our future constituents' health, and it's going to affect them very negatively, and we can't allow that to happen, Madam Speaker. We have to be a strong voice in opposition. We have to make this government listen to the people of Manitoba when they say what you're doing to our health care is wrong and you need to stop and you need to care about people, not just money. Money isn't everything.

Thank you.

Hon. Jon Gerrard (River Heights): Madam Speaker, four years in government and we are still waiting for this bill, which is purportedly a central part of their overall health-care system which they committed to change four years ago, and it's still not passed. Part of the reason is that they wanted an election instead of getting to work last year and passing this.

There appears to have been, from the minister's comments, some progress in one area of Shared Health's mandate in emergency services, but we still have very long wait lists. It's still not convincing that there really have been improvements in emergency services throughout Manitoba.

And certainly when we're talking about emergency services for people with mental health and addictions, the waits have been far too long. And we saw that just recently with the story of Taylor Pryor which came out this morning. That she should have been able to go quickly from the position that she was at to the Selkirk Mental Health Centre where she was waiting for DBT therapy, which is the most effective therapy for somebody with her condition. And she was initially told it would be a six month wait, and then it was two months, but it was—in the final analysis, it was four days too long.

And that is the shame of this government and the slow, delayed progress. It has taken four years to hire an acting interim director for Mental Health and Addictions. We heard that in the answer to my question—or, our question—I think it was the member for St. Boniface's (Mr. Lamont) question. We heard

the minister say that the mandate for this individual, who is an acting interim director, will be province-wide. But there were many things which were not answered.

How is the mandate related to health care provided by First Nations and Metis? There is uncertainty over whether the person's mandate will include not only people with mental health and addictions, but people with neurodevelopmental disorders, which are not considered mental health; toxic exposures like lead; conditions like multiple sclerosis; conditions like acquired brain injuries like concussions; the relationship to preventive health. What will be the mandate or not in this area as opposed to acute care? What will be the mandate with regard to dementia? We have not received clear answers, and we are still waiting, and still waiting, and who knows how long we will wait?

It has been four years in government, and we know from the minister and from the recent stories of Taylor Pryor and many others, that health care in Manitoba is in disarray. It is in disarray today. We heard it from the minister himself in question period. The minister says it was in disarray four years ago. He was elected to improve that, but four years later it is still in disarray.

Under this government, there is not a system when it comes to dealing with people with mental health and addictions. We saw this from the story of Taylor Pryor, but I also heard this last week at a visionary conversation, the last one hosted by Dr. Barnard of the University of Manitoba. He had a whole array of experts. One of the 'conclear'—conclusions his that, when it comes to addictions and mental health, we don't have a system, we have a bunch of silos.

We were told that it is difficult even for a health professional to navigate the system. It is so complex, it is not working, it is in disarray. That was a clear statement by one of the health professionals on the panel last Thursday.

* (16:50)

We also heard at the panel, for many conditions, you can't be told to come back in three months. If somebody has an addiction and they need help, you need to be able to get them to that help right away. If somebody has an addiction and they go through detox, they can't wait for three months after that to get treatment. They need to go right away. There needs to be continuity of care. There needs to be a clear

pathway. We can't have the gaps that are continuing to occur and we heard, in the visionary conversation and we heard that in the story of Taylor Pryor and we heard that in the story of Matthew as told by the Manitoba Advocate for Children and Youth in her recent report.

There are aspects of this bill which are of concern. We agree that there should be some provincial-wide, province-wide functions. We would rather see these right under the Minister of Health rather than in a separate arm's-length agency, like Shared Health, which will be—have less accountability.

But we don't see that managing a hospital, even if it's the Health Sciences Centre, is a provincial responsibility. Surely, this should be part of the WRHA responsibility, to manage hospitals, as it will continue to do for St. Boniface and Concordia and Seven Oaks and the Grace. The Winnipeg Regional Health Authority, or some local organization, should be managing hospitals. They are important locally for the community. There needs to be community input and community decision-making when it comes to hospitals.

But, instead, we've got the Health Sciences Centre being put under the Shared Health. This is problematic for a number of reasons. One is Shared Health should be province-wide in its responsibilities. It shouldn't be tied up managing hospitals. Dollars will go to acute care and not to prevention and other critical services because that's the history of what has happened in the past. We need a central responsibility for prevention. It's not yet clear exactly what the mandate of Shared Health will be in this regard. But it's certainly vital that we have an active prevention function, province-wide.

We know that the former minister of Health said he was going to fix acute services and then at some future time, he would get to prevention. We're still waiting with this current Minister of Health.

It's not clear whether Shared Health will have the responsibility for investigating medical errors and critical incidents. Clearly, it would be best if this was a central function, rather than have hospitals investigating themselves, and making it a central function would make it easier to ensure that there are province-wide changes coming.

The government has said that it is interested in specialist province-wide networks. We do have cancer; the government has hired an acting interim director in mental health. But we are still far from

being clear in terms of exactly how Shared Health and these networks will function and will work and report.

It is important that there be an ability to track performance. This has always been there, in CancerCare, an important part of their epidemiological work, but it is not clear whether this is a part of Shared Health's mandate. It's not specified in this bill.

There needs to be the underlying research, which is so critical to improvements in health care, and 'thet' that doesn't seem to be included in Shared Health's mandate, even when—though that should be clearly a province-wide activity.

The mechanism for accountability for the province-wide responsibility is not yet clear. People right now are afraid to speak up. The design is critical in terms of how we will introduce changes. But, clearly, somewhere or another, there has to be some accountability. We will be introducing a bill to try and clarify this in the days ahead.

Four years and this government still hasn't implemented a plan to prevent diabetes, hasn't implemented a plan to prevent mental health and addictions. We are still waiting. The general structure of the government's effort is top-down. There is not clarity in terms of how communities will be better involved in decisions.

The previous government took a lot of the decisions away from communities. This government is continuing a top-down approach to health care rather than making sure that there are opportunities for communities to be involved in making decisions and ensuring that health care improves.

There's nowhere that's more important, for example, than having this happening effectively in northern Manitoba because it's farther from Winnipeg and their needs are acute and local and large because of the burden of health issues. I'm pleased that the government has decided to bring in change in the physician billing approach. This, at least, was a recognition that the original bill was lacking.

Certainly, there are numerous areas where there are still changes and improvements needed if we are to move out of this position of a health-care system in disarray and toward a system which will function better and provide adequate care for people.

In the interview this morning with the Pryor family, they make it quite clear there was no co-ordination or continuity of care. Medical staff at

times contradicted each other, and a community support plan, though it was finally put in place in the last months that Taylor was alive, wasn't followed.

It breaks your heart how Taylor was treated, said her father. Taylor was a fun-loving ball of energy who was enthusiastic about life and people. She was, as her parents have said, a world-changer. She was one of those young women who likely would have made a big difference in our province had she not passed away.

And perhaps even now she will have a big impact as her story is better known and we better understand the problems that have occurred and the significant improvements in health care that are still needed.

Seeing 13 psychiatrists and five other medical doctors, in many instances waiting hours to be seen, in part because Taylor Pryor wasn't classified as a

medical emergency like someone having a heart attack might be, and yet, clearly a child—an adult, as she was, who is suicidal, this has to be treated very seriously, should be treated as an emergency. But it wasn't. And it should be treated with a lot of continuity of care.

There were many times, as her parents said, when they would release her and within 24 hours she'd back in hospital or attempt suicide. This is not 'continuity' of care. The family talked about chaotic, pretty brutal emergency rooms. There is lots more—

Madam Speaker: Order, please.

When this matter is again before the House, the honourable member will have 15 minutes remaining.

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

LEGISLATIVE ASSEMBLY OF MANITOBA

Monday, March 9, 2020

CONTENTS

| ROUTINE PROCEEDINGS | | | |
|--|-----|------------------------------------|-----|
| Introduction of Bills | | Universal School Breakfast Program | |
| | | Wasyliw | 586 |
| | | Goertzen | 586 |
| Bill 29—The Municipal Statutes Amendment Act | | Universal School Breakfast Program | |
| Squires | 577 | Marcelino | 587 |
| | | Goertzen | 588 |
| Bill 30—The Fisheries Amendment, Forest | | Universal School Breakfast Program | |
| Amendment and Provincial Parks Amendment | | Wiebe | 588 |
| Act | | Goertzen | 589 |
| Guillemard | 577 | | |
| Bill 28—The Legal Profession Amendment Act | | Addiction Treatment Medications | |
| Cullen | 577 | Lamont | 589 |
| | | Friesen | 590 |
| Bill 210—The Wildlife Amendment Act | | Individuals with Brain Injuries | |
| (Protecting Property from Water and Wildlife | | Gerrard | 590 |
| Damage) | | Friesen | 590 |
| Johnson | 578 | | |
| Ministerial Statements | | Budget 2020 Preparation | |
| International Women's Day | | Isleifson | 590 |
| Cox | 578 | Fielding | 590 |
| Marcelino | 578 | Pembina Trails School Division | |
| Lamoureux | 579 | Moses | 591 |
| | | Goertzen | 591 |
| Members' Statements | | Petitions | |
| The Creative Cocoon | | Personal-Care Homes | |
| Johnson | 579 | Gerrard | 591 |
| Universal School Breakfast Program | | Crown Land Leases | |
| Wiebe | 580 | Brar | 592 |
| Kidney Transplant Awareness | | | |
| Helwer | 580 | | |
| Indigenous Winter Road Construction Workers | | | |
| Bushie | 581 | | |
| Black History Month | | | |
| Gordon | 581 | | |
| Oral Questions | | | |
| Universal School Breakfast Program | | | |
| Kinew | 582 | | |
| Pallister | 582 | | |
| Universal School Breakfast Program | | | |
| B. Smith | 585 | | |
| Goertzen | 585 | | |

| | |
|-----------|-----|
| Debate | |
| Asagwara | 601 |
| Isleifson | 606 |
| Lindsey | 608 |
| Gerrard | 613 |

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