

Fifth 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. LXXVII No. 34A - 10 a.m., Thursday, March 23, 2023

ISSN 0542-5492

MANITOBA LEGISLATIVE ASSEMBLY
Forty-Second Legislature

Member	Constituency	Political Affiliation
AL TOMARE, Nello	Transcona	NDP
ASAGWARA, Uzoma	Union Station	NDP
BRAR, Diljeet	Burrows	NDP
BUSHIE, Ian	Keewatinook	NDP
CLARKE, Eileen, Hon.	Agassiz	PC
COX, Cathy	Kildonan-River East	PC
CULLEN, Cliff, Hon.	Spruce Woods	PC
DRIEDGER, Myrna, Hon.	Roblin	PC
EICHLER, Ralph	Lakeside	PC
EWASKO, Wayne, Hon.	Lac du Bonnet	PC
FONTAINE, Nahanni	St. Johns	NDP
GERRARD, Jon, Hon.	River Heights	Lib.
GOERTZEN, Kelvin, Hon.	Steinbach	PC
GORDON, Audrey, Hon.	Southdale	PC
GUENTER, Josh	Borderland	PC
GUILLEMARD, Sarah, Hon.	Fort Richmond	PC
HELWER, Reg	Brandon West	PC
ISLEIFSON, Len	Brandon East	PC
JOHNSON, Derek, Hon.	Interlake-Gimli	PC
JOHNSTON, Scott, Hon.	Assiniboia	PC
KHAN, Obby, Hon.	Fort Whyte	PC
KINEW, Wab	Fort Rouge	NDP
KLEIN, Kevin E., Hon.	Kirkfield Park	PC
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
MICHALESKI, Brad	Dauphin	PC
MICKLEFIELD, Andrew	Rossmere	PC
MORLEY-LECOMTE, Janice, Hon.	Seine River	PC
MOSES, Jamie	St. Vital	NDP
NAYLOR, Lisa	Wolseley	NDP
NESBITT, Greg, Hon.	Riding Mountain	PC
PEDERSEN, Blaine	Midland	PC
PIWNIUK, Doyle, Hon.	Turtle Mountain	PC
REDHEAD, Eric	Thompson	NDP
REYES, Jon, Hon.	Waverley	PC
SALA, Adrien	St. James	NDP
SANDHU, Mintu	The Maples	NDP
SCHULER, Ron	Springfield-Ritchot	PC
SMITH, Andrew, Hon.	Lagimodière	PC
SMITH, Bernadette	Point Douglas	NDP
SMOOK, Dennis	La Vérendrye	PC
SQUIRES, Rochelle, Hon.	Riel	PC
STEFANSON, Heather, Hon.	Tuxedo	PC
TEITSMA, James, Hon.	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
<i>Vacant</i>	Morden-Winkler	

LEGISLATIVE ASSEMBLY OF MANITOBA

Thursday, March 23, 2023

The House met at 10 a.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.

We acknowledge we are gathered on Treaty 1 territory and that Manitoba is located on the treaty territories and ancestral lands of the Anishinaabeg, Anishinewuk, Dakota Oyate, Denesuline and Nehethowuk nations. We acknowledge Manitoba is located on the Homeland of the Red River Métis. We acknowledge northern Manitoba includes lands that were and are the ancestral lands of the Inuit. We respect the spirit and intent of treaties and treaty making and remain committed to working in partnership with First Nations, Inuit and Métis people in the spirit of truth, reconciliation and collaboration.

Good morning, everybody. Please be seated.

ORDERS OF THE DAY

PRIVATE MEMBERS' BUSINESS

MLA Nahanni Fontaine (Official Opposition House Leader): Morning, Madam Speaker. Would you call Bill 222, The Public Schools Amendment Act (Nutrition Programs) for second reading debate this morning.

Madam Speaker: It has been announced that the House will consider second reading of Bill 222 this morning.

SECOND READINGS—PUBLIC BILLS

Bill 222—The Public Schools Amendment Act (Nutrition Programs)

Madam Speaker: I will therefore call second reading, Bill 222, The Public Schools Amendment Act (Nutrition Programs).

Mr. Nello Altomare (Transcona): I move, seconded by the member for The Maples (Mr. Sandhu), that Bill 222, The Public Schools Amendment Act, be now

read a second time and referred to a committee of this House.

Madam Speaker: It has been moved by the honourable member for Transcona, seconded by the honourable member for The Maples, that Bill 222, The Public Schools Amendment Act (Nutritional Programs), be now read a second time and be referred to a committee of this House.

Mr. Altomare: I'm always happy to stand here in support of students, families, communities here in this House, especially when it comes to a time that we're at, Madam Speaker, where we're coming out of a global pandemic that has really wreaked a lot of havoc in not only our routines but also the—our public services.

Our public services have been absolutely decimated, Madam Speaker. And here's an opportunity with Bill 222 to start rebuilding the public service so that it is serving, indeed, the larger public.

I would like to say that with nutrition programs, how evolved this issue has become. In the time that I was an educator, I recall in the late 1980s, we would have pizza lunches, Madam Speaker. And students would stand up—sign up. They would also stand up, but, sign up for that.

And what we were noticing when we had our team meetings is that we had some kids that were not. And that was a problem, right, because we wanted to be an inclusive environment. And what we then began to do is instead of excluding kids, we wanted to include those kids into our pizza lunches.

So then, we would absorb the cost of that, so that everyone could participate, be part of the community building process, be part of something that, you know, you create in a classroom, Madam Speaker. And that is community helping each other and being part of something bigger than yourselves.

That then began to evolve because then we noticed that, as teachers, we would have little programs that would just spring up out of need. And one of them was, I recall with great fondness, is that my grade 7 team at John Gunn School would have weekly lunches with their kids. We started charging \$2. Again, what did we notice, Madam Speaker? Some kids were being excluded, simply because we had to

put a cost on that. As a team, we decided we're not going to have a cost anymore.

What does that evolve to? It continued to evolve in the '90s when I moved. I'm going to use my personal experience, Madam Speaker, because that's something that certainly informs my practice now, as the critic for K to 12 and early childhood learning.

And then, moving on to ours today, that we expanded the program to the point where we included all the grade 7s, regardless of if you had the money or not had the money.

And then, I recall this one instance when a couple kids showed up early; we started class at 8:30. Showed up early at 8 o'clock, and they were outside and I walked in; I said, what are you doing here? Oh, you know, really not that much, just hanging out. I said, well why don't you come in? We invite them in; come in to the classroom, because you can't leave a student unattended when it's not—you know, when you're not in session.

And so, invite them into your classroom. I have my couple doughnuts, cut them up. We start sharing that. What did we notice after conversation? Called a few other teachers in, Madam Speaker. And we noticed that there was a real need here, for certain kids in our community that required support in the morning.

What did we do? Once a week we started a program where we would have kids just show up at 8 o'clock, come in, community build, have a little bite and get started. We noticed, then, more engagement by those kids that were standing out there early in the morning.

And so, that twigged us even further at Arthur Day Middle School at the time, to create, I think what was a first in the province, was an informal meal program, that we didn't call it that. We call—I don't even recall the exact name, I think we just called it, come in and sit down with your teacher time.

But what has occurred after that; I moved into school administration. And we began to notice more and more of a need, especially as kids were excluding themselves from things that they needed to be a part of. And schools and for teachers, that's a really difficult thing to see and to have occur in your school. We noticed that typical school time wasn't filling the needs of all the kids.

So, how does this pertain to nutrition programs? Well, nutrition programs act as a way not only for kids

to get more involved into their schools, but also allowing them to get to know who their teachers are, get to know them in a more informal setting.

What it also did, as I moved into early years schools, is that I noticed parents becoming—because they walked their kids to school, Madam Speaker. And so, what we would do, is that instead of having them just walk them, we invited the parents in.

* (10:10)

And that became something that was really quite extraordinary. Because we had some parents, Madam Speaker, say that this was the first time they had felt comfortable coming into a school because of their own negative experiences growing up with being welcome into a school.

Now, remember these are—these were different times. So, here again is an opportunity. I think as public institutions now, we have to be able to make this—the move. Make the switch. Really evolve.

And what we're noticing is that people always want to be part of something. As human beings, the best thing to do is to sit down at a table, share food, share conversation, get to know each other. Nutrition programs by their very nature allow for this.

Now, as my experience progressed, we began to notice more and more that these requirements were something that we just had to do as a school, in the schools that I worked in. And then, of course, by extension as school divisions began to notice this, and then we have the creation of the Child Nutrition Council, Madam Speaker, which is really—sprang up because of need.

And then once that program became available to schools like mine, we began to apply for the grants and for the funds around these programs that allowed us to continue to expand our reach, not only further with our kids, but also further into our communities, allowing us to get to know our communities even more, what the needs were. What kids were telling us is going on at—not only in their homes but also in their neighbourhoods.

And that allowed us to be better at our jobs. And this is something that became actually informing of our school plan, informing of what we wanted to do as a school division.

So, what has this led to? Well, it's led to River East Transcona now, school division, identifying two schools to have an all-day kindergarten programming, because of all that consultation that was created

just through the germination of programs that allow parents to come in.

What did we notice? We noticed that more and more services are necessary.

What we've also seen is an evolution in other areas outside of Manitoba regarding nutrition programs. And I know I mentioned earlier in debate on this bill that the state of Minnesota recently passed a school lunch program piece where every kid is included. Each and every kid, regardless of income level, regardless of anything, because their No. 1 concern was to create community. Not to exclude anybody. And Madam Speaker, that, I think, speaks volumes to the value of nutrition programs.

What we want to do with this bill is provide the minister the data necessary so that they can provide the needed support for nutrition programs. So that it's regularly reported, something that we have really noticed is a real need, and I know as educators, as people that live in our communities, as MLAs for our communities, we know that this is a need, Madam Speaker. Information is power when it comes to this.

I was speaking at the Sons of Italy gala last week with Vince Barletta, who was saying to me: Nello, we are so grateful for school nutrition programs and what they provide. We're grateful for the work that they do and for what they mean for their community.

I thank you for the time.

Questions

Madam Speaker: A question period of up to 10 minutes will be held. Questions may be addressed to the sponsored member by any member in the following sequence: first question to be asked by a member from another party. This is to be followed by a rotation between the parties. Each independent member may ask one question. And no question or answer shall exceed 45 seconds.

Mr. Brad Michaleski (Dauphin): I want to thank the member for bringing this bill for discussion in the House.

Can the member opposite please detail why they think it is appropriate to be adding increased administrative burden onto school board members at this time?

Mr. Nello Altomare (Transcona): You know, I want to thank the member for that question because it does allow us to delve into some real pieces that school board members are noticing.

School board members and trustees serve the community. They're often the closest to that person, that voter. And what that voter and what that community is telling them is that this is a necessity. Nutrition programs are becoming a necessity. They don't see this as an extra burden. Quite frankly, this is something that allows them to do their job even better. Because in the end, they're certainly not in it for the stipend, Madam Speaker.

Mr. Jamie Moses (St. Vital): With the member's over 30-year experience as an educator, I really would like to hear from him draw on that experience to say why a universal nutrition program would broadly be so important for Manitoba.

Mr. Altomare: I want to thank my colleague, the member for St. Vital, for that question.

In debate, often, Madam Speaker, what I bring up is that we're truly at a point in our history when we have to rebuild our society, rebuild our communities. What is the one common experience that most people have? It's their public school, their public neighbourhood school.

And so with a bill like this, this will allow us not only to gather the necessary data, but also to create that community that really can help us rebuild from what we've experienced these past number of years.

Ms. Cindy Lamoureux (Tyndall Park): I'd like to thank the member for bringing forward this legislation.

I was hoping that the member could share with us how the requirement of this bill differs from what the Child Nutrition Council already reports.

Mr. Altomare: I want to thank the member for that question. It's a really good question. Because what it does is it delves into the work of child nutrition. They can only report on the schools that actually have the program.

Right now, out of over 700 schools, Madam Speaker, the Child Nutrition Council, I think, services about 340. In and around that number. And so, what this does, this will require kind of those ad hoc pieces that can be included so that we know what's going on.

Because I will tell you, when we were in Lakeshore School Division, we learned that a principal there is getting up, is at-school at 6:30 baking muffins and banana bread for their students so that when they arrive from the bus, they have something ready to roll.

Thank you for that question. That was awesome.

Mr. Ian Wishart (Portage la Prairie): The member has made reference to the early years of nutrition programs and how he was engaged very early on.

I wonder if, based on his experience, if he could give us some idea how much he sees the demand has grown and whether it continues to grow.

Mr. Altomare: You know, I just want to thank that former minister of Education for that question. I think it really indicates his real knowledge of what's—what was happening in schools.

And I think he noticed the evolution of how important schools are in supporting kids from the time they arrive until the time they leave. It has certainly grown. I know when I speak to my colleagues now because of kids coming back into school, the need is even greater because of the great inflationary pressures, as you can imagine.

I know the member from Portage la Prairie has probably heard this from his own constituents that the pressure on families right now is tremendous to feed their kids.

Mr. Moses: The Auditor 'genedal'—General recently surveyed school leaders. And in the report, they said that they don't believe that this government has provided what children need to recover properly from the pandemic.

Can the member explain how nutrition programs can play a role in helping children recover from the effects of the pandemic?

* (10:20)

Mr. Altomare: I want to thank the member for that question. It's—what's really good about the nutrition programs in school is that it's a gateway; it's an entry point. It's a low-barrier thing that kids can participate in. What better way to start the day than to be with your teachers?

And it's not just the day; it's evolved now, Madam Speaker. Many schools find that a breakfast program isn't meeting their needs, so what have they done? They've created cart programs throughout the day. That is especially true in middle and high school because kids have different times for entry points.

Mr. Michaleski: This ask in this bill, by the members opposite, to table documents regarding meal programs is already under works through the recommendations in the report of the Manitoba commission on K-to-12 education.

So, given our investment to support the implementation of provincial student information systems to integrate system-wide information for the K to 12, does the member feel this bill may be redundant or obsolete?

Mr. Altomare: I want to thank the member for that question.

As he can well imagine, we've been talking about this now for years. People are growing impatient with the lack of action. I mean, we can say we're acting on the report, the K-to-12 commission report, but there hasn't been any real tangible, noticeable impacts from that.

This bill gets it done so that the minister has this information, can make the decision, take it to caucus and say, look—look at this requirement and make the necessary adjustments so that kids can participate in school nutrition programs.

Thank you for the question.

Mr. Moses: When the Manitoba NDP last proposed a universal school nutrition program, the former premier said, if children are going to school hungry, their parents aren't fulfilling their responsibilities.

Now, I'd like to ask the member: Is this blame-the-parents approach what we would want to see from a government who is serious about addressing childhood poverty, and specifically around dealing with nutrition for poor families and poor children, who might not be able to get nutrition or food before they arrive to school?

Mr. Altomare: I want to thank my colleague for that question.

You know what, I think that certainly the former premier made that comment before the pandemic. I would hope that after reflection, after seeing the impact of lack of community, lack of support for community, that given the opportunity, that former premier won't make that comment and will allow for, certainly, an understanding of how great the needs are of kids in our schools.

Mr. Wishart: I'm wondering if the member had a chance to consult with the Manitoba Child Nutrition Council regarding this bill, and does he—you know, if he's meeting the needs that they—as they see it?

Mr. Altomare: I want to thank the member for that question.

I did speak with the Child Nutrition Council, specifically with Clara, Wendy and one of their nutritionists; I think her name was Maxine. And what they're noticing is, and what they're requiring is, it'd be great to have a whole provincial scope as to what the needs are.

Because, like I said earlier, places, like in Lakeshore, are doing this without the help of the child nutrition council. The child nutrition council can only provide enough data, as is been applied for through their programming.

So, this is what they are asking for; it'd be great to have a larger scope.

Mr. Moses: When this universal school nutrition program was last brought in by the Manitoba NDP, or proposed by the Manitoba NDP, the member for Radisson (Mr. Teitsma) said that I'm not interested in the universal don't-have-breakfast-with-your-family approach.

Now, I'd like to hear from the member, is that words—those words about not having breakfast with your family the reality that we're seeing from school children, who often come to school hungry and are trying to learn in our K-to-12 education system?

Mr. Altomare: I want to thank the member for that question.

The reality now, Madam Speaker, is that we have families that are working two or three jobs just to make ends meet. We have increasing costs. We have, you know, a real need out there for a program like this.

But more importantly, we have a real need for the Department of Ed and the Minister of Ed to know what the need is, very specifically, so that we can respond to families and respond to need in a timely fashion, so that anyone is left behind.

As far as the member for Radisson goes, I'm sure his thinking has evolved.

Madam Speaker: The time for this question period has expired.

Debate

Madam Speaker: Debate is open.

Hon. Wayne Ewasko (Minister of Education and Early Childhood Learning): I would like to thank my friend and colleague, the MLA for Transcona, for bringing forward Bill 222 to the floor of the Chamber this morning, Madam Speaker, so that it gives us an

opportunity to have some respectful and necessary debate.

And I don't think that it's necessarily something that is a major debate. I appreciate the member from Transcona, you know, sharing some of his experiences, of course, of his 33-plus years that he served in the public school system, and I've commended him for those years of service many times in this Chamber, and outside these—this Chamber as well, Madam Speaker.

As the member had mentioned, you know, some of the various needs and the way that people think and intervene in certain things, especially when it comes to child nutrition and various different pressures that are happening throughout our society, many people, many educators had seen things going on for many, many years. And as time has sort of evolved, we continue to, you know, as educators ourselves, maybe put on additional hats, it seems, almost on a day-to-day basis, of what is being expected of the school system.

And again, I appreciate the member bringing this forward, and I listened intently to his words, and then I also listened to some of the questioning and some of the answers brought forward by some of the other members on both sides of the House.

So—but it is interesting, Madam Speaker, when I hear members opposite talk about, and trying to put a wedge on this very important issue when it comes to nutrition in schools or, you know, students or just Manitoba children in its entirety. I mean, the member from St. Vital mentioned how the NDP had brought in certain pieces of either resolutions or bills in the past.

And it's interesting to me, Madam Speaker, that, you know, once again, this is something that the current opposition NDP constantly say: Why don't you do what we never did? And this is a question that many of them have brought up. And so that's why I'm proud of our government. I'm proud of my department and the people that I work with, and the relationship building that the Department of Education and Early Childhood Learning has done working with our partners over the last seven years, and many more years to come.

Because we are listening. We're listening to the various different partners throughout this great province of ours. And we're also looking to, what are other provinces doing? What are other jurisdictions doing? What are other countries doing in regards to these topics, Madam Speaker?

And that's why we decided to bring forward and to do, a K-to-12 commission on education. The last royal commission on education had not been done since 1959, Madam Speaker—1959. Lots of things have changed, lots of things have evolved. I know that the member opposite, my friend and the MLA for Transcona, has said how various different thinking practices, theories, everything has evolved.

* (10:30)

Of course, we're learning from the past and continuing to make very important strides. Do we have more work to do, Madam Speaker? Absolutely we do. On top of the K-to-12 commission, what came from that is the K-to-12 action plan, where students' well-being is paramount.

I think everything—you know, it's unfortunate that some of the members opposite once in a while stand up and say how myself, our government and that the Department of Education isn't doing enough. Well, Madam Speaker, I don't necessarily say that. *[interjection]*

You know, I know the member from St. Johns, she's going to have an opportunity to stand up and put some words on the record. She's fairly direct in some of her shouting down of people.

But, Madam Speaker, I'm going to block out the heckling from the member from St. Johns, and will continue on with what the intent of this morning is about; is to talk about the good things that are happening in Manitoba. Again, many things to do yet, of course, because we're also cleaning up the mess from the former NDP government that didn't really move on these types of things.

Matter of fact, the Children's Nutrition Council of Manitoba—as the member has talked about, and I'm going to talk more about partnerships—when they were created, they received a budget of \$1.2 million. That was back in the early 2000s. Seventeen years of NDP government, Madam Speaker; not an increase at all to the Children's Nutrition Council for Manitoba.

Just recently, with the minister of mental health and well-being in the fall, we more than doubled those funds, because we're listening. Again, we're listening to those education partners all across this province, all across—doesn't matter, all corners of the province, Madam Speaker. So, that's one of the partnerships.

We continue to work with community. As the member mentioned, the member from Transcona mentioned working with community partners.

He mentioned Vince from Manitoba Harvest, Madam Speaker. Great partnership. Breakfast Club of Canada. Again, Child Nutrition Council of Manitoba.

We've got other community groups that step up day in and day out, and they help out with whatever the communities need. That's why we're working with MSBA, that's why we're working with Manitoba Teachers' Society, to see what exactly needs to happen.

Well, Madam Speaker, another initiative that our government brought forward, which, again, the why-don't-you-do-what-we-never-did NDP side; we're doing it. We created the Poverty and Education Task Force, and this was one of the recommendations of the K-to-12 education final report. And it's a commitment in our K to 12 Education Action Plan, to create that task force.

So, we had the task force members come forward. They brought forward a whole pile of recommendations, many of which we have already started on enacting upon. Many of them are well underway, and we specifically commit to the new work for several of the recommendations, which include a new provincial anti-racism policy.

And I know that the member from Transcona probably has read this, but he failed to give us credit on this side of the House for this—but we've also focused out of a review of the nutrition funding with the goal of supporting more students living in poverty and further investments in our community schools program, Madam Speaker.

Some of the work of the task force contributed to the initiative to distribute free menstrual products to students in need. Again, something that I know that the members opposite had spoken about. They never once lifted a finger to do that.

And it comes down to those partnerships, Madam Speaker. You can't burn all those bridges like the former NDP government did, and the current NDP opposition are trying to do. They continue to burn bridges.

We want, on this side of the House is to build those bridges, build those relationships. It doesn't all—keep in mind, this is not just an education problem. This is all-of-Manitoba problem. All departments, all people in Manitoba.

And, speaking with my counterparts in other jurisdictions, other provinces, they're experiencing some of these challenges as well. And so, that's why, when the member from Transcona talks about various

different pressure for families, costs are going up; that's why, on our side, we see that.

We're trying to make life more affordable, Madam Speaker. Budget 2023 absolutely puts dollars back in the pockets of people who absolutely need it most. Low-income families who definitely—these dollars that we're putting into their pockets—they will definitely use wisely.

I know, and I'm hoping that the members of the opposition NDP will support the budget, pass it unanimously. I know that that goes against some of their philosophical views, which they feel that it—Manitoba taxpayers' monies are best spent by the NDP.

We think otherwise, Madam Speaker. We think that people deserve to have their money, make the decisions what's right for their families.

Thank you for your time this morning, Madam Speaker. *[interjection]*

Madam Speaker: Order.

The honourable member for Wolseley.

Ms. Lisa Naylor (Wolseley): I'm really glad to stand and talk about this a little bit today. You know, this is an area that's very close to my heart. As a school trustee, it was something that was very important to me.

And I want to correct some of the things that I've heard in the House this morning. When I hear the Minister for Education talk about, you know, what happened under previous government, I think he forgets that his government is the previous government.

But if we go back all the way to eight years ago, and we hear about funding for school nutrition programs, I think what is being missed in this conversation and the memory of the members opposite, is that, back then, school boards had the opportunity to fund what was needed in their school divisions by raising the levy on properties.

And—so that folks in particular areas, where more supports were needed, whether those were mental health supports, more nutrition programs, you know, a full million dollars a year was raised through property taxes for school nutrition programs in the Winnipeg School Division.

But school divisions had the ability to make the decisions that were right for them. They also received significantly more money from the provincial government; they weren't in a position where they had to cut

school nutrition programs to avoid firing teachers or cut school nutrition programs so that they could provide necessary mental health programs.

There was so much more flexibility in funding and in doing what was needed for students and school divisions. And that has—what has been lost, tragically lost under this government.

So, it's a pretty apples-to-oranges kind of comparison. If you cut divisions' budgets, don't allow them to raise money through property levies, then—and completely hem them in, in terms of what's possible for creating school nutrition programs and then refuse to fund the universal school nutrition program, you're basically starving children through a series of policies that work together.

We do know how a lot of members on the other side feel. We certainly—you know, I have some notes here to remind me, but I probably will never forget when Brian Pallister stood up to basically blame parents for not being able to feed their children. It is a very memorable part of his legacy in this province.

But it's also, you know, the current member for Radisson (Mr. Teitsma) who, you know, sent out a message that children need to eat breakfast in their home—capitalized, in their home, in his original tweet—more than they needed in school.

And this MLA implied that if food was made available in schools, that parents would just simply use it as an excuse not to feed their children, even if they were capable of it, rather than as a helpful support for parents struggling to make ends meet.

* (10:40)

He wrote, I'm not interested in universal don't-have-breakfast-with-your-family approach. Incredibly naive, honestly, hateful kind of attack on families that live in poverty and families that struggle. And that's within this, you know, this—these last few years of this government.

I think my colleague from—where do you live, Nello?

An Honourable Member: Transcona.

Ms. Naylor: I'm sorry, Nello. My colleague from Transcona. It's an ongoing joke. I've been there; I've seen his home. My colleague from Transcona's incredibly gracious by suggesting that perhaps some members have changed their minds on this on the other side of the House.

We haven't seen that in action. We continue to see the cuts. We continue to see school divisions having

to fire teachers. So, how can they continue to feed children out of those budgets and the impoverishment that has been created?

You know, the other thing that happened, I can't—I'm not going to name names because I know that this was shared with me off the record, but I know that there was a minister on the other side of the House who had a meeting with a school-board chair at the start of the pandemic and the conversation was about what's going to happen to the kids who rely on school meal programs during the pandemic.

And that minister was—so naively said, well, what happens during spring break? What happens over the summer? And unbelievably had no understanding of the reality that those kids come back to school hungry. They come back to school falling behind. They come back to school often very unwell, especially after the summer break. Those are the kids that come back in September that have lost so much of their learning from the year before because of the struggles that they faced in those months in the summer.

And, you know, that—the chair of that school board shared that with me, like just how incredulous he was about this complete lack of understanding of the reality of children that live in poverty in this province, despite all of the reports and all of the research, and what that impact is on learning.

And, you know, fortunately, school divisions figured it out without any help from this government, without support from this government. I know Winnipeg School Division, it maybe took a week to get things sorted. But after kids were sent home, they—the staff showed up over and over and over to make food and pack up food and deliver food to children and families that needed it.

And, you know, they didn't have money. They didn't have help from this Province to do that. What they—in fact, they had barriers put, they had little communication with this Province, but school trustees, school staff, school administration, everyone worked together to try to feed kids because they knew that this was a secondary crisis being created by the pandemic.

So, I think that—you know, I really hope that members on the other side have changed—had a change of heart. I would like to be as optimistic and gracious about this as the member for Transcona (Mr. Altomare). But I haven't seen evidence of that. You know, I see that there's still a great reliance on outside organizations to take on this responsibility of dealing with child poverty in this province. This is so much bigger than people understand and appreciate.

And it—child poverty and child hunger—it affects learning. It affects long-term health. The money invested now will have a massive impact on future health costs. And I understand this government actually doesn't care about future health costs in 10 or 20 years because they're so focused on the here and now. Right now, all they're focused on is getting re-elected or their upcoming retirements.

But you need to be thinking about what happens in the health-care system 20 or 30 years from now when children who have been hungry for years, and, you know, haven't been able to learn effectively, haven't been able to have their bones or organs develop completely and properly and what kind of health impacts.

When kids are underfed, they're more likely to get sick. So, whether those are colds, flus, COVID, that is—and that actually affects the here and now because not only are they sick, they bring that illness home to their families that's spread further in the community.

So we face more ongoing health-care costs because of the lack of willingness for this government to invest or provide the money to allow school divisions to make those choices, to invest in food and good nutrition, to make sure that Manitoba doesn't have the hungriest children in the country.

So, you know, I am very proud of my friend and colleague from Transcona for bringing forward this, for continually fighting for this, for identifying this issue, feeding children as a key issue in education, from the moment he has been in the Legislature.

And I would hope that some lessons have been learned by this government, and that there is an opportunity to do the right thing today and perhaps to erase some of that bad history and the shame that the other side of the House carries for some of those comments made by Brian Pallister, made by one of their current members. This is an opportunity to clean that up, make that maybe go away by voting and supporting this bill today.

Thank you.

Mr. Brad Michaleski (Dauphin): It is indeed a privilege to get up in the House and speak to Bill 222. It is an important issue, and I appreciate the member for Transcona (Mr. Altomare) for bringing this bill forward.

I would like to first start by expressing my sincerest and most heartfelt thank you to all the educators in this province who worked tirelessly—tirelessly to

educate our kids and shape the youth of our province into leaders of tomorrow.

And I know this bill, which deals with nutrition, is an issue that our educators and our teachers and our people that work in the school system see on a very real way. And they see it on a daily basis, and I know it's an area of concern for parents, for families and members that are working in the school system.

I'd also like to extend a thank you to all the volunteers and the Child Nutrition Council workers in this province, who make these meal programs possible, and for—to do that for so many people across the province.

Unfortunately, this bill deals with a matter that is unfortunate, Madam Speaker. It's not something that—I know the member for Transcona talked about the '90s and the experience he saw, and I appreciate the member that he shared those experiences. But it's something that, in the '90s or the '80s, this wasn't an issue as much as it is now. And I can say through the years, from when I went to school to when my kids went to school, the need for these programs appeared to grow.

And I know, especially in my region, there was—and I'll say for 35 years—an increasing need and a demand that was not being addressed. Now our—the government of the day is addressing this. They are putting focused efforts and dollars towards these efforts and towards this need, because this is a need.

It's—again, it's an unfortunate situation. In a lot of cases, our kids are coming to school and they don't have a breakfast, they don't have a dinner and sometimes when they're going home, they don't have supper. And that is truly unfortunate, that it seems to be getting a bigger issue every day.

So, unfortunately, this is one of those issues that gets into the melting pot of the Department of Education, and again, I would say our—the government of the day is doing a lot of work to focus on this issue.

* (10:50)

And it's not something—again, I know the members opposite and, you know, they've mentioned it themselves. For years, they've been fighting for this and from what I understand and what I've seen, Madam Speaker, is just a—it's sort of an insincere ask, when they said they need that, but they really never supported and focused on that.

And that's most certainly what I've seen, what I've witnessed and experienced. The government of the

day is dealing with this matter directly and indirectly, and I think the member—the minister referenced it. It is a whole-of-government problem.

And I appreciate the government's efforts, and—every year, and including this year and on a very great budget that targets this issue indirectly and directly. And it's not a band-aid solution. And I know the members opposite love to just ignore the fact that this thing was a problem. They never addressed it in the years that they were in government, and now they want to band-aid over this thing and that's good enough. Well, Madam Speaker, that's not good enough.

This government is doing a lot of work, putting a lot of focused attention towards this problem. And I want to thank the Minister for—of Education for this. And I want to say, again, the budget that was brought down was an excellent budget, focused a lot of efforts and dollars towards helping people. In the education system, a tremendous focus on resources into education of which this is a part.

And just the other day, another great announcement targeted towards helping those with disabilities, families. Such genuine spending focusing on helping people in a real way. That's what this government has been doing and I applaud them for it.

And I don't think members opposite—even though I think they genuinely believe that the kids should have meals, it's—that's in their best interest to learn with a full stomach and go home and not have to worry about these things. This is something I don't—I think they've genuinely lost focus of that. They lost track. I think they're trying to say that they're on track, but that's just simply not the case.

So, this government committed the largest increase in education funding in recent history. This year's annual funding increase includes an increase of \$100 million, a \$24-million increase to the property tax offset grant and an additional \$20 million for school divisions to help them respond to cost pressures. And \$5 million in additional special-needs funding, and an additional \$5-million increase for independent schools.

Madam Speaker, these are genuine, focused spending initiatives that are helping Manitobans. They're helping Manitoba kids. And that is important and they're real. Again, there's a genuine consensus, I think, on this Bill 222, that—in—you know, in general, nobody wants to see kids go to school hungry.

And the reality is, they're having to pick up these meals and get these meals and there's a lot of people that are working, giving of themselves and their time towards making sure our kids do get something to eat. And that's, again, it's a great thing that they're able to step up.

And I know there's government supports towards organizations that are doing fantastic work. And I can say, in my community or my constituency of Dauphin, I've heard stories, numerous stories of people that are going into the food programs. And there were a—you know, I'll say, in the years in the past, there's been some—stigma is exactly the word. And, you know, it was something that—it was frowned upon, it wasn't supported, it was debated, you know.

And there was a stigma attached to it. And, you know, the system seemed to work towards a universal program for everybody. And, because some, you know, legitimately didn't need it, and—but many did. And, again, I think the stigma is—we need to get away from that stigma.

It's—again, this is a complicated issue, because the issue of feeding the kids in school is—it's a solution, but it's not a long-term solution. So, we need to work around that to minimize that, instead of trying to have more and more programs that are—that the government is responsible for.

So, Madam Speaker, I want to thank the member for Transcona (Mr. Altomare) for bringing this bill forward. I want to thank the members—minister for his comments, and everyone else who's provided some information on this debate. And I know our government is working to recognize the importance, and we know the importance of good nutrition in the classroom. And that's why we will all continue to address this through our Poverty and Education Task Force.

Thank you, Madam Speaker.

Ms. Cindy Lamoureux (Tyndall Park): It's wonderful to be able to rise this morning and speak about the very important issue of child nutrition here in the province of Manitoba. And, at the end of the day, the bottom line is, what is really needed is a full commitment to a universal meal program here in Manitoba for all children within all schools.

Now, this issue was actually first brought to my attention through meetings with MTS, that's the Manitoba Teachers' Society, and I know that they actually shared this information with all MLAs. And

I want to thank them for the work that they're doing with that.

They talked about the growing needs for these programs. And, you know, I was very astonished when I first learned that it only costs 17 cents a day to ensure a child in school receives food, whether that's snacks and school meals. Yet, according to CNCM, the Child Nutrition Council of Manitoba, 31 per cent of elementary students and 62 per cent of secondary school students don't eat breakfast daily.

Now, CNCM, Child Nutrition Council of Manitoba, are a charitable organization dedicated to helping school children succeed through ensuring children are nourished through meals and snack programs.

And from their website, they provide support and funding for nutrition programs. We have registered dietitians on staff who work to support nutrition programs across Manitoba in a variety of ways, including delivering workshops, newsletters, news resources and site visits.

Madam Speaker, while speaking about child nutrition, it's really important to bring forward some points here. We need to discredit the assumption that meal programs are only for underprivileged children. This is not accurate, and it's actually quite stigmatizing. Many students utilize meal programs, because they may not have had enough time in the morning for a variety of reasons: perhaps limited access to food, maybe they're on long bus rides before classes, maybe they have early morning responsibilities, such as helping their siblings get ready for school in the morning. Maybe they have extra-curricular activities before school; lots of students do track and field, for example, and then they're expected to go right into the classroom.

Madam Speaker, these nutrition programs are very, very important here in the province of Manitoba, and, again, at the end of the day, what we need to do is have a universal program.

Thank you for the opportunity to speak.

Mr. Ian Wishart (Portage la Prairie): I appreciate the opportunity to speak to this particular bill. And I'd like to thank the member for Transcona for bringing it forward. This is an important issue; it impacts many, many people across the province and many, many families.

And as was indicated by my question, I appreciate his insight into what—how it has grown over the years,

and continues to grow. It's an issue that I think we need to deal with, and I'm very pleased that the minister has stepped up and increased funding to the Child Nutrition Council of Manitoba, and continues to work with them as we go forward.

It was interesting to have some of the insights from the members opposite when they see that the solution is to increase the education taxes locally in each—

Madam Speaker: Order, please.

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

* (11:00)

RESOLUTIONS

Res. 6—Calling on the Provincial Government to Listen to Doctors and Stop the Cuts at the Grace Hospital

Madam Speaker: The hour is now 11 a.m., and the time for private members' resolutions. The resolution before us this morning is the resolution on Calling on the Provincial Government to Listen to Doctors and Stop the Cuts at the Grace Hospital, brought forward by the honourable member for St. James.

Mr. Adrien Sala (St. James): It gives me great honour to bring this PMR forward, Calling on the Provincial Government to Listen—[interjection]

Madam Speaker: Order. Order.

Mr. Sala: Thank you.

I move, seconded by the member for Notre Dame (MLA Marcelino), that

WHEREAS for months Grace Hospital doctors, nurses, allied health workers and other front line health-care workers have been calling on the Provincial Government to stop the cuts, fill vacancies and improve the quality of care patients receive; and

WHEREAS to date the Provincial Government and the Minister of Health have ignored these calls for help, which has resulted in inadequate overnight shift coverage, cuts to beds and according to Grace hospital doctors, a sub-standard level of care; and

WHEREAS 45 doctors from Grace Hospital sent a letter to the Minister of Health on March 9, 2023, expressing concern about a lack of oversight for patients in the hospital; and

WHEREAS Grace Hospital doctors called on the Provincial Government to take urgent action to end the acute staffing shortage at the Grace Hospital by approving funding for a position to help ensure patient safety overnight at the hospital in November 2022; and

WHEREAS these doctors also raised concerns about patient and staff safety due to an increase in baseline safety concerns and critical incidents that is caused by a lack of doctors on the medicine in-patient ward overnight; and

WHEREAS the doctors wrote that they "cannot emphasize enough that patient safety remains severely compromised at the Grace Hospital because of the current inadequate response and commitment to properly fund a position;" and

WHEREAS this issue was first raised by doctors in November, when they sent a proposal to the Winnipeg Regional Health Authority to bring Grace Hospital in line with standards at other Winnipeg hospitals, which was rejected, and a second proposal was met with silence; and

WHEREAS the consequences of acute staffing shortages are being felt in hospitals across Manitoba, not just the Grace Hospital; and

WHEREAS these acute staffing shortages highlight years of cuts and inaction by the Provincial Government to the health-care system; and

WHEREAS the Provincial Government has failed health-care workers all across the province by years of cutting health care including cutting beds at the Grace Hospital, leaving nursing positions vacant and failing to recruit and retain the health-care staff needed to provide the quality of care Manitobans deserve, including at the Grace Hospital.

THEREFORE BE IT RESOLVED that the Legislative Assembly of Manitoba condemn the provincial government for failing to listen to nurses and doctors and other front-line health-care workers, and urge the provincial government to fix the health-care crisis at Grace Hospital by stopping its health-care cuts.

Motion presented.

Mr. Sala: It gives me great honour to have a chance to rise in the House and to bring this private member's resolution forward, calling on this government to listen to doctors and stop the cuts at the Grace Hospital.

I want to start debate today by asking members opposite to do something. And that is to ask them to check their party allegiance at the door here and to listen to some of the words that I'm about to share, that have been brought forward by doctors at the Grace and that we've seen in recent media. I really want to invite you to do that, and to have these words hopefully resonate.

Mr. Dennis Smook, Acting Speaker, in the Chair

This is from a story two weeks ago from CTV, and it was, of course, reporting on the letter that had been brought forward by doctors at the Grace. They wrote that letter, it was signed by 45 doctors and, of course, distributed to media, and here's the language that they used in that letter. Quote: Our members are concerned for the well-being of our patients and our continued ability to provide high-quality complex care. We cannot emphasize enough that patient safety remains severely compromised at the Grace Hospital because of the current inadequate response and commitment to properly fund a position, the letter read.

Quote: This is below the standard of medical care that Manitobans deserve. Further, in that same article, a quote from that letter: The situation has become so severe that some of our section members no longer feel comfortable working at Grace Hospital, recognizing the lack of patient safety which occurs after hours in that building.

I hope those letter—those words resonate.

I want to read from another story, this one from CBC, entitled Overcrowded Grace Hospital emergency room. That story outlined that oftentimes as many as 20 patients are waiting in a hallway, said a nurse at that ER who requested anonymity out of a fear of reprisal. A quote from her: There are no call bells on the walls. There are no oxygen on the walls there, the nurse said. It's not an adequate place for them to be.

And the article goes on to say that patients have to be kept in the hallway because the emergency department suited for 31 beds is sometimes treating as many as 90 patients at a time. There are more than 80 patients in the ER multiple times a week, the nurse said.

So, I hope that those words, which—those aren't the words of the Manitoba NDP, those are the words of Manitoban nurses and those are the words of people who care deeply for the well-being of Manitobans.

And I really hope that, again, I started out here asking members opposite to check their party allegiance at the door because we're past that. This situation is past that. This government has put us in a very challenging position and I hope that those words resonated.

Those articles and those—that situational summary that I provided is a summary of the grim reality facing families right now in Winnipeg who need emergency medical care and medical care in west Winnipeg.

And even though doctors and nurses have been telling this government, not just recently, but for years, that the situation was deteriorating, that they were in need of assistance.

This government hasn't shown the humility or the willingness to listen to experts on the ground who've been communicating clearly that they are in need of help. They have not demonstrated a willingness to listen. And that is having a tremendous impact on the well-being of residents of west Winnipeg, and not only in west Winnipeg, across our city and across our province.

I, myself, have had many conversations with residents of west Winnipeg, many of whom live in the constituency of Kirkfield Park, many of whom live in the constituency of Assiniboia, who have reached out to my office to say that they had a nightmarish experience at the Grace Hospital; that they went into the Grace for help and that they ended up leaving in a worse state than they entered.

And I know my colleagues have heard that as well from folks who've reached out. Nightmarish stories from seniors who went in for care and stayed for 12, 13 hours sleeping in chairs in the waiting area in pain or sick and not being attended to because of the cuts that this government has made to our health-care system and because of their failure to listen to front-line experts who've been telling us that we need to make investments.

And the question that many people are asking right now is, has this government pushed things too far? And I think the answer is, we may be close to that tipping point.

And I know my colleague, the incredible representative for Union Station, who does this work day in and day out, listening to health-care professionals, listening to Manitobans, I know that they share some of those concerns, that we are getting close to a point where the ability to deliver, to simply deliver quality

emergency medical care is in question because of the cuts that have been made by this government.

Now, this entire disaster that we're in right now started with Brian Pallister. And it started out, in Winnipeg at least, with their decision to close three emergency rooms and an urgent-care centre. That started us out on this path that we ended up getting on, started us out on this path that had led to the incredible chaos that we're seeing right now at the Grace Hospital.

Because of course, we know that this government closed three emergency rooms and an urgent-care centre without first expanding any of the other ERs in the city. You do not need to be an expert in health policy to know that that is going to work out in one way and one way alone, Mr. Deputy Speaker, and it's going to be a disaster. Everybody knew that that was going to happen.

We, of course, know that, further, that at the heart of the problem, and as my colleague, again, for Union Station, and all of my colleagues have been doing a great job talking about, is that the key issue here is that the PC health-care cuts have created such a terrible working environment that it's become intolerable for nurses and health-care workers to work in that system because they inevitably end up suffering from exhaustion and burnout, and we simply cannot make a case that they should stay there.

And that's really the main issue we face. It's our inability to retain, first of all, the talented health-care professionals that work in our system, but then to attract more. Because prospective workers know that if they sign up, they sign up this job right now, that they're facing a very difficult path. An incredibly difficult path.

And I know we've heard these—those stories over and over again. I can share personally, I've had discussions with doctors at the Grace Hospital who shared stories about seeing first-year nursing grads leaving our university who come out bright-eyed, wanting to serve Manitobans, excited about their career.

And within months—months, Mr. Deputy Speaker—of working at the Grace, ended up questioning their career choices. Ended up questioning the path that they've chosen because they didn't sign up for what they were seeing at the hospital. They weren't—they didn't sign up to be in that type of environment.

Those problems, that chaos, is driven by the cuts that this government has made to health care over the last seven years. It's a scary time to be in need of emergency health care in Manitoba right now, and that's especially true at the Grace Hospital.

And we need to be very clear, of course. This is not a function of a lack of efforts on the part of the people working in our health-care system. They are heroes; they work day in and day out to provide the best service that they possibly can in an impossible situation.

But they are the only ones preventing us from having our health-care system collapse before us. They are the ones who are lifting it up, those folks that are remaining and doing that work.

* (11:10)

I want to talk just briefly about my own experience as a father, as a family person who has two children in west Winnipeg and, of course, who's married to a lovely individual who I care about deeply, who I worry about constantly, getting sick and becoming in need of medical care. Because I know that if something happens to my wife or to my kids, that there's a very real possibility that they're not going to get the quality of care that they deserve. And I know that goes for families across west Winnipeg, across our whole city and across our province.

Manitobans have a right to expect that when they need emergency medical care, or when they need medical care, that they can access it when and where they need it. Families deserve to know that. People across this province have worked hard. They've done their part. They've worked their lives, and they deserve to know that they, in exchange for their efforts and being good citizens and working and trying to get ahead, that they can access the medical care they need when they need it.

They're not getting it right now. This government cannot be trusted to fix it. There's only one party in this province that can be trusted to fix health care, and that is the Manitoba NDP.

I thank you very much, Mr. Deputy Speaker.

Questions

The Acting Speaker (Dennis Smook): A question period of up to 10 minutes will be held, and questions may be addressed in the following sequence: The first question may be asked by a member from another party; any subsequent questions must follow a rotation between parties; each independent member may ask

one question. And no question or answer shall exceed 45 seconds.

Mr. Andrew Micklefield (Rossmere): I did appreciate the member's opening remarks about this conversation not being partisan but, unfortunately, it didn't take long for that member to break his own rule and accuse our government of all manner of things.

We actually did the math, and funding for the Grace has not decreased. In fact, it's gone up by \$77 million for a variety of initiatives.

So, if we could maybe get back—I'm wondering if the member would be open to just apologizing for spreading some information that isn't accurate, in light of the increased money that has actually gone to the Grace Hospital, and—

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

Mr. Adrien Sala (St. James): The fact of the matter is, Manitobans know they can't trust this government with their announcements. They can't trust this government with the numbers that they throw out because the reality on the ground is what it is.

And that's the whole point of this resolution that we brought forward today. It's to identify that the reality on the ground as presented by the experts, by the people working in our health-care system at the Grace, is that our hospital is in chaos, that the situation is—we're in crisis, and that we need to listen to those experts on the ground.

That's the reality of the situation, and that's the reality that we hope this government will wake up to.

Mr. Ian Bushie (Keewatinook): I thank my colleague from St. James for bringing forth this important resolution and standing up and listening to doctors and bringing forth their concerns.

So, my question is: What have we—and when I say we, I mean a collective we because we have heard, and I'm sure members opposite have heard this as well—what have we been hearing from front-line workers about their experiences of the failing health-care system over the last two years?

Mr. Sala: I really appreciate that important question from my colleague, the MLA for Keewatinook.

And I know that it's clear that we have been hearing from a lot of nurses, health-care aides and doctors about this situation on the ground. And what we know is that, on the nursing side, we're seeing incredible burnout and exhaustion, driven by, in many

ways, the failure of this government to listen to the realities on the ground, to take action, driven by the cuts that they've made, and driven, of course, by mandatory overtime, which our party has committed to ending, should we have a chance to serve.

On the health care, allied health side—health-care aides: We know that they've been without a contract for five years. This government has failed to listen to them, to listen to their needs, to listen to their perspectives of the realities on the ground.

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

Hon. Jon Gerrard (River Heights): The situation at Grace Hospital is an extremely serious one. We understand that there were an excess of critical incidents.

Is the member aware of whether there were extra deaths as a result of the situation at Grace Hospital?

Mr. Sala: Yes, I thank the member for River Heights for the question. I'm not aware, the answer to that question. My colleague, the member for Union Station (MLA Asagwara) may have more clarity on that.

But I can tell the member that I have certainly heard from a lot of west Winnipeg residents not only in St. James but in Kirkfield Park and Assiniboia who shared that they've experienced worse health outcomes as a result of the experience that they had at the Grace.

And again, that's not for lack of effort by the amazing professionals who are working in that environment. But I have heard multiple stories of people showing up and leaving in a worse state than they came in. And nobody in Manitoba should be forced to go through that type of experience.

Mr. Blaine Pedersen (Midland): From 2010 to 2015, the Grace Hospital had the longest wait times in Canada. So, this is during the Selinger government.

So, I have to ask the member: Well, why didn't they address the problems that were having—that were happening at the Grace Hospital during that time instead of now complaining about what the situation is now?

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

Look, it's the same old, same old with this party, with the PCs. Looking backwards to ancient history and ultimately failing to be accountable. Failing to be accountable. Today we read into the record quotes from 45 doctors at the Grace Hospital who said the

situation there is an absolute disaster, that patient safety is being compromised.

We need to look at now. This government needs to take accountability to listen to experts on the ground and to take actions as needed. Unfortunately, we know that they cannot fix the disaster that they created. And they can't be trusted to do that. But we do need to see at least some element of accountability from the members opposite.

Mr. Bushie: Of course, this government does nothing but deflect and ignore the issues that they brought to health care.

So, why is it important that we draw attention to the failures of this PC government on health care?

Mr. Sala: Yes, I appreciate the question. And, I mean, I think the answer to this is because health care is the most important service that we can deliver to Manitobans as a government. It is the most important thing we do because everything starts with health care.

And we need to make sure that Manitobans are as healthy as possible. That's the duty of government. That's a duty that this government has unfortunately failed to deliver on. Only the Manitoba NDP at this point can be trusted to fix our health-care system and make sure Manitobans are as healthy as they can possibly be.

Mr. Micklefield: Just wondering if the member could indicate if they've spoken with the Health Department regarding the outcome of the letter that was sent. I wonder if this member has followed up on that letter with the government's Health Department and said what happened, what came of that.

So, that's the question, which I'd like the member to address, if he's communicated with the Department of Health regarding the letter that he referenced this morning.

Mr. Sala: I do appreciate the question. I have not personally been in contact with those doctors, but I know that my colleague has been in contact with doctors at the Grace Hospital. They continue to do that amazing work of listening and actually tuning in to what those people on the ground are saying. That's important.

And I really think that's the focus of today, which is to say, we've seen a failure to listen to experts on the ground. There's just no question about it. And that's not, again, Manitoba NDP partisan sniping. That's just simply what we're seeing, doctors themselves saying

for the world to see, for Manitobans to see, in our media.

So, that's No. 1. I do appreciate your question as to whether or not I've had that chance. No, my colleague who's our critic has been doing that important work. We're listening, we're ensuring that we know—

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

Mr. Bushie: Of course, this government is nothing but announcements and promoting numbers that don't actually mean reality.

* (11:20)

So, I'd like to ask the member: What kind of investments do we need to make in Manitoba's health-care system to reverse the damage done by this PC government?

Mr. Sala: Yes, what an important question. And I—you know, I think that, really, the most important thing we can focus on is on healing our health-care system, our staffing issue. It's focusing on making investments and ensuring we can retain the nurses and the health-care aides and doctors that we have by, again, listening to what they're telling us, by understanding what their needs are on the ground and making those investments.

Also in—of course, ensuring that we can attract more nurses, more health-care aides into the system. That's the lifeblood of our health-care system. They're the ones who ensure Manitobans get that high-quality care.

We need to start by listening to health-care workers on the ground and make investments to make sure that they want to continue to serve our system and serve Manitobans.

Mr. Pedersen: Well, Mr. Deputy Speaker, given the answer that the member for St. James (Mr. Sala) just gave, and this government has introduced incentives for health-care workers through our historic health and human resource action plan, is the member opposed to these incentives that clearly highlight the need to train and retrain and recruit health-care professionals?

Mr. Sala: Yes, I do want to say that some of the incentives that have been brought forward are a move in a positive direction. However, we know that they haven't been rolled out entirely and that some nurses have expressed some concerns with those that have been brought forward.

We certainly need to do a lot more to incentivize nurses to stay in our system. But, of course, what it starts with is by listening to their needs on the ground, by dealing with the mandatory overtime issue that's plaguing our health-care system so that we can ensure more of our nurses and our health-care workers want to stay with our system to serve Manitobans.

Thank you.

The Acting Speaker (Dennis Smook): Time for questions has expired.

Debate

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

Hon. Kevin E. Klein (Minister of Environment and Climate): First and foremost, I would like to thank the health-care workers and physicians, not just at the Grace Hospital in the constituency I'm proud to serve, but all across the province.

Our medical workers, our paramedics, our doctors, our physicians, our health aides all deserve the recognition for their work and their tireless commitment to the health of Manitobans.

I have also spoken to many individuals in Kirkfield Park, St. James, Westwood, Assiniboia, who all share a different story than what we hear from members opposite, who tell me that they enjoyed their experience at the Grace Hospital—one that had a hip replacement.

My own mother-in-law, who is in her 90s, had a fall at church and was required to go to the Grace Hospital, where she received exceptional care and treatment from the doctors and nurses.

I have personally toured the hospital emergency room and spoken with doctors and with nurses, who have talked to me about the changes that have been made at the Grace Hospital and how happy they are with the changes that are happening and what they see coming forward.

The health and well-being of all Manitobans is of paramount concern to this government. Regardless of where you live in this province—and that's what's important, is that we have to focus on the entire province in which we live—all Manitobans deserve quality health care, where and when they need it.

Throughout the leadership of this government, we have taken decisive steps to transform our health-care system into a more patient-focused system. And that's what doctors, when I toured the ER, told me that

they were happy to see. Which operates efficiently, affordably and is sustainable, which is also key.

Ignoring the real facts does not make it true, and that's something that I think the members opposite should take to heart.

As the member opposite will know, the world has forever changed when a pandemic of global scale hit. It didn't just impact the Grace Hospital; it impacted health-care professionals around the globe. And we seem to not talk about that point and the tragedy and burden it put on the citizens of this entire nation and other nations throughout our—throughout the continent and well across the world.

We continue to listen to front-line health-care workers and work towards a long-term sustainable solution through several investments within the health-care system, not just promise to snap our fingers and everything will be okay.

We have a plan, and that's what's needed, is a plan. Not rhetoric, not we can fix it: a plan that is sustainable today, that will help us tomorrow, and that will still be there well into the future for my grandchildren.

Good governments make the difficult decisions necessary to ensure the protection of sustainable quality services for their citizens. That's what we're doing. During a decade of debt, decay and decline, the NDP, the members opposite, never made a difficult decision. But they were happy to raise taxes at every opportunity they had.

None of that, really, we saw in health-care improvements. We don't know where those tax increases went, because debt went up as well. Our government has begun the hard work required to repair the damage, correct the course and move towards a balanced, sustainable way.

The health and human resource action plan demonstrates our commitment to take concrete steps in ending the mandating of overtime. The NDP made political, motivated quick 'fisses'—fixes that resulted in 'unstainable' spending growth, and massive debt.

And I'll remind the members that, during the time the NDP were in power, the Grace Hospital had the worst wait times in the country. Again, let's ignore the fact; and maybe it didn't happen, but it did.

Not only have I talked to residents of west Winnipeg, including St. James, Kirkfield Park and other areas like Assiniboia about health care, I've also had them talk to me about: facts matter; and how that

they're tired of the political rhetoric, and tired of political games and political spin. They want facts.

So let me give you the facts that are irrefutable: 46 new physicians have been hired and are practicing in Manitoba since announcing the health human resource action plan.

That was done under this government. This includes 30 family physicians, and, much needed, a cardiac surgeon, a neurologist and a neurosurgeon among many others. It's working, and we know that other provinces, and the United States are struggling to get health-care professionals. We are doing the work necessary, not only to attract them, but to train people, to retain people and keep it sustainable for years and years to come.

I am proud to say that many of these new physicians are internationally trained doctors. We're doing our job as government to remove the barriers that were put in place so long ago. Our government has invested \$77.1 million into the Grace Hospital. That's a fact and it's irrefutable.

This includes capital upgrades of \$63.1 million to double the size of the emergency room. Safety and security measures were put in place to the tune of \$4.9 million. That's a fact; it's irrefutable. Medical equipment and other upgrades totalling \$9.1 million. That's a fact and it's irrefutable.

Minister Gordon met with ER nurses at the Grace in December—

The Acting Speaker (Dennis Smook): I would like to remind the member they must address them by either their title or their constituency.

MLA Klein: Minister of Health (Ms. Gordon) met with ER nurses at the Grace Hospital in 'decender'—December and incentives from the health human resource action plan come from these very conversations. We are listening, we are listening.

The HHRAP, in general, will address staffing; \$123 million of the \$200 million is for nurse incentives. It's historical. Other provinces are trying to catch up to what we have put in place to attract, retain and train medical professionals. Some directly going to the Grace, others helping Manitobans throughout our province.

The health human resource action plan publicly outs—publicly out and funded 80 new physician training seats, 40 undergraduate physician seats, 10 international medical graduate seats, 30 two-year

post-grad medical seats for internationally educated medical students.

* (11:30)

That's real action. That's not snapping your fingers and saying, we can fix it.

Extended primary care patients hours for family and pediatric clinics, financial incentives for doctors' offices to extend hours so patients can access primary care more readily. That addresses the problem immediately.

Four hundred and fifty thousand dollars for physician medical health supports, through the peer support program; \$5 million in new emergency care services. These are programs that are working. It's fact and they're irrefutable. The Grace Hospital Foundation is just finishing the development of a wellness room for all the staff at the Grace Hospital. And it was a pleasure to tour that room and talk to individuals that are proud to work at the Grace Hospital.

This government has been partnering with Doctors Manitoba to reduce physician administration by establishing a joint task force, working with individuals on the front line, to reduce administrative burdens for physicians and reduce the mounds and mounds of red tape that built up over the dark days of the NDP.

Nurse incentives also include \$123 million for nine nurse incentives—nine nurse incentives. What this government is doing would take me hours and hours to list. And I would take the time to do that, but I know my time is limited, Mr. Deputy Speaker.

So, I will leave it at the \$8.4 million reimbursing the cost of nurses for their professional licensing fees. This government is taking real action and not pretending like we can snap our fingers and make magic happen.

Thank you.

MLA Uzoma Asagwara (Union Station): I am really grateful to be able to put a few words on the record in regards to this very important resolution brought forward by my hard-working colleague, the MLA for St. James.

And I have to say, you know, one of the things that I really respect about my colleague, the MLA for St. James, is how connected he is to his community, and how hard he works to hear the voices of all the folks in his community. And he prioritizes making

time for them, including folks who access health-care at the Grace Hospital, including those who work at Grace Hospital.

And so, I suppose that I find it very concerning that another MLA in this House, who also represents an aspect of west Winnipeg, is seemingly so completely out of touch with the realities of what folks living in those communities and that community, that area, and who are accessing care at Grace Hospital, and folks who are working on the front lines of Grace Hospital, are dealing with.

It should concern everyone generally that that member, the member for Kirkfield Park (MLA Klein), would stand up and give a couple of examples of folks receiving good health care, as they should anywhere in our system in Manitoba, as the way that we should therefore measure what is going on at that hospital and in our health-care system.

Mr. Deputy—Mr. Acting Deputy Speaker, it's concerning to me because if that member were actually paying attention to what is going on at the Grace, listening to folks who are bringing their concerns forward from the Grace, he wouldn't stand up in this House and, you know, regurgitate old talking points from his tired government, and repeat announcements that are not being acted upon by his Premier (Mrs. Stefanson). He would, in fact, stand up in his place and he, in his capacity, would fight for the residents of west Winnipeg.

He would stand up in his place, and he'd fight on behalf of the 45 doctors working in internal medicine at that hospital who had to go public to the media pleading for help, because they stated that they could not provide the standard of care that Manitobans rely on.

And it's fascinating to me that as I stand in my place and amplify the voices of those front-line experts who are desperate for this government to pivot, change their tune, and provide the resources that doctors, nurses and allied health-care professionals need at that hospital and across the board, that member chooses to heckle me and says for me to table the letter from these doctors.

It surprises me he would dude so—do so, because if he was a caring and compassionate and in-tune-with-his-community MLA, he would have already read the letter, met with those doctors, heard directly from them.

So, I'm concerned that he clearly doesn't know what I'm talking about. I'm concerned that this resolution that's been brought forward today, the member for Kirkfield Park doesn't have a basic understanding of just how serious the matter is.

I hear from constituents of Kirkfield Park, of St. James, of Assiniboia, of different constituencies in west Winnipeg and central Winnipeg, who have accessed care at Grace Hospital, the realities of what they're dealing with.

I had a conversation last week Saturday with a woman whose father was admitted to Grace Hospital, and he contracted a virus while he was there, unfortunately. He went into the hospital pretty sick. Previously a pretty healthy guy but went in pretty sick. Her father unfortunately did not have the experience we hope all Manitobans should at the Grace Hospital.

And unfortunately, I spoke to this woman on the phone four days after her father died at that hospital. Her family is reeling, and they're not necessarily reeling because their beloved family member passed away; that is hard enough to deal with. They're reeling because their beloved family member wasn't able to receive the standard of care he should have in his final weeks.

They didn't criticize the health-care workers. They didn't criticize the physicians. They criticized this government and a system that is falling apart due to mismanagement, due to cuts and due to members on that side of the House doing everything they can to ignore the voices of the health-care workers who are bravely speaking up in the hopes that maybe just once this government might listen.

And to come into this House when our colleague brings this resolution forward mere days after these health-care workers begged this government for help, and for members opposite to minimize the significance of that, to me, is utterly shameful.

Our health-care system right now in Manitoba is in incredibly precarious position. We are dealing with vacancy rates that are unprecedented, not just in acute care and critical care, also in long-term care; also in home care; also in rehabilitation.

We are dealing with vacancy rates across the system that do not impact people in silos. We are talking about a crisis in our health-care system that is affecting Manitobans of all ages. Meaning that babies, infants, children, teenagers, not-so-young-anymore people like myself and seniors are all being affected by the cuts and the chaos caused by this government.

We know definitively now—the reports have been coming out, showing us that consolidation of our emergency rooms in Manitoba was a terrible decision and has been catastrophic unfortunately in cases for Manitobans. Instead of this government bringing forward a solution to that, or a strategy rather, because there is no, to use—to borrow their language, civil—silver bullet.

Instead of bringing forward a strategy to address how they're going to repair the damage that their failed consolidation has caused, instead we have a government that is focused only on their own political agenda and careers. Folks are either planning what they're going to do post political retirement or they're trying to figure out what they can say in order to maybe have a shot at getting re-elected.

That is reflected in the fact that when you ask them direct questions about what are they going to do to ensure that patients who sit in the emergency room at Grace Hospital for 100 hours because they cannot access a bed in medicine; they don't have an answer. Their answer is more empty announcements.

* (11:40)

When you ask this government, what are they going to do about the vacancy rates and critical-care nursing positions at the Grace, they don't have an answer. They just repeat old announcements.

When you ask this government, what are they going to do about the fact that OR surgical capacity at the Grace isn't running at a hundred per cent, not running at full slate, they don't have an answer. They just repeat old news, tired news.

That does nothing to help people right now who are waiting in pain, because they don't have access to the surgeries or diagnostic tests that they need. Does nothing for the seniors who are waiting, lamenting away in hallways, because they can't access one of the 1,200 personal-care-home beds that this government promised to build but failed to do so—and, in fact, we have a net loss of personal-care-home beds because of their cuts.

This government, instead of listening to the real experiences of Manitobans, are listening only to what their own political strategists are telling them they might need to consider doing if they have a hope at all in doing even half-decent in the next election, with their Premier (Mrs. Stefanson) polling last place in the country in terms of premier support across the country.

It's incredibly disheartening that, instead of standing up in this House—any member opposite—and advocating for the doctors and the nurses and allied health-care professionals who are keeping our health-care system above water, that they come in here with self-serving agendas.

On this side of the House, we'll continue to stand up and fight for those doctors, nurses and allied health-care professionals at the Grace, and for the Manitobans who depend on quality health care at that hospital.

Thank you.

Mr. Andrew Micklefield (Rossmere): Yes, you know, so unfortunate that a debate that started out this morning with a plea to lay down partisanship, became quickly partisan. Members opposite alleging and heckling that no such thing was said need only read Hansard to find out that I'm correct that there was a plea to say, let's not make this partisan. A plea which that own member then completely ignored for the remainder of his speech, and subsequent speakers from the other side have completely ignored as well.

But, let me say, Mr. Assistant Deputy Speaker, there are some points about which I will agree with the member opposite.

I will agree that those individuals working in the health-care system deserve our appreciation. I will agree that they do an excellent job. I will agree that we should thank them. And I do thank them, and I have thanked them personally, because, not only myself, but others close to me have had occasion to use the health-care system.

And I've had good experiences, and I've seen good experiences in recent history; recent months, weeks and even days. Not myself, so recently, but I received a phone call last night about a situation which I will not divulge, but I will say that the testimony was that the care was positive in the health-care system.

Where I won't agree is on the source of the challenges. Because according to members opposite, there's only one source. And they will say, well, you know, nasty, evil cuts, and that simply is not true, Mr. Deputy Speaker; it's inaccurate.

So, I'd like to talk about the things that—*[interjection]* The member opposite likes to chirp, and that member will get a chance, though I doubt they will take it.

So, I'm going to talk about some of the positive things which members opposite seem to close their

eyes to, seem to block their ears to, seem to skip over, doesn't align with the narrative that they wish to set forth.

But at the Grace Hospital, which is the hospital under consideration this morning, 46 new physicians is not a cut; 46 new physicians have been hired, and they're practising in Manitoba since announcing the health human resource action plan. Now, that includes 30 family physicians. That includes a cardiac surgeon. That includes a neurologist and that includes a neurosurgeon.

I'm not going to read all the different spots and all the different people, but these things—*[interjection]* Mr. Assistant Deputy Speaker, if you could, I'd be grateful if you could ask members opposite to keep their heckling to an appropriate minimum.

You add these things up, and for the Grace Hospital, it's over \$77 million. Now, I appreciate that quickly people are looking at their phones, people are trying not to move on quickly, but, you know, \$77 million is not a cut; \$77 million is an investment. And that's what this government has put into Grace Hospital.

And I know that's a fact, and facts matter, and they matter when they fly in the face of a narrative that is being put forward which says, cut, cut, cut: \$77.1 million is not a cut; \$63.1 million into capital upgrades is not a cut; safety and security measures improved almost \$5 million is not a cut; medical equipment and upgrades closing in on \$10 million over nine is not a cut.

The minister has met with ER nurses at the Grace. I hear members opposite say, if only this minister would just for once—well, the minister has, not just for once, the minister has met with nurses at the Grace, the minister meets regularly with health-care professionals.

The minister is engaged. The minister is finding solutions to challenges, which, by the way, are felt across the country of Canada, which, by the way, our Premier (Mrs. Stefanson) led other premiers in securing additional funding from Ottawa.

We are investing \$123 million to attract new nurses into Manitoba's system—\$123 million is not a cut.

So, we continue to acknowledge not only the good work, but we do acknowledge there are challenges, we do acknowledge there are strains and we do acknowledge there are some very real pressures.

And we acknowledge that those need to be addressed, and we are addressing them. We're addressing them with funding, we're addressing them with strategies, we're addressing them with incentives.

And those fundings, those strategies and those incentives are bearing good results. We are signing up new nurses. We are seeing new doctors come into our system. We are seeing new equipment come into our system. We are seeing new capital come into our system. *[interjection]*

I know members opposite love to chirp when I talk about the successes on this difficult file, and the longer—the more I talk, the louder they get. And, Mr. Assistant Deputy Speaker, I'm just okay with that because I appreciate it's uncomfortable for them to hear the good things that are happening.

Hospital leadership has worked with orthopedic medical leads to better match capacity and demand. A reduction in elective cases has avoided same-day cancellations of surgery while at the same time ensuring there is surgical capacity to respond to ortho trauma and acute surgeries. This is an initiative which has been well received to date, and assessment continues.

WRHA has had a utilization resource on site to review lengths of stay and long-stay patients in the ortho-surgical units to identify barriers and improve patient flow. This site will be reviewing patient flow initiatives and that review is ongoing.

* (11:50)

It is—*[interjection]*—must be embarrassing for members opposite, and I hear them saying that about themselves. And I confess, it's been an embarrassing 24 hours for members opposite.

As we point out investments while they say cuts, as we point out shortcomings of members opposite and they sit there not knowing quite where to leave themselves.

So, 46 new doctors is not a cut; 30 of them family physicians is not a cut. A cardiac surgeon is not a cut. A neurologist is not a cut. Numerous others are not cuts; 80 new physician-training seats is not a cut; 40 undergraduate physician seats is not a cut; 10 international medical graduate seats is not a cut. *[interjection]*

The Acting Speaker (Dennis Smook): Order. It's getting a little bit loud in here and I'm having difficulty hearing.

Some Honourable Members: Oh, oh.

The Acting Speaker (Dennis Smook): Order. Order. Order. It's a little loud in here and I'm having a difficult time hearing. I would appreciate if members would allow the person who has the floor to continue speaking.

Thank you.

Mr. Micklefield: Mr. Assistant Deputy Speaker, 80 new physician-training seats is not a cut; 40 undergraduate physician seats is not a cut; 10 international medical graduate seats is not a cut; 32 year post grad medical seats for internationally educated medical students is not a cut; \$450,000 for physician mental health support through peer support programming is not a cut; \$5 million for new emergency-care services to virtually support patient transfers is not a cut.

Partnering with Doctors Manitoba to reduce physician administration by establishing joint task forces to reduce administrative burdens for physicians and reducing red tape, also not a cut; \$123 million for nine nurse incentives is not a cut.

New hourly premiums for nurses who work weekend hours is not a cut. Up to \$10,000 for nurses who hold the equivalent of a full-time position, as this helps to build more stability into the workforce, is not a cut; \$8.4 million reimbursing the cost of nurses professional licensing fees is not a cut.

Up to \$10,000 for eligible nurses to retire—who are eligible to retire, but choose to remain in the workforce for an additional two years, is not a cut. And—

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

Hon. Jon Gerrard (River Heights): Mr. Deputy Speaker, what has been happening at the Grace Hospital in recent weeks and months is one of the most serious crises that I have seen in the 43 years that I have worked either in health care or as a politician in Manitoba. It is one of the three major acute-care centres in Winnipeg, one of the major acute-care centres in our province.

To have 45 doctors come forward and say, we cannot emphasize enough that patient safety remains severely compromised at the Grace Hospital because of the current inadequate response by this government.

There has been an increase in baseline safety concerns and a rise in critical-incident reports. The situation has become so severe that some of our section members no longer feel comfortable working

at Grace Hospital, recognizing the lack of patient safety.

When the president of Doctors Manitoba comes forward and says, you get to a point where you express your concerns over and over again, verbally, in writing, and don't get a response, and you're not sure why. This has now gone on for a few months for them and in other areas of the system, and you're left wondering what else you can do.

There are certainly doctors and nurses who are doing incredible, positive things at the Grace Hospital. But my impression is that there are also doctors and nurses who have been working too long and too hard, and the stress and the situation at Grace Hospital has just become completely intolerable.

It is true that under the NDP there were major problems. The Grace had an extremely long wait time, one of the longest in western Canada.

But the PCs have had time to correct this situation, and they have not done so. And, in fact, the situation is worse today because we are facing a situation where care is compromised at a whole hospital.

We should have heard, from the government, an apology to those who have experienced this crisis situation and have had bad experiences, but we haven't had it. There should have been a recognition that there is a major, major issue here that hasn't been attended to, that needs to be.

Yesterday, in response to a question for the MLA for St. Boniface, the Health Minister's response fell far short of what was needed. I talked this morning to Heather Stewart, who had what she described as an absolutely horrible experience three times in the Grace emergency room.

And three times she went there to receive help for the excruciating pain she was experiencing, and three times, after having very bad experiences in the emergency room, she went away without having any help for her pain, the fundamental reason that she had come there.

The Progressive Conservative Party, sadly, has created conditions where bad things happen and, sadly, bad things are happening at the Grace Hospital, with large numbers of staff vacancies, with inadequate attention to patient safety and a situation which is not just about money.

It is about what is happening in the hospital, and how you change things and improve things in terms of how people are able to work on the front lines.

I suspect that part of this is the fact that the control over much of the situation at Grace Hospital has been put in the hands of Shared Health.

I am sure that if Grace Hospital was still run by the Salvation Army, that you would have never seen a situation like this.

It speaks to the importance of having local decision making, local involvement. It speaks to what has happened after years and years of governments which have not done what we need in terms of improving health care in our province.

I hope the government will step forward with a recognition of the problem and an apology for those who have suffered so much.

Thank you, Mr. Deputy Speaker.

Mr. Blaine Pedersen (Midland): First of all, I'd just give a shout-out to all the health-care workers across this province. They have worked tremendously hard through the pandemic. We know it's been stressful for them, and we certainly thank them for all their efforts.

In the couple minutes that I have here, I just—I know we're talking about Grace Hospital, but I do want to give a shout-out to Boundary Trail health unit—hospital in—next door to my constituency. They are doing more and more treatments that are diverting patients out of Winnipeg to do there, such as chemotherapy. A good friend of mine is currently doing chemotherapy right now.

The Acting Speaker (Dennis Smook): When this matter is again before the House, the honourable member for Midland will have nine minutes remaining.

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

LEGISLATIVE ASSEMBLY OF MANITOBA

Thursday, March 23, 2023

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