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of the
Legislative Assembly of Manitoba
DEBATES
and
PROCEEDINGS
Official Report
(Hansard)

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Speaker*

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MANITOBA LEGISLATIVE ASSEMBLY
Forty-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, May 18, 2023

The House met at 1:30 p.m.

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

ROUTINE PROCEEDINGS

INTRODUCTION OF BILLS

**Bill 244—The Ducks Unlimited Canada Day Act
(Commemoration of Days, Weeks
and Months Act Amended)**

Mr. Rick Wowchuk (Swan River): I move, seconded by the honourable member from Portage la Prairie, that Bill 244, The Ducks Unlimited Canada Day Act (Commemoration of Days, Weeks and Months Act Amended), now be read for the first time.

Motion presented.

Mr. Wowchuk: Madam Speaker, it's an honour to rise today and introduce my bill, The Ducks Unlimited Canada Day Act.

Ducks was founded by Manitobans, in Manitoba, and remains headquartered here in Manitoba. But Ducks' impact has not been confined to Manitoba. Ducks carries out wetland and wildlife rehabilitation coast to coast in Canada and is a leader in Canada in conservation.

I want to—I wanted to bring this bill forward to celebrate the partnership between this government and Ducks and all groups that work to make this important work possible by recognizing March 17th, which was the day that Ducks became an organization in Canada.

Thank you for this opportunity, and I am excited to pass this bill.

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

Committee reports?

TABLING OF REPORTS

Hon. Wayne Ewasko (Minister of Education and Early Childhood Learning): Madam Speaker, I am pleased to table the Executive Council's response to the matters taken under advisement during Committee of Supply, April 4th, 2023.

Madam Speaker: Further tablings of reports?

Hon. Scott Johnston (Minister of Seniors and Long-Term Care): I'd like to table a report from the Committee of Supply, April 4th.

Madam Speaker: Any further tablings?

Introduction of Guests

Madam Speaker: If not, I'm going to take a moment here to introduce you to some guests in the Speaker's Gallery. I know they can't stay for very long, so I want to take this time to introduce them.

I would like to draw your attention to the Speaker's Gallery, where we have with us today board and staff members from Heart and Stroke: Diane Roussin, Wajihah Mughal, Robyn Jones-Murrell, Kaitlyn Archibald, Dale Oughton, Christine Houde, Dr. Nashita Singh and Shannon Bayluk.

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

And for the other guests that I will be introducing, I will be doing that in a few moments.

MINISTERIAL STATEMENTS

Madam Speaker: The honourable Minister for Sport, Culture and Heritage—and I would indicate that the required 90 minutes' notice prior to routine proceedings was provided in accordance with rule 27(2).

Would the honourable minister please proceed with his statement.

Vyshyvanka Day

Hon. Obby Khan (Minister of Sport, Culture and Heritage): Dobry den. *[Good day.]*

Madam Speaker, I rise today to recognize and celebrate international Vyshyvanka Day, also known as a Ukrainian embroidered shirt day, which is observed on the third Thursday of each May.

Today, Canada is one of 50 countries where Ukrainian communities participate in Vyshyvanka Day. Since its inception, Vyshyvanka Day has been celebrated by those who embrace and support Ukrainian cultural identity.

The embroidered—the embroidery on vyshyvanka garments is steeped in tradition and carries historic significance. Madam Speaker, and everyone in here, I

think it is well known I am not Ukrainian, and yet I was honoured to be presented this beautiful shirt by the Melos Folk Ensemble, and I am honoured to be wearing it today to show my support, respect, love and appreciation to the Ukrainian community.

By wearing these traditional embroidered garments, the Ukrainian community and supporters pay tribute to its culture and heritage while recognizing the many contributions of the Ukrainian immigrants to Canada.

Madam Speaker, the roots of Manitoban Ukrainian community are deep, with their initial settlement dating back to 1895. Today, an estimated one in seven Manitobans is of Ukrainian descent. As artists, activists, educatives—educators and business owners, Ukrainian Manitobans continue to make great contributions to the economic success and cultural vibrancy of this great province.

For many decades, Canada and Manitoba have shared a strong connection with Ukraine and its people. I am proud to say that in 1991, Canada was the first western country to recognize Ukrainian independence.

While traditionally a day of celebration, we recognize that Ukrainians worldwide continue to fight for freedom and sovereignty. Our province offers our sincerest support to all affected by the war in Ukraine. Over the past two years, time and time again, Manitobans have shown how much we can achieve when we work together as a community. Through Manitoba government Ukrainian Refugee Task Force, over 17,350 Ukrainians have been welcomed to our province.

On this day, I encourage all Manitobans to reach out to the Ukrainian community and express their well wishes and support. On behalf of the people of the province of Manitoba, I extend my best wishes to the Ukrainian community in these trying times and hope that peace, prosperity and growth will soon return to the Ukraine.

Thank you, Madam Speaker.

Mr. Matt Wiebe (Concordia): Happy Vyshyvanka Day, Madam Speaker.

Vyshyvanka Day is a vibrant and cherished celebration that holds great cultural significance in the Ukrainian community worldwide. In our province, this annual event brings people together to honour Ukrainian and Ukrainian-Canadian heritage, allowing them to showcase their traditional attire and celebrate the rich Ukrainian culture.

Manitoba, known for its diverse population and strong Ukrainian presence, wholeheartedly embraces Vyshyvanka Day. This day serves as a joyful reminder of the importance of preserving and sharing Ukrainian traditions in a time when it's more important than ever to come together in support of Ukrainian communities. Vyshyvanka Day is an opportunity to do just that: stand in solidarity with Ukrainian-Canadian communities and the numerous Ukrainian communities around the world against the violence of the Russian invasion which has displaced so many people and families.

The celebrations in Manitoba are marked by a variety of activities and events. Communities organize events such as concerts and exhibitions to showcase the artistic craftsmanship of vyshyvankas and the cultural heritage they represent. Folk dances, traditional music, performances and authentic Ukrainian cuisine further enhance the festive atmosphere, providing an immersive experience for both Ukrainians and non-Ukrainians alike.

This day becomes a unique opportunity for Manitobans to learn about Ukrainian traditions, symbols and the importance of preserving cultural heritage. Celebrating this—these traditions not only strengthens the bonds within the Ukrainian community, but also provides Ukrainian newcomers with a reminder of the commitment that Manitobans have made to supporting and celebrating our new friends, neighbours and family members. We must use today to both welcome Ukrainian families and show that we support Ukraine's struggle against the devastated—devastating and protracted Russian aggression.

Through vibrant festivities and educational initiatives, Vyshyvanka Day serves as a reminder of the importance of heritage and the value of cultural diversity in the rich tapestry of Manitoba's society.

Today we also have guests from Sisler High School, many of whom are Ukrainian newcomers, who join us in the gallery today for the celebration of Ukrainian culture in Manitoba. So, I would like all of us to welcome those guests.

And thank you for this opportunity to put some words on the record, Madam Speaker.

Slava Ukraini. [*Glory to Ukraine.*]

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

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

Ms. Lamoureux: I rise this afternoon to join my colleagues here in the house to celebrate Vyshyvanka Day. This is an important day to Ukrainians, descendants from Ukraine and our larger community.

* (13:40)

I am very grateful for our strong and growing presence of Ukrainian people here in Manitoba as they continue to make tremendous contributions in virtually all areas of life. Even in our North End, we are very proud of our Ukrainian Labour Temple. It's in the heart of our North End, and it's the only surviving labour hall that is associated with the 1919 General Strike. This temple continues to be a great source of pride and a gathering place for the community.

Now, Madam Speaker, the embroidered vyshyvanka shirts and blouses represent the protection of the soul and resilience of Ukrainian people in the face of adversity. The vyshyvanka is a Ukrainian amulet and a symbol of unity and solidarity.

And here in Manitoba, we stand in solidarity with Ukrainian people. Since the beginning of Putin's unjustified invasion, over 17,000 Ukrainians have arrived in Manitoba. On a per capita basis, more Ukrainians have come to Manitoba than any other province. Just the other day, I learned about how the NEEDS centre had worked with over 2,000 Ukrainian children last year alone.

Madam Speaker, we have a lot to celebrate and a lot to strive for, and I just want to wrap up by wishing everyone who has joined us today in the House a very happy Vyshyvanka Day.

Thank you, Madam Speaker.

MEMBERS' STATEMENTS

Vyshyvanka Day

Hon. Andrew Smith (Minister of Municipal Relations): Dobry den *[good day]*, Madam Speaker.

And I rise today, in my—attired in my vyshyvanka shirt, a traditionally styled embroidered shirt, to proudly recognize and celebrate Vyshyvanka Day.

This occasion's inception was in 2006, when Chernivtsi student Lesia Voroniuk suggested to her colleagues that they all wear the vyshyvanka shirts to celebrate Ukrainian culture. What began as only a few dozen students and faculty members soon blossomed into an international sensation. And by 2011, the

occasion was marked by gatherings of over 4,000 people at the Chernivtsi Central Square, all donning their vyshyvanka shirts.

With one out of seven Manitobans being of Ukrainian descent, and an ongoing war in Ukraine, it is fitting that we celebrate Vyshyvanka Day here today at the Legislature.

Manitoba has welcomed Ukrainians escaping the unjust invasion from Russia. And not unlike previous waves of Ukrainian immigration, today's Ukrainians are leaving their homelands to find a better life for themselves and their families right here in Manitoba.

Our province has experienced multiple waves of Ukrainian immigrants over the years who settled our beautiful prairie landscape. This includes many families across the province including, Madam Speaker, my very own grandparents. I mention this because about two weeks ago, my family hosted a celebration of life for my grandmother, who passed away in 2020. Unfortunately, due to COVID restrictions, we weren't able to do a proper funeral, so we had a celebration of life just recently.

And she and my grandfather were Ukrainian refugees displaced by the war and eventually sought refuge here in Canada. John and Mary Hnitecky: they were hard-working immigrants whose Ukrainian roots were strong, but had a tremendous love for their new-found homeland, Canada. Their lives were anything but easy, yet they were among the most generous and caring people you would ever meet.

Starting her life, my grandmother was a survivor of the famine called Holodomor, imposed by Joseph Stalin's brutal communist regime. Holodomor, the terror famine that took place from 1932 to 1933, claimed more than 5 million Ukrainian lives.

The outbreak of the Second World War, Mary Shepel—as was her maiden name at the time—was taken with her family from Ukraine to Nazi Germany and forced in a work labour camp there. In 1945, at the war's end—

Madam Speaker: The member's time has expired.

Some Honourable Members: Leave.

Madam Speaker: Is there leave to allow the member to complete his statement? *[Agreed]*

Mr. Smith: In 1945, at the war's end, her and her family were sent to a labour-turned-refugee camp, where she later met my grandfather, and they married in 1948.

I know that this is a story that many Ukrainians have experienced at that time and continue to experience their travels as they escape oppression, escape war and seek refuge here in Manitoba.

So, I want to dedicate Vyshyvanka Day not only to the great Ukrainian culture, but the folks who have escaped oppression and escaped war and settled here in Manitoba.

I just want to give a quick shout-out to, of course, Ukrainian Canadian Congress; you know, they're here. And, in light of my family-themed member's statement, my mom, Olga, who's the daughter of my grandparents, of course, who came to Manitoba, and my dad, Gary, and Ana Osmak, who works in my office, and she's right from Kyiv, Ukraine.

Please stand up, and let's give them a round of applause.

MFL Occupational Health Centre

Ms. Lisa Naylor (Wolseley): I am so pleased to stand today to recognize the work of the MFL Occupational Health Centre over the past 40 years.

OHC is a unique facility, providing information, training, medical assessment and support to workers. It is the oldest labour-linked occupational health centre and only one of a few in Canada. The idea for OHC grew out of concern that workers were not being properly informed about the risk of lead poisoning in local foundries. Planning for OHC began in May 1981, with the grand opening on April 8th, 1983.

OHC was created to help treat existing work-related conditions, prevent occupational-related illnesses and provide a central location for occupational health information.

Newcomer workers are often vulnerable to workplace injuries, with low wages, few benefits and little job security. They do not always know their rights in Manitoba's—as Manitoba workers. OHC's Train the Trainer program trains newcomers to deliver workshops in participants' original languages. Trainers come from more than 23 cultural communities, and written resources are available in 10 languages. Workshops address health and safety issues in a variety of workplaces, from meat processing plants to agriculture to nail salons.

In the last fiscal year, OHC served over 3,500 workers, providing flu vaccines, treatment for workplace injuries and facilitating health and safety workshops on ergonomics, COVID, psychological health and the prevention of sexual harassment in the workplace.

Madam Speaker, 450 newcomers received support or education in their first language.

OHC first opened in the Wolseley constituency before moving to the Union building for 30 years and then returning to Wolseley in 2020. I am so happy to welcome them back.

On behalf of all Manitoba workers who have benefited from inclusive and equitable health services, I invite all members of the Legislative Assembly to join me in thanking and celebrating 40 years of the MFL Occupational Health Centre.

Andrew Dolhy, Blaine Duncan, Karen Hamilton, Allen Kraut, Richard McCrae, Carly Nicholson, Tiffany Pau, Geoffrey Thompson

Madam Speaker: The honourable Minister of Advanced Education and Training.

Hon. Sarah Guillemard (Minister of Advanced Education and Training): Madam Speaker—[interjection]

Madam Speaker: Oh, sorry.

The honourable member for Wolseley.

Ms. Naylor: Madam Speaker, I ask for leave for the names of my guests to be included in Hansard.

Madam Speaker: The member doesn't need leave, but the request has been made, so those names will appear in Hansard.

Jenny Chudley

Hon. Sarah Guillemard (Minister of Advanced Education and Training): Madam Speaker, I rise today to recognize and honour a true trailblazer and a personal hero of mine. Her name is Jenny Chudley, and she has been a shining light in the lives of people in Fort Richmond for more than four decades.

Jenny's life has been full of uphill battles that began when she was born prematurely in 1950. She was sent home from the hospital very fragile due to failure to thrive, with doctors not hopeful about her odds of survival. Fortunately, her parents were able to build a heat lamp and provide the nurturing care that saved her life.

Jenny knew from the time she was a toddler that she was going to be a teacher. She would fashion classrooms in her home and teach lessons to her stuffed toys. She would play school with friends and siblings and even had a teacher pointer stick made for her by her father.

After graduating from Fort Richmond high school, she earned an education degree from the University of Manitoba and fulfilled her lifelong dream of becoming a teacher.

Madam Speaker, this remarkable woman decided to step away from the profession to raise her five children, but the teaching didn't end there. She spent the next decade equipping her children with the tools to be successful in their learning journey.

When she returned to the classroom years later, she worked as an EA for a special young boy who lived with Down syndrome. Jenny realized that his education plan did not meet the great learning potential for this little boy, so she researched and developed a math program suited to his abilities, and it's still in use today.

Jenny then went on to complete education leadership courses and became principal of a Christian school. She retired to enjoy life as a grandma but still plays school with all her grandkids in addition to teaching English to newcomers.

Madam Speaker, the Bible describes a woman with noble character in the Book of Proverbs in this way: She speaks with wisdom, and faithful instruction is on her tongue. Also, her children arise and call her blessed.

Mom, you are blessed and have demonstrated love with a noble character.

* (13:50)

I ask that all members in the Chamber join me in honouring Jenny Chudley for her valuable contributions to education in Manitoba.

Affordability Concerns

Mr. Matt Wiebe (Concordia): Life is getting more expensive for Manitobans, and it's the Stefanson government that's only making it worse.

Since 2016, the PCs have raised hydro rates more than 20 per cent—[*interjection*]

Madam Speaker: Order.

Mr. Wiebe: —and plan to increase them by another 5 per cent this year.

Last year alone, they approved above-guideline rent increases for at least 20,000 housing units in Manitoba. And now your Autopac rates are going up, and it's all because of PC mismanagement.

As of April 1st, rates went up because of the uncertainty created at MPI under the PCs' watch. They've allowed costs for the IT upgrade, known as Project Nova, to grow out of control. We now know this boondoggle of a project has fallen years behind schedule and is \$200 million over budget and counting.

This is the direct result of mismanage at—management at MPI, led by the PCs' hand-picked board and CEO. Just this week, the PC-appointed board chair quit, after it was reported that the MPI's CEO got two raises and racked up thousands of dollars in travel costs.

The PCs know that there is chaos at MPI, and now they're—say they are launching a review of their mess. It's not a coincidence that this review will not be complete until after the election. Instead of trying to fix the problems at MPI, the Premier (Mrs. Stefanson) and her government are just trying to buy themselves some time and pass off the blame.

Unfortunately, the PCs' unwillingness to own up to their failures is costing Manitobans more and more every year. And this is at a time of an affordability crisis in Manitoba. Grocery prices are up, gas prices have gone up, and the PC government is making it worse by increasing your rent, hydro and MPI rates.

That is wrong, Madam Speaker. Manitobans shouldn't be on the hook for PC mismanagement. While the Premier may be wealthy enough that she can forget about \$31 million, the Manitoba NDP will always stand up for the many Manitobans who are struggling to pay for this PC government's mistakes.

Thank you, Madam Speaker. [*interjection*]

Madam Speaker: Order. Order.

Chez Rachel

Mr. Dougald Lamont (St. Boniface): Over the weekend, I had the opportunity to attend the 30th anniversary fundraiser for Chez Rachel, a shelter for women and children fleeing abusive partners. It was a very moving evening, and the work they do there is incredible.

We heard the testimony of an Indigenous mother and daughter whose lives were saved by Chez Rachel 20 years ago because they had a safe place to get to. Their story was harrowing.

We have a terrible toll of violence being committed against women, girls and children in this province. It is one of the most common calls for police, yet, we don't always talk about it because it may be too painful or

too shameful. But we have to name it and—if we're to challenge it, because it happens everywhere.

When I was six or seven, we came back from our family vacation to find a relative sleeping in my room. It wasn't Goldilocks; I had to go down the hall to sleep on a cot in a different room because that person had flown halfway across the country to escape their abusive partner, and they were staying with us. They had arrived at the Winnipeg airport and hidden in the back seat of the car for fear of being seen, then fled to a cousin's cabin.

They were right to be fearful because a couple of days later, their ex showed up, hiding behind the trees outside our house, having flown from two provinces over to stalk them. They weren't the only person who stayed with us.

At another point, when my uncle and aunt's marriage was breaking down, my father sided with his sister-in-law, against his own brother, to make sure that she and the children had a place to live. My father and his brother never spoke again.

So, in my family, we grew up understanding that when a woman was violently assaulted by her partner, you believed them and you got them to safety. And there was a recognition that justice comes before loyalty, even if it meant paying a permanent personal price.

I will ask—sometimes I say, if this—think about whether this were your sister, your mother or your daughter, and I think this reflects how hard it is to talk about, because we can also ask, what if it were you? What if it happened to you? It's a different question.

To Chez Rachel, thank you for 30 years of saving lives and helping families heal. We need more of your work in the world.

They still need donations and support, which I encourage people to make at chezrachel.ca

Thank you. Merci.

Introduction of Guests

Madam Speaker: We have some further guests that I would like to introduce to you.

The first guest I would like to introduce to you is sitting in the loge, to my right, and that is Gerry Ducharme, the former MLA for Riel, and we welcome him back to the Legislature.

We also have with us the following teachers from Crocus Plains Regional Secondary School board:

Justin Rowe, Patrick MacInnis, Jerilyn McLeod, Jessica Cannon [*phonetic*]—Canning, Brad Wall and Clint Howie, and they are attending a professional development workshop put on by the Education and Outreach department of the Legislative Assembly of Manitoba under the direction of Mr. Stephan Day, director, and Ms. Kyla Benger, assistant director.

So, on behalf of all members, we welcome you to the Manitoba Legislature.

And we also have a number of guests from The Pas UCN Law Enforcement class, who are the guests of the member for The Pas-Kameesak (Ms. Lathlin): Leahanne Constant, Tracy Scott, Janet Michelle, Autumn Lowther, Danielle Flett, Zoey Dumas, Patrick Stevenson, Edwin Patchinose, Anthony Zong Jr., Dylan Johnston, Jaden Young-Head.

And we welcome you to our Manitoba Legislature.

ORAL QUESTIONS

Manitoba Public Insurance—Project Nova Amended McKinsey Consultant Agreement

Mr. Wab Kinew (Leader of the Official Opposition): The PCs have caused a crisis at Manitoba Public Insurance. It starts at the top, and it's a result of the mismanagement by this PC government. And it's costing you money.

New internal documents that I will table show that a new agreement was signed with McKinsey in December of 2022 to address the \$200 million in cost overruns at Project Nova.

To be clear, this is an amendment to the previous agreement with McKinsey, and it is something that the government has not as of yet made public. The PCs also made a directive to MPI that any amendments to contracts need approval from, you guessed it, this PC government.

Will the Premier (Mrs. Stefanson) tell the House if her government approved this amended agreement with McKinsey?

Hon. Jeff Wharton (Acting Minister responsible for the Manitoba Public Insurance Corporation): Thank you, Madam Speaker, for the opportunity to welcome the new board chair to MPI.

Certainly—has a long history in the insurance industry, Madam Speaker, working at MPI. I had the opportunity to meet the new board chair, as well, as recently as a couple of years ago, and it's super to have him on board and we're excited about the change that he's going to bring to MPI.

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

McKinsey Consultants—Payment for Services

Mr. Kinew: Not much of an answer there, so I'll just make clear here that Project Nova is over budget to the tune of \$200 million, and it's costing Manitobans money. That's why everyone's Autopac payments went up on April 1st.

Now, we've learned, as I've just tabled and proved through documentation, that an amended agreement with McKinsey consulting was executed last December. I'll also table these documents that show that McKinsey is asking the government to be paid millions of dollars in additional outstanding payments.

The PCs need to tell the House if they will pay a company that is not delivering on the terms of the contract as we established in this Chamber yesterday, according to internal MPI emails.

Will the Premier (Mrs. Stefanson) tell the House if her government will approve millions of dollars in payments to McKinsey?

Mr. Wharton: Again, it gives me the opportunity to get up and thank the former chair, Dr. Sullivan, of the MPI board.

As well, Madam Speaker, we know that Dr. Sullivan spent well over four years as chair of the board at MPI. We know the good work that Mr. Sullivan has done, and we thank him for the service he provided.

On the issue of over budget, Madam Speaker, I know the member opposite would have a little experience in that. We know what happens when the NDP get involved in Crown services. We know what happens when they get involved in Crown corporations: they destroy them.

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

Mr. Kinew: Let's be very clear that the chaos we're talking about happened during this minister's time in charge of MPI. Well, at least a large part of it. It actually continues under the Attorney General as well.

* (14:00)

We'll table the documents that prove the case next week, but for now, I will table an order-in-council—*[interjection]*

Madam Speaker: Order.

Mr. Kinew: —which proved the fact that this government issued—*[interjection]*

Madam Speaker: Order.

Mr. Kinew: —a directive saying that any amendments to contracts need approval by the minister.

So, again, what we've shown here today is that there was a new agreement with McKinsey amended on December 2022. This government passed a directive saying that they had to approve any amendments. And then further documents show that there are millions of dollars in payments that McKinsey is trying to collect on, all while you are paying more money on your Autopac payments.

People in Manitoba deserve to know the truth.

Will the PCs approve millions of dollars in new payments to McKinsey consultants?

Mr. Wharton: Again, I'll remind the House and remind the member from Fort Garry that under the former NDP government, hydro rates and MPI rates continued to skyrocket under their watch, Madam Speaker.

We know that they have no idea on business. We know that they have no worries about economic—they think the money's just going to fall out of trees, Madam Speaker.

As a matter of fact, we—let's talk a little bit—*[interjection]*

Madam Speaker: Order.

Mr. Wharton: —about affordability and where MPI has helped—*[interjection]*

Madam Speaker: Order.

Mr. Wharton: —Manitoba families, Madam Speaker. We know a rebate on May 20th was given for over \$110 million to families right here in Manitoba. We know a second rebate on December 20th for \$69 million was given to Manitoba families.

That's helping Manitoba families.

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

Mr. Kinew: The cost overruns at Project Nova to the tune of \$200 million became aware by this government while that minister was in charge of the MPI file. That's probably why he was taken off of that file, for the record.

Now, at the same time, we've now learned that the PC government has passed a directive saying that any

amended contracts need to be approved by this Premier (Mrs. Stefanson), by this Cabinet.

We now know that the McKinsey contract was, in fact, amended in December of 2022, and now McKinsey is trying to collect on payments for millions and millions of dollars.

That's why everyone's Autopac payments went up on April 1st of this year, when they were supposed to get a rate reduction. The mismanagement of the PCs at MPI is costing you money.

What Manitobans deserve to get a clear answer on today is, is this government going to approve these payments of millions of dollars to McKinsey?

Mr. Wharton: Certainly, after 17 years of NDP mismanagement when it comes to MPI and our Crown corporations, Madam Speaker, it certainly does take a team to fix the mess they left behind. And that's exactly what this team, on this side of the House, has been doing and will continue to do on behalf of Manitobans.

We know that under the NDP, we were still doing spreadsheets, Madam Speaker—*[interjection]*

Madam Speaker: Order.

Mr. Wharton: —manually, as—five years ago. Six years ago, we took over government. We will fix the mess the NDP left behind in our Crown corporations.

And trust me, Madam Speaker, on October 3rd, they won't be back in government. *[interjection]*

Madam Speaker: Order. Order.

We have a lot of guests in the gallery. I'm going to ask for everybody's co-operation, please.

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

Mr. Kinew: Well, this goes beyond the \$200 million in cost overruns that happened under this minister.

The BC government has launched a class action lawsuit against McKinsey. Today, the federal government announces that it is going to join this class action lawsuit. It accuses McKinsey of reckless marketing to boost opioid sales. There's a drug crisis in this country, and McKinsey is accused of having caused deaths and long-lasting injury because of its work.

Why is the Manitoba government considering paying millions of dollars in contracts to this firm?

Can the Premier tell the House why she is paying millions of dollars to a company who has made the opioid crisis worse?

Mr. Wharton: Again, I'll remind the House, on February 22nd of 2022, Manitoba Public Insurance issued a rebate of \$311 million to Manitoba families.

Madam Speaker, we know that MPI is going through a transition, from the—from when they were—when they started in this province. We know that under the NDP watch, nothing was done to bring them out of the 1970s.

We are working with MPI, with Manitobans, to ensure that they get the Crown corporation that they deserve, that they own and that they will continue to own in Manitoba.

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

Mr. Kinew: Madam Speaker, I want to provide some background on the company that the PCs have brought in to work at MPI. McKinsey is accused of marketing opioids in a way that made the drug crisis worse. It's costing lives across our country, and they're accused of using false, reckless and deceptive marketing campaigns in that work.

McKinsey has already agreed to pay \$600 million in the US for its attempt to, and I quote, turbo charge, end quote, opioid sales. That's the record of the company that this Premier has hired and is now trying to give millions of dollars to.

Will the Premier agree to stop payments to McKinsey and instead join the BC government in its lawsuit against this company to try and measure some amount of justice for the opioid crisis and its impacts in Manitoba?

Mr. Wharton: I'll bring it back home for the member, the Leader of the Opposition, back to Manitoba.

Madam Speaker, we know that we've ordered a ministerial directive to control the process of tendered and untendered contracts. I'll take you back under the NDP where they had signed 19—and I repeat, 19—untendered contracts in 2014; 45 untendered contracts in 2015.

Madam Speaker, we'll take no lessons from the NDP on accountability.

Allied Health Professionals Collective Bargaining Negotiations

Ms. Lisa Naylor (Wolseley): On Tuesday, I had the privilege of supporting allied health-care workers on the steps of this Legislature as they rallied to ask this government for a fair deal. They have had their wages frozen for over five years, Madam Speaker. Some, like mental health and addiction counsellors, have been waiting for over six.

This government doesn't want to take responsibility for how they have disrespected health-care workers. But we know they could help if they actually wanted to.

Will the minister give allied health workers a fair deal today?

Hon. James Teitsma (Minister of Consumer Protection and Government Services): You know, Madam Speaker, when the members opposite first started on this line of questioning, I thought perhaps they didn't understand bargaining; they didn't understand where the bargaining table was or who the employer was. But I've explained that to them numerous times; they must understand by now.

Then I thought maybe they didn't understand that asking these kinds of questions would disrupt the bargaining progress—process, would be unhelpful to the bargaining process and towards getting an agreement. But I've explained that to them multiple times, so they must understand by now.

What's left? Why are they asking these questions? Because of their own desire to pursue their own personal, narrow political agenda. They think it is advantageous to themselves politically to do this. They are disrespecting Manitoba patients. They are disrespecting Manitoba health-care workers, and they are disrespecting all Manitobans.

Madam Speaker: The member's time had expired, and I am going to call the member for St. Johns (MLA Fontaine) to order, please.

The honourable member for Wolseley, on a supplementary question.

Ms. Naylor: Well, Madam Speaker, it is not a secret that the NDP is the party for workers and that the NDP—*[interjection]*—the NDP will always stand on the side of workers and fair bargaining even if it feels inconvenient to the other side of the House.

This wage freeze has impacted rural paramedics, pharmacy and MRI techs, radiation therapies and 190 other allied health professionals. But this government has done nothing. They have forced allied

health-care workers to vote 99 per cent in favour of a strike mandate.

Despite having promised to complete all wage contracts settlement by the end of the last fiscal year, will the Minister of Health (Ms. Gordon) commit to giving—

Madam Speaker: The member's time has expired.

* (14:10)

Mr. Teitsma: Madam Speaker, I believe I've also explained numerous times to this member that every agreement that has been achieved within the health-care field has included retroactive pay increases, compound—pay increases. I expect that this agreement will too.

So, what we can see is this line of questioning is really just a desperate attempt to distract from the record and the legacy of their leader. He's a man who talks about accountability but doesn't hold himself accountable. He leaves a trail of victims in his wake and then turns around—*[interjection]*

Madam Speaker: Order.

Mr. Teitsma: —and blames them. He points out other people's mistakes but will not acknowledge his own. He is failing as a leader—*[interjection]*

Madam Speaker: Order.

Mr. Teitsma: —and they need to acknowledge this.

Madam Speaker: The member's time had expired.

And I am going to call the member for Transcona (Mr. Altomare) and the Minister of Education to order.

The honourable member for Wolseley, on a final supplementary.

Ms. Naylor: Allied health-care workers have provided an unprecedented mandate, voting 99 per cent in favour of strike action.

Neither the Minister of Health or the Minister of Labour has ever stood up in this House to answer questions that I have been asking week after week for the last three weeks on this issue.

Workers have had enough of PC government cuts, broken promises and disrespect. This government promised to complete all wage contract settlements by the end of the 2022 fiscal year, but allied health-care workers are still waiting. A five-year wage freeze during a cost-of-living crisis is shameful.

Will the minister—will any minister—stop deflecting, take responsibility and give allied health-care workers a fair deal today?

Hon. Audrey Gordon (Minister of Health): Madam Speaker, today I'd like to remind members of this Chamber of what happened when the NDP tried and failed to run Manitoba's health-care system.

I'd like to table a Winnipeg Free Press article, Madam Speaker, and highlight—*[interjection]*

Madam Speaker: Order.

Ms. Gordon: —a few items for the House. NDP gets failing grade is the title. Manitoba's NDP government has broken more election promises than it has kept on the eve of the party's first year in office. Premier Gary Doer's team got its worst marks in the area of health care, where it made sweeping promises. Government has broken—*[interjection]*

Madam Speaker: Order.

Ms. Gordon: —more than half of 20 pledges.

Manitobans couldn't trust them then, Madam Speaker, and they certainly cannot trust them now.

Year-Round Recreational Fishing on Lake Winnipeg Commercial Fishers Consultation Concerns

Mr. Ian Bushie (Keewatinook): We've heard from Lake Winnipeg fishers, and they're not happy with this government.

It is clear that the PCs are not listening to their concerns and that the minister's department is not working with our fishers on decisions that directly affect the commercial fishing industry and the livelihood of our commercial fishers, like allowing for year-round recreational fishing, which commercial fishers say the PCs did not consult with them at all. That's just yet another example of disrespect from this PC government.

Can the minister explain: Why is his government claiming to properly consult commercial fishers when clearly this is not the case?

Hon. Greg Nesbitt (Minister of Natural Resources and Northern Development): The NDP failed Lake Manitoba fishery and critically endangered the sustainability of our fisheries by mismanaging our fish populations.

Our PC government has made key investments to protect our valuable commercial fisheries that contribute over \$100 million to Manitoba's economy each year. We've invested \$600,000 in additional funding to enhance provincial fisheries field programs. We've

lobbied the federal government to confirm Manitoba fisheries were included in \$469-million seafood stabilization fund.

Madam Speaker, our government supports commercial fisherman in Manitoba.

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

Mr. Bushie: I remind the minister we are talking about Lake Winnipeg here.

Commercial fishing is a key economic driver here in Manitoba. Many families rely on it for their livelihoods. That's why it is so important that the PC government listen to fishers and hear their concerns.

That's why commercial fishers were so disappointed that the PCs changed the rules to allow for year-round recreational fishing without consulting them. Commercial fishers worry this will threaten fish population and impact their livelihoods.

Can the minister explain: Why is he yet again ignoring commercial fishers' fishing concerns?

Mr. Nesbitt: NDP policies did a disservice to the hard-working commercial fishers who rely on our lakes for their livelihoods.

The lack of 'investament' in science-based management, research and innovation led to habitat destruction and declines in catch rates, which made our commercial fishers struggle to make ends meet.

Our government is committed to reversing this trend and implementing policies that prioritize the sustainability of the industry and the protection of our lakes.

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

Mr. Bushie: Nowhere in those answers did the minister talk about consulting commercial fishers, and that's why they feel disrespected by this PC government.

They've repeatedly made decisions that negative impact fishers' livelihoods without consulting them, leading to the loss of thousand of dollars of income for our Manitoba fishers and their livelihoods. And now fishers are worried the PCs' changes to recreational fishing will harm fish populations and hurt conservation efforts, despite the PC claims.

Can the minister explain why he didn't consult fishers on these changes, despite the huge, negative impact that this will have on their livelihoods and their incomes?

Mr. Nesbitt: Well, not only has this government consulted with commercial fishers, we've—we're investing in commercial fishers.

We've invested 5.5–\$5.4 million to buyback quotas for the Lake Winnipeg fishery, resulting in 520,000 dollars kilogram of fish staying in the lake each year, ensuring it's sustainability.

We've invested \$175,000 in 'fis' futures to collect critical fisheries data.

We've also invested \$2.5 million to establish and implement programs that support the sustainability and certification of Manitoba fisheries in partnership with the institute of sustainable development.

Hearing Screening for Newborns Request for Support for Bill 226

MLA Nahanni Fontaine (St. Johns): CMV can have major impacts on children, including hearing loss and vision loss and reduced motor skills.

CMV can be treated, but it's essential that newborns are screened early on. We currently don't screen for CMV here in Manitoba, and that's why our NDP colleague, the MLA for Union Station, introduced Bill 226, which would allow infants to be screened for CMV. We're happy that this bill passed earlier this morning, second reading, but certainly there's still more work to be done.

Will the Premier (Mrs. Stefanson) commit to fully passing 226 into law today?

Hon. Audrey Gordon (Minister of Health): Madam Speaker, on this side of the House, we stand with families, we stand with parents and we stand with children.

That is why the bill has passed through the phase it did this morning. That is why our government added TRIKAFTA to the provincial formulary and expanded it last year to include children six years and older, because we stand with the young people and the children here in this province.

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

MLA Fontaine: One in 100 infants are infected with CMV, and those infected, one in five will have a permanent disability.

For years, Winnipeg father Rob Tetrault has advocated for Manitoba to screen CMV, and he said, and I quote: It's been incredibly frustrating dealing with the government. End quote.

Thankfully, Bill 226 passed second reading today, which means we're one more step closer to screening for CMV here in Manitoba.

Will the Premier and the Health Minister commit to fully passing Bill 226 today?

Ms. Gordon: Madam Speaker, the Opposition House Leader knows that there's a process in this Legislature for the passing of bills.

Pleased that Bill 226 has passed second reading, and I look forward to further discussion on this bill.

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

MLA Fontaine: What I also know as the House leader is that members opposite have allowed bills to go to second reading, but then do not call them for committee, and certainly do not allow third reading and royal assent on those bills.

* (14:20)

And so, advocates like Rob Tetrault, who founded CMV Canada charity, has been calling on the PCs to screen for CMV for years now.

Our colleague, the member for Union Station (MLA Asagwara), has listened to his concerns and has introduced Bill 226 three times. This allows infants to be screened for CMV. And up until this morning, the PCs have refused to support this bill.

They can do the right thing today, allow it—call it to committee and allow it to pass third reading and receive royal assent.

Will they do so today? *[interjection]*

Madam Speaker: Order.

Ms. Gordon: Madam Speaker, the member for St. Johns continues to rise in this House and put inaccurate information on the record, a narrative that she has wanted to spread throughout the province; fear mongering.

Our government demonstrated support for Bill 226 this morning. It passed second reading. There's a process for bills to pass through the Legislature. *[interjection]*

Madam Speaker: Order.

Ms. Gordon: Look forward to further discussion as we move forward.

Workers Compensation Board Expanded Coverage for Psychological Injuries

MLA Malaya Marcelino (Notre Dame): Madam Speaker, Manitobans deserve to be safe at work both physically and psychologically.

The Workers Compensation Board recently expanded compensation coverage to include psychological injuries caused by traumatic events and prolonged excessive workloads.

But this PC government continues to lag behind other provinces on solidifying these crucial protections in law. Manitobans need these protections and they need them now.

Will this government commit to making legislative changes to ensure all Manitoba workers are protected from workplace psychological injuries?

Hon. Jon Reyes (Minister of Labour and Immigration): I want to ensure that all workers in Manitoba are safe at the workplace, going to work and coming home safe. No worker should suffer a workplace injury, illness or death.

I commend the work of the Workers Compensation Board, having recently met with the WCB chair, Michael Werier, and President and CEO Richard Deacon.

The WCB has regulation-making powers under The Workers Compensation Act, and it is responsible for the schedule of occupational diseases, which I can tell the member is still under development.

Thank you.

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

MLA Marcelino: Madam Speaker, traumatic events, extreme stress, toxic workplaces and burnout from the prolonged stress of an excessive workload can impact workers'—*[interjection]*

Madam Speaker: Order.

MLA Marcelino: —psychological well-being.

This PC government has lagged behind on many crucial protections for workers, and they have made life harder for workers across the province.

Workers have been pushing this government to expand WCB coverage to include mental health injuries for years. Ontario and British Columbia have already brought these protections into law.

Will this government commit today to making the necessary legislative changes so that Manitobans with mental health injuries can get the compensation that they deserve?

Mr. Reyes: I want to ensure that our government continues to make it a priority that we be steadfast in our ongoing commitment to continue working with our partners in labour and management to improve occupational health and safety policies, procedures and conditions in the workplace.

I am proud that Manitoba continues to be a leader in the Workers Compensation coverage for psychological injuries. I understand that the Manitoba Federation of Labour would like to—Workers Compensation Board to release the complete schedule of occupational diseases. I also understand that WCB has been in constant communication with the MFL about the status of occupational disease schedule that'll be complete by the end of June.

I wish the member opposite and the MFL be patient and let this important process unfold—process, Madam Speaker.

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

MLA Marcelino: Madam Speaker, psychological injuries in the workplace are serious and should be treated as such.

This government has disrespected workers for seven years by repeatedly freezing wages and interfering in collective bargaining processes.

The recent policy changes from the WCB are a first step, but Manitobans deserve to have mental health protections solidified in law. Ontario and BC have already taken this step.

Will this PC government do the right thing and protect Manitobans from workplace psychological injuries?

Mr. Reyes: Like the member—she's an expert, along with her members on that side of the House, on interference. There is a process. The schedule of occupational diseases is currently in the consultation phase, with the list aimed to be made available by the end of June.

I recently spoke with Kevin Rebeck of the Manitoba Federation of Labour on a few occasions, including most recently, a few weeks ago at the Day of Mourning. I know the members opposite don't like to hear this, but Kevin and I had a collegial meeting,

and I look forward to continuing working with him and his membership on ensuring the health and safety of all workers in Manitoba.

The Workers Compensation Board is consulting, taking action, and making great progress—progress, Madam Speaker—on this important issue.

Cancer Patients in Northern Manitoba Compound Medication Dispensing

Mr. Dougald Lamont (St. Boniface): We're hearing that cancer patients in northern Manitoba are no longer able to get compounded medications from local pharmacies. In some cases, they're having to wait over a week for relief from medications to be shipped to their community. It used to be prepared locally.

This is the opposite of care closer to home. According to the list of pharmacies that provide compound medications from the website of the College of Pharmacists of Manitoba, there are only four pharmacies that now do so—three in Winnipeg and one in Brandon—outside of hospitals.

When the PCs keep centralizing and concentrating more and more control on services in Winnipeg, it means extra costs and inconvenience to rural and northern communities, and this is a health and safety issue.

Will the Premier (Mrs. Stefanson) allow hospital pharmacies in the North to fill prescriptions for compound medications so that local cancer patients don't have to wait in pain for the medication they need?

Hon. Audrey Gordon (Minister of Health): Madam Speaker, we are always, as a government, seeking to expand care to make it available to Manitobans close to home, and pharmacy and the dispensing of drugs will be no different. We are having a lot of discussions related to the clinical and preventative services plan, and I'm certain that that is on the agenda to be discussed.

But, Madam Speaker, I want to take a moment to just congratulate the College of Pharmacy's first PharmD class, which is made up of 54 graduates, as were here in the House this afternoon. They are receiving their graduation certificate. PharmD is a four-year undergraduate doctoral program that focuses on clinical practice, experiential learning and pharmaceutical sciences.

Congratulations.

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

Hospital Pharmacy Consolidation Plan Privatization Concerns

Mr. Dougald Lamont (St. Boniface): This PC government previously took over \$50 million in pharmacy business from local Manitoba-owned independent pharmacies for personal-care homes and gave the contract to a single numbered company owned by Toronto-based Shoppers Drug Mart. That's \$50 million that's going out of the province instead of into rural Manitoba communities.

And every time they made one promise in the budget, they immediately turned around and demanded 15 per cent cuts from RHAs over and over. After having closed ERs, closed ICUs, closed urgent cares and QuickCare clinics, selling off labs, we're now hearing the government is planning to consolidate all pharmacy compounding in Winnipeg's hospitals into a single supercentre.

This looks like, to us, like government is once again putting cutting costs ahead of patient safety.

Can the Premier confirm their plan to consolidate all hospital pharmacies, and if so, whether it will be run by a private company?

Hon. Audrey Gordon (Minister of Health): Madam Speaker, the access to care for Manitobans and particularly closer to home, is a priority for our government. Health care, in general, is a priority, but certainly closer to home. We continue to make record investments in our health-care system.

Madam Speaker, we are talking to individuals in rural communities, in northern communities. They are coming forward with innovative approaches to receiving care in their communities. And we, on this side of the House, will continue to listen.

Miles Macdonell Baccalaureate Program Future of Program—Funding Concerns

Ms. Cindy Lamoureux (Tyndall Park): Concerns have been raised at the International Baccalaureate program that Miles Macdonell Collegiate is going to be closed down because of financial burdens on the school.

I table an article from yesterday's Free Press. This program is important as it has an international reputation as a two-year, rigorous program that results in personal and academic development, and upon successful completion, a globally recognized diploma.

There are dozens of commitments from doctors, professors and professional grads to help with an endowment fund to ensure the continuation of the program.

Will the minister responsible meet with those who are from the school division to ensure the program can continue?

* (14:30)

Hon. Wayne Ewasko (Minister of Education and Early Childhood Learning): You know what? I'm going to thank the member for bringing up this very important topic because it gives me an opportunity to talk about the \$100 million which has been given to the K-to-12 system just this year alone—a 6.1 per cent increase, Madam Speaker.

The River East Transcona School Division, Madam Speaker, received \$11 million more this year. That's more, not less.

And the member knows that school divisions are run by elected trustees, and so those trustees, with their school community, makes those priority decisions for what's best for their community. I agree with the member.

Mining Exploration Investment in Industry

Mr. Rick Wowchuk (Swan River): Yes, Madam Speaker, it was recently announced that Manitoba has become a destination of choice for the mining industry, bringing good jobs throughout Manitoba.

Our government has worked hard to foster a reputation as a desirable—[interjection]

Madam Speaker: Order.

Mr. Wowchuk: —place to do business.

As our Premier (Mrs. Stefanson) has stated, the way we're going to pay for the future is by growing our economy, not by taxing Manitobans.

Where we have grown the economy, the NDP have fought against industry at every opportunity.

Can the Minister of Economic Development, Investment and Trade outline exactly how Manitoba benefits from the opportunity this reputation creates?

Madam Speaker: The honourable Minister of Economic Development, Investment and trade. [interjection]

Order.

Hon. Jeff Wharton (Minister of Economic Development, Investment and Trade): I'd like to thank the member from Swan River for that question.

Madam Speaker, Manitoba recently jumped from 32nd to 14th in investment attractiveness from the Fraser Institute's survey of mining companies. Manitoba saw \$170 million in exploration expenditures last year alone, which marks the highest level of investment in the history of Manitoba.

Madam Speaker, it's unfortunate—[interjection]

Madam Speaker: Order.

Mr. Wharton: —that members opposite continue to heckle me, but they should listen.

Not sure if they share the same vision. Their leader proudly signed the Leap Manifesto and he's retained a campaign manager that has expressed resource extraction is a blight on our economy.

Madam Speaker, the only blight on our economy is no—the no-development-party opposition—

Madam Speaker: The member's time has expired.

Northern Patient Transportation Program Access to Health Services for Northerners

MLA Tom Lindsey (Flin Flon): The PC government's cuts to northern health care are having devastating consequences. They forced the Northern Health Region to cut millions of dollars, and now that's affecting patient care.

The northern transportation system is in a state of complete disarray. Northern Manitobans rely on this service to access critical medical services.

Will this government commit to fixing the crisis in NPTP and ensure all northern Manitobans can access essential medical care?

Hon. Audrey Gordon (Minister of Health): Madam Speaker, when our government took office, the northern patient transport program was in disarray. It was underfunded. It was in shambles.

We have rolled back the dark days of transportation services during the NDP government's time, Madam Speaker. We are making record investments in northern regional health. We care deeply about our northern communities.

And we will continue to sit with stakeholders from the North at the table of solutions, Madam Speaker.

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

MLA Lindsey: I think that minister cut the table of solutions.

PC governments have forced Northern Health Region to cut millions of dollars, and northern Manitobans—[*interjection*]

Madam Speaker: Order.

MLA Lindsey:—are suffering. They privatized Lifeflight. And Northern Patient Transportation Program has been completely unreliable under this government.

Northern Manitobans need access to essential health care. It's their constitutional right.

Will this government change course, stop the cuts and commit to fixing things like the Northern Patient Transportation system?

Ms. Gordon: Madam Speaker, under their watch, seven years ago, the northern patient transport program was crumbling and underutilized because it was terribly underfunded. I know they don't want—they will heckle me.

Our government more than doubled the funding of the program to \$18 million. Now, more than 20,000 northern Manitobans—[*interjection*]

Madam Speaker: Order.

Ms. Gordon:—twice the amount under the NDP, are served annually. Double the funding, double the results.

We'll take no lessons, Madam Speaker, from the NDP, on how to serve northern Manitobans.

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

MLA Lindsey: On Tuesday, I spoke about a gentleman by the name of Vince Guay, Thompson man, who has been unable to leave his bed, apart from medical appointments, for the past four years.

Vince was supposed to have a surgical consultation in Winnipeg in early April. But—go figure—proper transportation was not arranged to get him there. He missed the appointment.

This is unacceptable. This minister's answers about northern patients, northern patient transportation, are also unacceptable.

Will this government stop their cuts to northern health, fix the problems that they have created with the Northern Patient Transportation Program, and actually get care closer to home for Manitobans in the North?

Ms. Gordon: Madam Speaker, I am always troubled to hear that any individual in this province is unable to access care.

I wonder if the member for Flin Flon told his constituent about their dark days when the Northern Patient Transport Program was underfunded, crumbling, and individuals were unable to get access to the care that they needed.

Madam Speaker—[*interjection*]

Madam Speaker: Order. Order.

Ms. Gordon:—I know members opposite don't want Manitobans to know the truth, Madam Speaker, but the truth is exactly what I'm here to share with Manitobans: that under their watch the Northern Patient Transportation Program was crumbling. We have turned around the dark days under the NDP.

Madam Speaker: The time for oral questions has expired.

PETITIONS

Punjabi Bilingual Programs in Public Schools

Mr. Nello Altomare (Transcona): I wish to present the following petition to the Legislative Assembly.

To the Legislative Assembly of Manitoba, the background to this petition is as follows:

(1) According to census 2021, Punjabi is the fourth most spoken language in Canada and there are 33,315 people in Manitoba whose native language is Punjabi.

(2) Thousands of Punjabi newcomers are coming to Manitoba as students and as immigrants, looking to call this province home. People of Punjabi origin contribute a great deal to the social and economic development of Canada and Manitoba in fields such as education, science, health, business and politics.

(3) In coming to Manitoba, Punjabi newcomers make sacrifices, including distance from their cultural roots and language. Many Punjabi parents and families want their children to retain their language and keep a continued cultural appreciation.

(4) Manitoba has many good bilingual programs in public schools for children and teens available in other languages, including French, Ukrainian, Ojibwe, Cree, Hebrew and Spanish. Punjabi bilingual programs for children and teens as well as Punjabi language instruction at a college and university level could similarly teach and maintain Punjabi language and culture.

(5) Punjabi bilingual instruction would help cross-cultural friendships, relationships and marriages and prepare young people to be multilingual professionals.

We therefore petition the Legislative Assembly of Manitoba as follows:

To urge the provincial government to take steps to implement Punjabi bilingual programs in public schools similar to existing bilingual programs and take steps to implement Punjabi language instruction in other levels of education in Manitoba.

* (14:40)

This petition, Madam Speaker, is signed by Satvir Brar, Amarjit Mara [*phonetic*], Parmjeet Bajwa and many other Manitobans.

Thank you.

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

Security System Incentive Program

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

The background to this petition is as follows:

(1) Cities across Canada and the United States, including Chicago; Washington, DC; Salinas, California; and Orillia, Ontario are offering home security rebate programs that enhance public safety and allow for more efficient use of their policing resources.

(2) Home security surveillance systems protect homes and businesses by potentially deterring burglaries, reducing homeowners' and businesses' insurance costs.

(3) Home security surveillance systems can also be remotely monitored with personal electronic devices such as smart phones.

We petition the Legislative Assembly of Manitoba as follows:

To urge the provincial government to work with municipalities to establish a provincial-wide tax rebate or other incentive program to encourage residents and businesses to purchase approved home and business security protection systems.

And this petition is signed by many, many Manitobans.

Lead in Soils

MLA Malaya Marcelino (Notre Dame): Madame la Présidente, je désire présenter la pétition suivante à l'Assemblée législative.

Translation

Madam Speaker, I wish to present the following petition to the Legislative Assembly.

English

To the Legislative Assembly of Manitoba, the background of this petition is as follows:

(1) December of 2019, the provincial government's commissioned report on lead concentrations in soil in Winnipeg was completed.

(2) The report found that 10 neighbourhoods had concerning levels of lead concentration in their soil, including Centennial, Daniel McIntyre, Glenelm-Chalmers, north Point Douglas, River Osborne, Sargent Park, St. Boniface, West End, Weston and Wolseley-Minto.

In particular, the predicted blood lead levels for children in north Point Douglas, Weston and Daniel McIntyre were above the level of concern.

(4) The Weston Elementary School field has been forced to close down many times because of concerns of lead in soil and the provincial government's inaction to improve the situation.

(5) Lead exposure especially affects children aged seven years and under, as their nervous system is still developing.

(6) The effects of lead exposure are irreversible and include impacts on learning, behaviour and intelligence.

(7) For adults, long-term lead exposure can contribute to high blood pressure, heart disease, kidney problems and reproductive effects.

(8) The provincial government currently has no comprehensive plan in place to deal with lead in soil, nor is there a broad advertising campaign educating residents on how they can reduce their risks of lead exposure.

(9) Instead, people in these areas continue to garden and work in the soil and children continue to play in the dirt, often without any knowledge of the associated risks.

We petition the Legislative Assembly of Manitoba as follows:

To urge the provincial government to take action to reduce people's exposure to lead in Winnipeg, and to implement the recommendations proposed by the provincial government's independent review, including the creation of an action plan for the Weston neighbourhood, developing a lead awareness communications and outreach program, requisitioning a more in-depth study, and creating a tracking program for those tested for blood lead levels so that medical professionals can follow up with them.

This has been signed by Carol S. Lucban, Feliciano Cruz, Jhaina Cruz and many other Manitobans.

Madam Speaker: Grievances?

ORDERS OF THE DAY

(Continued)

GOVERNMENT BUSINESS

Madam Speaker: And I have something here; it's a motion correction.

On Wednesday, May 17th, 2023, there was a procedural irregularity when the honourable Minister of Transportation and Infrastructure moved the concurrence and third reading motion for Bill 21, The Highway Traffic Amendment Act.

To ensure that our procedures have all been followed correctly, I am asking the House for leave to allow the minister to move the motion again now, and for the House to deem that this action occurred yesterday.

Is there leave? *[Agreed]*

CONCURRENCE AND THIRD READINGS

Bill 21—The Highway Traffic Amendment Act

Hon. Doyle Piwniuk (Minister of Transportation and Infrastructure): I move, seconded by the honourable Minister of Mental Health and Community Wellness (Ms. Morley-Lecomte), that Bill 21, The Highway Traffic Amendment Act, reported from the standing committee of Legislative Affairs, be concurred in and now read for the third time and passed.

Madam Speaker: Thank you.

It has been moved by the honourable Minister of Transportation and Infrastructure, seconded by the honourable Minister of Mental Health and Community Wellness, that Bill 21, The Highway Traffic Amendment Act, reported from the Standing Committee on Legislative Affairs, be concurred in and be now read for a third time and passed.

So that should correct the record.

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

The House will now—oh, the honourable Opposition House Leader.

House Business

MLA Nahanni Fontaine (Official Opposition House Leader): On House business, pursuant to rule 78(4), I am tabling the official opposition list of government ministers to be called for the next sitting of the Committee of Supply to consider the concurrence motion.

The following ministers shall be called: Department of Advanced Education and Training; Department of Agriculture; Department of Consumer Protection and Government Services; Department of Economic Development, Investment and Trade; Department of Education and Early Childhood Learning; Department of Environment of Environment and Climate; Department of Families; Department of Finance; Department of Health; Department of Indigenous Reconciliation and Northern Relations; Department of Justice and Attorney General; Department of Labour and Immigration; Department of Mental Health and Community Wellness; Department of Municipal Relations; Department of Natural Resources and Northern Development; department of President of the Executive Council; Department of Seniors and Long-Term Care; Department of Sport, Culture and Heritage; Department of Transportation and 'infrastructure'—Infrastructure.

These ministers will be questioned concurrently.

OPPOSITION DAY MOTION

Madam Speaker: The House will now consider the opposition day motion of the honourable member for Concordia (Mr. Wiebe).

I will now recognize the honourable member for Concordia.

Mr. Matt Wiebe (Concordia): I move, seconded by the honourable member for Notre Dame (MLA Marcelino), that the Legislative Assembly of Manitoba call on the provincial government to condemn Brian Pallister's health-care cuts for the damage caused to Manitoba's health-care system.

Motion presented.

Mr. Wiebe: I appreciate the opportunity to bring forward this opposition day motion to discuss and debate this important issue.

Brian Pallister's legacy as a premier was destruction of our health-care system in a time when we needed strong public health care the most.

Now, this is not a controversial statement, Madam Speaker. Of course, Manitobans know this to be true, and if members opposite would go and knock on some doors and talk to Manitobans, they would certainly hear that message over and over and over again at the doorstep.

Of course, if they spent any time listening to our health care—front-line health-care heroes such as the allied health-care workers who were on the steps of this Legislature not two days ago, they would've heard that message loud and clear from them.

If they would've talked to nurses in our health-care system, they would hear that message loud and clear. They would know this to be true.

But, of course, they don't talk to those workers. They don't talk to Manitobans. They know the truth, though, and they know that their legacy will be of cuts.

Now I say it's not controversial, not just because Manitobans know this, health-care workers know this, the opposition, of course, stands with those folks and knows this.

But in fact, it's this government, now, who's trying their level best to run away from that record and pretend, well, that didn't happen, that wasn't us; that was Brian Pallister. We're completely different. We're totally different. We're going to be completely—we're going to—we've seen the light and we've completely changed course. That's what they think Manitobans are going to buy when they try to sell it to them at election time.

* (14:50)

But, we know that these are just words. This is more words from a government that's desperate to distract from their record, that's trying to dodge any accountability in health care for the damage that they've done.

And they'll do absolutely anything to try to convince Manitobans that, you know, those PCs before were different; we're different PCs. It's all the same people, of course, in that caucus and Cabinet, but it's—we're different; we're going to be totally different.

Manitobans know better. And why do they know better? Because they're seeing, every single day, the impacts in their own communities and in their own

lives what a weakened health-care system looks like and the impacts that it has.

You don't have to look far. I'm—I do appreciate that I bring this forward. I know any one of the members from this side of the House would have been—gladly would have brought this resolution forward, and they're all going to talk about their own circumstances. But I do believe that the northeast part of our city has been hit disproportionately hard by the cuts from this PC government.

And I say that, of course, because we were among the first to see just how far this government was willing to go when it comes to cuts for austerity. Concordia Hospital, a hospital that has been at the forefront in this province and across the country in terms of delivering quality health care, often ranked amongst one of the best in delivering health care in our country.

And a place that, you know, I might add, Madam Speaker, saved my life—saved—literally saved my life when I was under five years old. And I have the scar; I'm happy to show any member of this House any time they want to see the four-inch scar that I carry around every day, reminding me of how that hospital, which was just down the street from me because I grew up in that neighbourhood, was able to save my life. Had it been any further away, I wouldn't be here. And so I'm going to go every single day and I'm going to talk about how important it is to have that local health-care solution.

But Concordia was just one—just one—of three emergency rooms that were closed. An urgent-care centre that served an in-need population right here downtown. And this was just the beginning. This was just the opening salvo, so to speak, of this government's cuts to the health-care system.

We saw, of course, that that continued on. We know that the cuts continued with 18 ICU beds that were lost. This was, of course, before the pandemic—18 ICU beds that were cut, the government said, well, we don't need those; 56 inpatient surgical beds—this happened just before COVID hit the province, you know. The list goes on and on, Madam Speaker.

And then, you know, so—this was, again, pre-pandemic. This was the modus operandi of this government, this was what they were known for and this was their strategy throughout their first term in government.

And then when they saw the election coming, they said, uh-oh, wait a minute, we're in trouble here.

People understand that health-care cuts have consequences; we need to change course. So they said, well, okay, well, we're—don't worry, we're going to make this an urgent care and we're going to reopen that as an urgent care. Don't, you know, don't pay attention to the lost ICU beds. Certainly don't look at the numbers of nurses and allied health-care leaders that we're losing. Just trust us; that's what they said to the people of Manitoba.

And, you know, I mean, people of Manitoba are fair-minded and I think they maybe bought into at that time. They said, well, maybe they are right, maybe this is the way forward, maybe these cuts will bear fruit at some point in the future. And so, they gave them another term. But did they change course? Of course not, Madam Speaker. It was all just words, it was all empty promises, and they just continued on with the cuts as they were doing before.

Now then, that brings us, of course, to this current Premier's (Mrs. Stefanson) term and selection as our Premier, where she said, well, you know what, again, what they did before, that former Health minister—which was her, of course—that former Health minister, you know, we're going to change course. We're going to do things completely different; this is going to be a new era.

But what did she do? She came in and one of her first acts was to cut the CancerCare facility at Concordia Hospital. It was to continue to fire nurses to the tune of 300 nurses lost now just in the Winnipeg region.

And, of course, we ask this government day after day, release the numbers, tell us how many allied professional—health professionals, how many nurses have you lost, how many doctors have we lost? Show us the numbers, right? Just be honest with the people of Manitoba. Well, they're not going to do that because they're not proud of their record either.

We know rurally, in rural Manitoba and Westman, they forced emergency rooms in Roblin, Grandview and Altona to close for months. We know they closed the Brandon autopsy lab. We know that they cut further in Brandon and in Westman and in the Parklands. We know that there's been cuts across the prairie mountain health-care authority to the tune of \$3.2 million; northern regional health authority, \$1.1 million; Southern Health, \$2 million; Interlake-Eastern, \$1.2 million. And the list goes on and on and on.

These are the—this is the record. These are the facts, Madam Speaker. This is the record of this government.

And so, you know, they want to talk now. They say, well, we're going to be different. Just trust us once again. The people of Manitoba have lost all trust and all faith in this government. And they're going to find this every day when they go and knock on doors.

So, I encourage them—you know, a few of the members here are sitting here maybe sweating a little bit, knowing that, of course, their—the candidates that are running against them are all knocking on doors. But I encourage them to do the same, maybe ask the whip, can I go and knock on doors this afternoon? Go talk to the people of Manitoba, see what they have to say.

And I know what they are going to say, they're going to say we are different. You know, that previous government, the Pallister government, that's not us. We're totally different, we're going to be totally different.

Well, here's the opportunity, Madam Speaker. It's the opportunity for every member opposite to stand up and say, you're right. You know what? That previous government, they were wrong. Health-care cuts hurt.

Cuts have consequences, we understand that. And they say, okay, well, you're right, we won't cut anymore. Stand with us then. Vote for this particular opposition day motion. You know, show us where your allegiance lies. Does it ally with Brian Pallister? Does it lie with a previous government who had only one singular vision, and that was to cut?

Or are you finally coming over to the side of the official opposition, the side where we stand with Manitobans, we stand with health-care workers, we stand with people who are saying enough is enough. It's time to invest in health care, it's time to make things better.

This is your opportunity. I ask every member, join with us and vote in favour of this opposition day motion.

Thank you, Madam Speaker.

Hon. Rochelle Squires (Minister of Families): It is a pleasure, Madam Speaker, to put some words on the record and actually put some facts on the record about our government's track record and our government's investments in health care.

But first of all, I do just want to pick up on a few things that my friend from Concordia said. When he talked about choosing sides, you know, and he very

quickly glossed over his side and his record on health care.

So, let me just remind the House, first and foremost, but I know my friend, the Minister of Health (Ms. Gordon), had already tabled a rather scathing article about the previous government's record in health care.

And let's all go back to 1999, when Gary Doer had made a promise that he had absolutely no intention, no possibility of ever fulfilling. And of course, he did break that promise. He said he was going to fix health care and end hallway medicine in six months with \$15 million, which he did absolutely no such thing. And then, articles have—came out pursuant to that that showed that not only did he not fix health care, but he broke it even further.

And that record continued on from the—each year that that government was in office. And I'd also like to remind the House that this was all during a time when there was no global pandemic occurring in our community and really putting strain on our health-care system.

So, back to today, with where we're at right now, coming out of a global pandemic. And we know just exactly the toll that it took on Manitobans, many families who experienced loss and illness. And we also know that the health-care system had experienced a lot of strain and there were a lot of pressures.

Mr. Andrew Micklefield, Deputy Speaker, in the Chair

And that is why this year, in this year's budget, \$9.2 billion has been committed to health care. That is the highest amount ever invested in health care in this province's history. And I would like to highlight that some of it comes—some of it is dedicated to my colleague, the Minister responsible for Seniors and his—under his purview of helping to ensure that our seniors, those people who have given so much to this community in building this province, that they are well taken care of in their senior years.

And I really commend that minister for his work and that seniors strategy and those investments that we're making to ensure that our seniors have the health care that they need, that they have the services that they need.

* (15:00)

We also have increased investments into the new department of community mental health and wellness, because we do recognize that there is an underlying mental health crisis. And all the time throughout the COVID pandemic, we always saw that there was an

underlying pandemic, and that was a mental health crisis which we believe was exacerbated many, many times with some of the other effects of the COVID-19 pandemic.

And so this year, of course, we are significantly investing in mental health and wellness, and I appreciate and commend that minister for the work that she's doing, whether it be creating new spaces for people seeking treatment, more community services being available to help address a mental health crisis, and ensuring that we're meeting people where they're at and getting the services that they need.

I do want to pivot a little bit. So, we've put to rest some of the member for Concordia's (Mr. Wiebe) false information that he put on the record about the investments in health care and have been able to establish that it was an increase and not a decrease. So, I just wanted to highlight that for his benefit.

But I want to pivot a little bit to the investments that we've made in nurses and paramedics because we know that our nurses were on the front lines and have established—or had experienced a lot of stress, and it was a very difficult circumstance, and yet they showed up day after day after day throughout the pandemic.

And we know that the number of nurses that we have trained in the province was not enough. That was a fact that was established when the NDP were in receipt of a report 10 years ago that said we must increase capacity to ensure that there will be nurses in five, 10, 15 years that will meet the demand.

And, of course, that was not addressed back then. And then we formed government, we have a pandemic and all of a sudden we are definitely feeling the ramifications from decisions or inaction that they had made a decade prior.

So this year, \$19.5 million to establish 259 nurse training seats; \$11.6 million to permanently expand our nursing seats in Manitoba by 400; \$4.3 million for 37 additional nurse training seats at the University College of the North, and also some financial aid for internationally educated nurse applicants to help with their fees to obtain their licensure, and \$8 million to hire more paramedics across our province.

I know our Health Minister, through the health human resources action plan, also announced 12 new initiatives in the \$200-million overall initiative for that recruitment, training and retention of our health-care professionals, predominantly nurses, with the weekend super premiums that are being offered to nurses. And I thank any nurse who is extending their

shifts and going above and beyond to ensure that all that work is being done, even though there is ongoing efforts to recruit and retain.

There is—there are also 8,700 wellness bonuses that are being available—made available to nurses; 11,562 licensure reimbursements, and 810 extended-hour premiums for physicians.

So those are just a few of the things that our government has done this year to address some of the ramifications of that global worldwide pandemic.

And I know my colleagues have quite a few other initiatives that they would like to provide notice of and put on the record, so I'm very happy to hear from some of my other colleagues.

But thank you, Mr. Deputy Speaker, for giving me the opportunity to put a few words on the record and some facts on the record.

Mrs. Bernadette Smith (Point Douglas): Brian Pallister's legacy as premier was destructive of our health-care system in a time when we needed a strong public health-care system the most.

This government's effect on health care has been a consistent disappointment in our province, thanks to the years of cuts and closures that Brian Pallister began and this Stefanson government continues. While the COVID-19 pandemic could not have been predicted, this government refused the input of experts and persisted with its austerity agenda when they didn't have to. Brian Pallister's failures as premier impacted many portfolios, but health care was the most significant—was one of his most significant failures. It's—his cuts directly impacted and related to the crisis we see in our health-care system today.

Deputy Speaker, I was impacted directly. I was away for almost eight weeks from this House. I had waited almost two years to actually get surgery. I was scheduled for surgery, it got cancelled, then I was scheduled again. Again, it got cancelled. And then when I did get my surgery, I had to go to urgent care. I developed an infection. I sat in urgent care for over eight hours. Eight hours, Deputy Speaker. Eight hours in pain, two years in agonizing pain, having to sit in this House while these—this government continued to cut our health-care system.

And heard from many, many Manitobans that are still continuing to wait in pain to get the surgeries that they need while this government says, and touts, that they're putting more money into the health-care system while people continue to wait in pain.

If there was money being put into the health-care system, we wouldn't see wait times continuing to go up, we wouldn't have seen Misericordia urgent care closed.

I had to go to two different urgent cares. I had to go onto the site—and thankfully there's a site that actually tells you how long you have to wait—and that wait time is actually only while you're sitting in the waiting room. Once they triage you and put you into the back of another waiting area, you're no longer on that waiting list. So I had to wait in the back with seven others for another additional two hours. And this is the result of what Pallister did to our health-care system, and this Stefanson government continues to do.

I talked to families who have children that have gone to Children's emergency, that have gone to Grace Hospital emergency, and they're having to wait hours and hours on end. They've told me stories about having to wait in—can't even sit in a chair because it's so packed.

And this government continues to say that it's a result of the pandemic? Well, this was happening even before the pandemic started: 500 nurses were fired from this Pallister government, and this Stefanson government continued on that legacy.

They continued to devalue nurses. Nurses are leaving our province and going to other provinces because of this government. They forced them to work 47 hours, as we've heard, in the south health region. Who can work 47 hours and actually take care of a patient safely? I—when I was a single mom, I had to work a double shift because someone didn't show up for their shift; that was only 16 hours. And I went home; I was exhausted. So I couldn't imagine having to work even 24 hours, as I've heard from some nurses in this province.

As a result, again, of Pallister, and the continuation of this Stefanson government, to devalue and continue to make cut after cut after cut to our health-care system, and then expect that, you know, things are getting better when Manitobans know that they're not. I was recently in Seine River, knocking doors. I talked to a doctor that was—that lived there, in that area, and they told me and kind of spelled it out, what is actually happening in our health-care system under this government.

Doctors are being forced to work by themselves because they're understaffed. They're forced to work with understaffing of nurses. Even health-care professionals that have to help, you know, get people out of

bed aren't there, so people are being forced to lay in the bed and—not even being turned and having bedsores because of that. Is that the kind of health care that we want in this province? Absolutely not, and this government continues to tout that they're, you know—it's getting better. It's not getting better, Deputy Speaker; It's actually getting much worse.

* (15:10)

I look at, you know, Seven Oaks hospital. When I was a kid, that hospital was being built. I remember living in the North End and that area being developed. And it was an emergency room. No longer an emergency room; this government closed that hospital as an emergency room. That was one of the urgent-care centres that I went to, that I had to wait over eight hours in.

The other one that I went to was Concordia. Concordia used to be an emergency room. No longer an emergency room. There I waited over eight hours. And if I wanted to go to Grace urgent care or any other hospital for urgent care, the wait times are even longer. And I had to go to urgent care. I actually considered going, you know, to a different—like, driving to Selkirk, but I was in such pain that I couldn't, and I had to sit in this waiting room.

And it's not, you know, the folks that are at the hospital, they're doing the best they can with what they have, with what this government has left them with.

And they've decimated our health-care system to the point where people are leaving our province. They're going into the private health-care field. So we're paying more for even—for nurses, private nurses; we're hiring them into our system. These are nurses that used to work in our system. But no longer under this government will they work in our system because they undervalue them, force them to work overtime and don't want to pay them properly. So who would want to work for a PC government when that's what their legacy is?

So I want to talk more about their cuts. So I know my colleague from Concordia started talking about some of those cuts, and, you know, the member from Riel had talked about the pandemic. Well, even before the pandemic struck, Deputy Speaker, wait times at Winnipeg hospitals were already unacceptably high. Manitobans know that they can't rely—they can't even trust this government when it comes to health care.

Knocking on those doors, I've heard time and time again from every single door that health care is No. 1 issue,

that they are not happy with this government, and when the election is called, they will show this government just how unhappy they are. And this government thinks that they can fool Manitobans and say, oh, we're putting all this, you know, funds into the health-care system. But it's not getting better, Deputy Speaker. It's not getting better; it's getting worse.

People are having to wait longer. They're going to, you know, places that they should be able to access care within two hours. I remember when our NDP government was in government. I would—Seven Oaks was my closest hospital. I remember going to that hospital, maybe waiting a couple of hours.

Now it's like eight-plus hours, and that's unacceptable to Manitobans. They don't have what they need, our hospitals, and this, you know, they've—they even closed Misericordia. In the middle of the night, Deputy Speaker, went and took the urgent-care sign off of Misericordia.

I was born at Misericordia hospital. Beautiful hospital. I just was there with my daughter; my daughter's expecting her first child. We went there for an ultrasound. And it's no longer an emergency room; it's no longer an urgent-care centre because of this government. So less and less health care in this province under this government has resulted—has been a result of their cuts.

The wait time task force even warned them, by closing emergency rooms, patient volume would increase substantially at the three remaining ERs—so 55 per cent at St. Boniface, 49 per cent at Grace and 39 per cent at Health Sciences Centre—and that St. Boniface, in particular, lacked the physical infrastructure and does not currently have inpatient capacity to safely accommodate these increased numbers. With the current space and patient flow, a 55 per cent increase is not possible. Wait—and this is from the wait time task force, Deputy Speaker, the actual people who they've employed to look at what's going on and to make changes, and they're not even listening to these experts who are on the front lines and telling them.

So the Pallister government continued cuts and closures despite a global pandemic. We should've been ramping up services because people were losing their lives. People needed the health-care system even more, and what did this government do? They cut services.

I remember getting a call from Main Street Project's detox centre, telling me that the Pallister government had cut the amount of detox beds—

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

Hon. Andrew Smith (Minister of Municipal Relations): I thank you for the opportunity to put some facts on the record. I know it's—I find it quite interesting that the member who introduced this opposition day motion is the same member who sat in the previous Selinger government and, in fact, I believe he worked for the former premier, Gary Doer.

So, Mr. Deputy Speaker, we know that health care, under the NDP, the 17 years that they were in power was an absolute disaster. You know, he didn't actually sit in Cabinet, but, you know, he did certainly sit in that caucus. So I don't know where his voice was at that time, but certainly, he found his voice now. I don't know; maybe finally, the party caucus actually trusts him to speak out on things.

But what—we on this side of the House, Mr. Deputy Speaker, are very committed to working hard to make sure that we deliver health care for Manitobans right across this province.

We know that there was a global pandemic. And the members opposite say, oh, don't talk about the global pandemic, as if something like that never happened. Mr. Deputy Speaker, let's be clear: right across this country, right across Canada, we have seen the health-care issues that have been created by the pandemic. We know that certainly, the pandemic has created unprecedented pressures on our health-care system. And that's why governments right across this country—provincial governments right across this country—are working diligently to try and help fix that problem. We know that.

And, Mr. Deputy Speaker, we on this side of the House have actually looked at—talking about the labour shortage. We know that 17 years, like, the labour shortage should not have been a surprise to members opposite. It's 17 years knowing full well that a good chunk of this problem from the labour shortage is a demographic issue. That doesn't happen overnight. We know that. The members opposite should have known that; 17 years, they did nothing to address it.

So, in fact, we have—and one of my colleagues here on this side of the House actually went to the Philippines to look at how we can bring folks over from other countries to fill labour gaps here in this province. And, for some reason, members opposite just don't support that. We don't know why, Madam Speaker—or, Mr. Deputy Speaker, my apologies.

I just assume that for some reason, there's an ideological opposition to it. I will let them speak to the

fact that they don't support immigration, let alone bringing folks in here to support our health-care system in this province.

So, with that, Mr. Deputy Speaker, we on this side of the House are absolutely committed to working and helping heal our health-care system. On that side of the House, for 17 disastrous years—that's almost two full decades—two full decades—they did nothing, absolutely nothing. An atrocious record. *[interjection]*

And I know that the member from St. Johns is laughing as if this is somehow funny. But the person sitting right to her right, the member from Concordia, sat in the Selinger caucus and said nothing during that time. He, in fact, worked for the former, former, former premier, Gary Doer, and said nothing at that time, Mr. Deputy Speaker. Now he found his voice.

Well, you know what, he didn't get into Cabinet then; maybe he's hoping that maybe the new leader here will actually give him some time and some air time—

An Honourable Member: Sala. Sala.

Mr. Smith: Of course, the member from St. James, I'm talking about. Now the member from Fort Rouge, who—we know that's going to be a change forthcoming.

But, Mr. Deputy Speaker, let's be clear that our side of the House, we're working hard and diligently to heal the health-care system, the very health-care system that that party and that government at the time destroyed. *[interjection]*

Mr. Deputy Speaker: Order.

MLA Tom Lindsey (Flin Flon): Brian Pallister and the PC government destroyed health care—*[interjection]*

Mr. Deputy Speaker: Order.

MLA Lindsey: —in the North. The Stefanson government took it one step further and destroyed it even more.

Under Brian Pallister, the Flin Flon hospital became a Flin Flon emergency room because first, this government engineered the shortage of obstetrics and shut down obstetric services—temporarily, they said. Seven years later, it's still shut down.

The next thing Brian Pallister and this bunch did was they shut down the operating room in Flin Flon. Again, they engineered the shortage that caused that to be shut down.

* (15:20)

What else did the Brian Pallister PCs do? Well, they completely destroyed Northern Patient Transportation services that people in the North depend on to get health care because, obviously, in the North, we don't have all the equipment and all the emergency rooms and hospital staff to do what they do in the city.

So, in order to keep it equitable, the Northern Patient Transportation system was developed so that people could afford to get to the care they needed. So Brian Pallister underfunded that. He kept funding for it, making it harder for people in the North to get to health care.

So then along comes the Stefanson government and they pretty much completely destroyed it, because people in the North who travel from one community to another, recognizing that there's vast distances, that little communities have less services than what were available in the three big communities—Flin Flon, Thompson and The Pas—so they cut the in-region portion of Northern Patient Transportation. You didn't get paid anymore for driving eight hours and using your gas to get to the hospital.

What else did the Stefanson government carry on from the Pallister government? And let's not forget the Goertzen government that was in there, as well, because he was the original minister of Health under Brian Pallister that masterminded the destruction of health care in this province.

And then he shuffled it off to a series of Health ministers who managed to bungle it and make it that much worse, including the current Premier (Mrs. Stefanson) who was, in fact, a Health minister, who certainly wasn't the worst Health minister we've ever had. I think we all know who that is.

We know that hospital in Lynn Lake, the end of the road. This government shut that hospital down, again temporarily, because they said they were short-staffed. And the story that the people in Lynn Lake were told was that once staffing levels returned to normal, then the hospital would open again.

We know that staffing levels have returned to normal. We know that there was no reason for them to not be at normal because we talked to some of the agencies that supplied nurses that had it all covered until this government got their fingers in it and made sure there wasn't enough so that they could, in their minds, justify shutting down the hospital in Lynn Lake.

So we know that the staffing level are back. We listened to the Minister of Health (Ms. Gordon) pretend

that it was her great leadership that caused those nurses to be back there when, in fact, it was her lack of leadership that caused them to not be there in the first place.

Yet, we know that they have not transferred people from Lynn Lake back to their home community. Now that would be bad enough, to do that to people in Lynn Lake and Marcel Colomb Cree Nation, but they decided, hey, let's shut down the hospital in Leaf Rapids, as well. Let's shut down the ER in Leaf Rapids as well, a community with one ambulance that may be gone for eight, twelve hours, taking a patient to Thompson or to Lynn Lake.

So now, if you need medical care, and you need to get from Leaf Rapids to Lynn Lake or Thompson, you have to drive yourself. Imagine—imagine the outcry that would take place in the city of Winnipeg if they said, yes, there's no more ambulances; you'll have to drive yourself to the hospital. But that's what they've done to the people in Leaf Rapids.

You know, that's pretty bad, that under the Pallister-Stefanson-Goertzen governments that they've done that.

But wait; they're not done. They shut the hospital down in Snow Lake. Why'd they do that? It's a community in the North that is thriving. It's got a mine that was opened under our government, but it's grown as they found more resources. When they shut the Flin Flon mine down, people transferred there.

But here we have an active mining community that doesn't have a hospital. And yet, this bunch pats themselves on the back and says what wonderful stewards of the economy they are, that we're going to grow the economy in northern Manitoba, when you can't have a baby in most communities, you can't go to an ER in many communities, you can't stay in a hospital in so many of those communities. That's a good way to attract young people to a community. And it's an even better way to ensure that older people stay in those communities, when you've completely destroyed health care in each and—one of those communities that I've listed.

Lynn Lake, no hospital; Leaf Rapids, no hospital, no ER; Snow Lake, no hospital. Flin Flon has an ER and a holding facility, waiting for air ambulances that may or may not be coming, because guess what? This bunch privatized them, as well. So now, they're less likely to show up when they're needed.

I've had constituents that told me that they had appendicitis, showed up at the Flin Flon ER at 8:30 in the morning and got told, well, we can't do a CAT scan

here, we don't have any equipment, so you'll have to go to The Pas. Now, here's this guy doubled over in pain, and they said, oh yes, by the way, you got to drive yourself there, because we don't have any ambulances to take you there.

So, he did; he got a friend to drive him to The Pas. They do the CAT scan and then say, yes, you need emergency surgery. We don't have a surgeon, says, we only have one, and he was away. So, this genius government decides, well, we'll get an airplane and fly you to Thompson, because they have a surgeon. A surgeon. One surgeon. Who, when this guy, who's in pain from appendicitis, gets to Thompson, the one surgeon who's there is dealing with multiple stab wounds.

This guy finally gets his emergency surgery at midnight. Stays in hospital several days, and then they tell him, okay, we're done with you, get out. Well, he says, how am I supposed to get home? They didn't know; they didn't care.

So, he phones Northern Patient Transportation in Flin Flon. They say, well, take the bus. Okay. Lo and behold, he finds out there is no bus. But nobody in the health-care system knows that, apparently.

He had to get a friend to drive to Thompson and come and pick him up, because that's the state of health care under this PC government.

And it doesn't matter if it was Brian Pallister, doesn't matter if it was the Goertzen government, it does not matter if it's the Stefanson government; they quite simply do not care about people in the North. They don't care if they don't have access to health care. They don't care if they miss medical appointments because the planes don't fly.

They just plain don't care about people in northern Manitoba.

Mr. Deputy Speaker: The honourable minister—*[interjection]* Thank you.

The honourable member for River Heights.

Hon. Jon Gerrard (River Heights): There have been lots of cuts to the health-care system under the NDP; cuts of ERs, cuts of ICUs, cuts of staffing, cuts of physiotherapy, cuts of lactation consultants and much, much more.

Mr. Deputy Speaker: Order, please. Just a quick moment.

I'm going to ask the clerks to reset the clocks, and the honourable member for River Heights can begin again.

It'll get caught up? Okay, I just noticed they weren't counting down.

The honourable member for River Heights, please go ahead.

* (15:30)

Mr. Gerrard: Okay. The fact is that every day, I get letters, emails, calls from people who are having problems with the health-care system—one of these, Susan Robert and her husband Wayne, I raised recently—problems with home care, probably in part due to shortage of staffing; problems in hospital care, again, probably in part due to staffing cuts; people being pushed to the limits; people being stressed out; things being not caught because people are on edge and there's not enough staff.

I got a letter yesterday from a woman who had waited about 11 hours in St. Boniface emergency room the day before. It was waiting in pain and not a very happy place to be for such a long time. She got there at 1:30 in the afternoon and left at 2 a.m. the next morning. I got a call, or had a call, the last couple of days with a family who is having a great deal of difficulty getting adequate mental health care for their youth in rural Manitoba; basically, it's not available as it needs to be.

I have been dealing with a fellow whose mother died at Grace—sorry, whose wife died at Grace Hospital, and under circumstances where, due to cutbacks and shortage of staff and lack of overnight physician coverage, the situation should probably never have happened the way it did. I've been getting other calls from people who were at Grace Hospital: one woman, who went three times to the emergency room; staff were rushed, the care and the support was not there, and she went away in as much pain as when she arrived.

The cuts to physiotherapy have been related to cuts for people who have had hip and knee replacements, in part, and this is short-sighted. I've talked to numerous health professionals who've observed that too often, individuals who are not getting physiotherapy end up coming back, whereas if they have the physiotherapy and do well, then, they do well.

And it is the sort of cutbacks which, you know, not only decrease the quality of care, but cutbacks which, surprisingly, often end up costing the system more because people aren't helped in the right way, at the right time, when they need to be. And so the problem is not resolved, whether it be foot care, whether it be a variety of other different types of care.

We have a long wait for spinal surgery. At the moment, we are—need to have more spinal surgeons in Manitoba. Again, this is a reflection of the fact that the government has not been keeping things up to date.

We met today with people from the Heart and Stroke Foundation, and although, fortunately, things are proceeding and, finally, after about 25 years later than it should have been, we have a stroke unit to be opened later this year. But the cutbacks have meant delays. They have meant that there's not 'emuff' awareness right now of where people need to go. Clearly, it is to the Health Science Centre because that is the location where they're all set. But not long ago it was also to the St. Boniface Hospital because they had a CT scan, and so that there is not the clarity and confusion—there is not the clarity that there needs to be, and there is confusion about where people should be going if they have symptoms of stroke.

Hopefully, that will be fully clarified. It certainly needs to be. But it is shortage of very basic health-care services, one after another, which is clearly lacking in this province at the moment.

This is not to say that there are not, within our health-care system, some very, very fine people and who are doing excellent work, and they are to be congratulated. They are to be congratulated for doing what they can, very often under difficult circumstances.

We have heard, clearly, of the fact that the cutbacks have impacted the staffing of physicians. And we know of Dr. Serletis, a very fine epilepsy surgeon, who left. We are waiting, at the moment, on the arrival—or not—of a neural ophthalmologist, who's very badly needed here, who was sent away for training in order to come back.

And yet, the cutbacks have meant that the basic needs for this individual to be able to perform his duties as a neural ophthalmology have not—an 'opthatmologist'—have been—have not been put in place because of the way that the government has cut back and has operated aspects of the health-care system.

I met today with a woman who has a latex allergy. Sadly, due to the lack of attention to this issue here in Manitoba, she has to go to Saskatchewan for care because we are behind what is happening in other jurisdictions in terms of latex allergy. There is some improvements in areas in, for example, Brandon, not so much in health-care, but in some of the retail and other operations in Brandon: Sobeys south, Knox United Church, Coffee Culture, Goodlife Fitness, YMCA, Brandon University Healthy Living Centre. All have

made progress individually in getting rid of latex components. And this is important 'noss' just for people with latex allergy, but so that people don't get latex allergy because they're not exposed to it.

And here we are, behind in health care, in how Manitoba operates compared to Ontario and Saskatchewan and many other jurisdictions which have moved further ahead.

Many years ago, Johns Hopkins Hospital moved to be latex—get rid of latex, and it is certainly very possible. There are substitutes. The main problems are balloons and latex gloves, and surely, we in Manitoba, who pride ourselves historically of—in having an up-to-date health-care system, we are falling behind.

And these things need to have the attention. And part of the reason that they're not having the attention is the Conservative cutbacks in staffing so that the things which need attention are not—

Mr. Deputy Speaker: Member's time has expired.

* (15:40)

MLA Nahanni Fontaine (St. Johns): Well, I am pleased to put a couple of words on the record in respect of the member for Concordia's (Mr. Wiebe) pretty amazing opposition day motion. I would say it is timely, it's important, it's important that we have this discussion. It's certainly important that we get the facts on the record of what's been going on here in the last seven years in Manitoba's health care.

I do want to start with something that I think about quite often. And it is, you know, when we talk about health care, you know, we—the demise of health care in Manitoba, the chaos of health care in Manitoba, the disrespect shown to doctors, nurses, those on the front lines of health care, allied health professionals—it all stems and goes back to Brian Pallister. And, of course, carried on very faithfully by the current Premier (Mrs. Stefanson).

But I often think about, you know, all of the mess that Brian Pallister, when he came into this space as the premier, that he decided he was going to create within the health care. And what I think is so important for Manitobans to understand is that it wasn't haphazard. It wasn't by accident. He didn't say, like, oh, we're going to try this policy or we're going to move in this direction and I think this is the good thing for Manitoba's—for Manitobans.

He knew what he was doing. He knew what he was doing when he unleashed all of those changes on the Manitoba health-care system and health-care

infrastructure. He knew it. He deliberately sought out to create absolute upheaval in Manitoba's health-care system.

And then, in the midst of a pandemic, when he just, I mean—you know, I don't think anybody—he will never go down in history as having been one of the leaders across the world that stepped up to show real leadership. He'll never go down in history as one of those leaders. In fact, what he did during the pandemic was he, again, just created a mess and made a mess of things.

And it's important to remember that, under his watch—under his so-called leadership—Manitobans died. They died in our personal-care homes alone. He had created—and again, I—it's important to also recognize, with the support and the celebration of every single member opposite, they celebrated all of these changes, this chaos that he brought to our health system, which included the changes to our PCHs.

And so that when we were in the midst of a global pandemic, we had to have our paramedics come into the Maples PCH and do the work, because of what Brian had done. You had paramedics come in to take care of our seniors and our elders who were dying alone without the care that they needed, nobody to take care of them, nobody to give them water.

And that is because of the decisions that Brian Pallister made, that he knowingly made, that he had not a conscience in the decisions that he made. He didn't care about those decisions, he didn't care about the impacts that he was making on the lives of Manitobans and on—in our health-care system.

And so, I think about that quite often because, when he couldn't deal with the aftermath—and I think everybody will recall—which I—was one of my favourite social media videos, when you know, he was coming—you know, all of these polls were coming out that routinely showed him being the least liked premier in all of Canada. And then he was asked by a reporter—when he was asked by a reporter that, you know, what did he think about that, and he said he didn't care, it wasn't a popularity thing. But then he was asked again, months later, when he was still the least liked premier in Canada, and the reporter said, well, you know, now that you're hated, what do you think?

And I think that was pretty much how Manitobans felt about this man who came into this building, this really sacred building—should be a sacred building—that they should—that folks that are elected should be putting the—what is in the best interest of Manitoba

and Manitobans—he came in here and he didn't care about any of that.

He was so determined to do what, in his mind, he thought was best and he made a mess of everything. So much so that we are still dealing with it in this very second and we're dealing it—dealing with it in respect of an opposition day motion.

So, when he couldn't deal with that—he couldn't deal with nobody liking him, he couldn't deal with the fact that every day, day in and day out, Manitobans saw his pure, absolute incompetence and disdain for Manitoba and disdain for Manitobans—what did he do?

He peaced out. He peaced out. He's like, you know what? I'm done. I've done enough. I'm going to leave. I'm going to head to Costa Rica in my million-dollar house that I don't pay taxes on—I don't pay enough taxes on, so the government had to come after him for his taxes. You know, the man that's all about law and order can't even pay his taxes. He peaced out.

And we are now still dealing with the consequences of his decisions. And we're also still dealing with the consequences of his decisions because instead of members opposite saying, whoa, like, he made a mess of things, let's step back, let's take a step back, let's regroup, let's rethink this strategy that this former premier unleashed on Manitobans, no; they kept going forward. They just kept going like faithful soldiers of Brian Pallister. They kept marching to Brian Pallister's—what he started. Each and every one of them. Each and every one of them.

And so, every day in question period and every day when they get up to respond to, like, for instance, this opposition day motion, they still celebrate and double down on the decisions that were made. I don't understand.

Like, I don't understand what Brian Pallister must be thinking—or not thinking, maybe he doesn't care; I would imagine he doesn't care—when he's sitting on the beaches of Costa Rica. Like, does he sit there and he thinks, man, I really made a mess of things for Manitobans; I feel so bad—I feel so bad that I made a mess of things for Manitobans.

I can guarantee people that he is not thinking that at all. He probably, in his mind, thinks that he's probably one of the best premiers that Manitoba has ever had, which is absolutely not the case.

But then, I can't—I don't understand what members opposite—how can they sit there after seeing the consequences of what Brian Pallister did and seeing the consequences of them supporting it and celebrating it and always clapping and clapping for their premier when nobody liked him, nobody—everybody knew, across the province and across Canada what a disaster he was.

Instead of that, they're still doing that. They're still celebrating when they support their Premier (Mrs. Stefanson) and they support their Health Minister. You would think, by this point, at this stage in the game, they would have said to their Premier, like, Premier, we have got to remove the current Minister of Health (Ms. Gordon). She's making a mess of things. In fact, Premier, current Premier, you're also making a mess of things.

But, no. They just sit there. They just sit on their chairs and they celebrate and they double down and they support the decisions that are being made.

They just—and what are some of those decisions, Deputy Speaker? We have fewer nurses at the bedside right now because of decisions that they've made—sorry. We have health care that is in crisis. We have doctors that are leaving left and right. We have nurses that are so exhausted they are contemplating leaving a job—if they haven't already—a job that they love, that they went to school for, that they spent money on.

None of them care. They look in the mirror. Some of them think that they're star candidates or star ministers, and everybody claps for me when I go—they don't see the damage that they've done. And that is shocking. It is shocking to see that they do not realize the damage that they've done in our health-care system.

And so, with my 10 seconds left, I want to say miigwech to everybody that works on the front lines. We are—stand in solidarity with you and we will continue to fight—

* (15:50)

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

Hon. Kevin E. Klein (Minister of Environment and Climate): As the member for St. Johns (MLA Fontaine) continues to heckle and try to use star candidate terms, I want to apologize to all Manitobans watching this. Because this is really disappointing. One would think that we would get more out of elected officials. I sit here and I watch as

a—fairly new to the House, and I am shocked by the allegations and false information and the twisting that is put on the record, and know—I've talked about this before. And now, for the residents at home, you can see that the Free Press has recently writ an article about that, saying it has to stop.

This is told to you that it's a motion, this is wanting to fix the health-care system, but you know what it is? It is propaganda. It's election propaganda, because I don't hear anything being put forward other than negativity. I don't hear anything being put forward other than fiction.

And what I don't hear is solutions, Mr. Deputy Speaker. And I would think the Manitobans, who are paying hundreds and hundreds and hundreds of thousands of dollars in salary for the members opposite, that they will want something better from those opposition members. They will want them to be a part of the solutions. I don't hear solutions. I don't hear how they intend to pay for it.

I mean, I could go on just like the members opposite and talk about what happened during their time. But I choose to be an adult. I choose to put facts on the record, and I'm not even going to use the facts that we all know that happened during their time in government.

But let's talk about some facts. There was a global pandemic, and we lost people all around the world. It was a disaster in history. It has never happened before. It was a hundred-year incident. And people throughout the globe didn't know how to deal with it. People were afraid. People were looking for answers, they were looking for hope, they were looking for leadership. People want to see their leaders come forward with solutions. They don't want to hear rhetoric. They don't want to hear all of the, you know, propaganda. They don't want to hear you twist the facts. They want the truth.

And the truth is, all across Canada, there are fewer nurses in almost every province and territory. All across the United States, there are fewer nurses and doctors than before the pandemic. Now, the members opposite want you to believe that it's simply a problem here, but that's not the fact. The fact is—and you know; you know the fact—the fact is is that this was a global situation.

So, as opposed to just being negative and hoping that people get onto that negativity and make false

accusations and call, you know, as the member opposite has done before, from Fort St. John and—or, from St. Johns, sorry—called me names. It's not necessary.

I think we're all here to solve a problem. I think we're all here to solve a problem. And the problem that we have to solve—*[interjection]*

Mr. Deputy Speaker: Order.

MLA Klein: —for you, first of all—Mr. Deputy Speaker, the problem we have to solve for Manitobans is the nonsense that goes on in here.

We have to focus on what's getting done. So, let's talk about what's getting done. What will that mean to Manitobans tomorrow, a month from now and a year from now?

Well, I'm proud that we have followed through on a campaign by-election promise, and that was \$30 million to the Grace Hospital to expand their intensive care unit. And I got to go there on Grace day and talk to the chief medical officer, who was ecstatic. Who talked about how this is exactly the type of stuff that they need to see happen.

We need to talk about the positives. We need to talk about positives with the staff. We continue to hear stories that come from members opposite. We hear these stories. We don't see if they're reported. We don't know where they've come from. We don't know where they've gone.

What we need to do is continue to listen to Manitobans as we are, which is why we also are now providing diabetes pumps and glucose monitor coverage to all Manitobans, regardless of age.

Because why? You'll hear from members opposite, well, that's an election promise, and trust—that's what they're going to tell you. But it's not. It's proactive care because we want to help Manitobans that have diabetes so you don't have to go to hospitals.

We want a healthier Manitoba and that doesn't get fixed over night. Doesn't matter who you are, I don't care what anybody promises you, you're smarter than that. You know better than that. You know that this is an election. You know that you're hearing nonsense and you're not hearing facts.

You've seen it now in the Winnipeg Free Press. Tom Brodbeck wrote about it. We've now seen an article in the Winnipeg Sun talking about it—in fact, calling out politicians to stop; that Manitobans, they are looking for real leadership. Not games, not propaganda, not twisted facts. They want the truth.

The truth is we are working hard to get more medical staff here in the province of Manitoba. We put forward \$200 million. Did it fix the problem overnight? No. Could it? No, because we're up against BC; we're up against Alberta; we're up against Saskatchewan, Ontario, Quebec, New Brunswick, Newfoundland, Nova Scotia and everywhere in the United States and everywhere else.

I have a friend of my son who's finishing medical school who's had offers from countries that I don't even know. I mean, they're coming in to him from all around the globe, all kinds of great offers because that's the reality in today's world. And Manitobans know that.

So, when you start comparing Manitoba to ever province—every other province, let's look at the reality. The reality is Canada has led—is bringing more and more new Canadians to our country, which is great. But the Liberal-NDP-led government at the federal level hasn't taken that into consideration when they've expanded funding for health care. As we bring in more people, we need the feds, we need the Liberal-NDP coalition to continue to increase money that goes to health care.

We all—we know this. I know Manitobans know this. I've talked to them while door knocking. I've talked to them at events. I hear this from medical people.

We are not here to play games with your money. And that means spending hours in here, pretending like this is an incredibly, you know, important motion that's being put forward, or a bill, when really, it's part of opposition day. It's part of the election propaganda. We know the election is coming up. It's not a secret. We're—none of—we're not fooling anybody.

What we have to do is continue to work for Manitobans, and I feel confident that the steps we're taking with the \$200 million to attract, retain and train more medical officials is working. We saw a trip to the Philippines, and all we want—all they hear from the members opposite is negative, negative, but we have more nurses coming. We're working to change the policies that were 'pullit' in—put in place long before us and we know they have to be changed and we're getting that job done.

So, you have to ask yourself: Do you want to pay hundreds of thousands of dollars for an elected official to continue to manipulate the facts and, you know, bring up propaganda and go on and on about the negative? Or do you want somebody who you know

can at least admit to the reality—and the reality is we're working hard to get it done—or just say we can fix it overnight?

I think you know the answer to that, and I'll leave it there.

Mr. Deputy Speaker: The honourable member for Burrows, did you—

Mr. Diljeet Brar (Burrows): Can you hear me okay?

Mr. Deputy Speaker: Yes, we can.

Mr. Brar: I would like to start by thanking my colleague, member from Concordia, for bringing this opposition day motion on the floor today.

It's very important—the subject is very important, and I appreciate this initiative because everybody is talking about health care in Manitoba. All Manitobans are concerned about the cuts in health care and the state of health care in our province.

* (16:00)

And, as you know, Mr. Deputy Speaker, I do not represent people of Tuxedo or Fort Whyte; I represent people of Burrows. And people in my constituency, they are regular Manitobans. They are not rich people. I represent small businesses, I represent truckers, I represent front-line workers and taxi professionals and international students and transit workers and nurses and allied health-care professionals and teachers and early childhood educators and young university students.

I regularly talk to them about the issues they are concerned about, and the No. 1 issue everybody talks about is health care. And their concern is health-care cuts that started with Brian Pallister. And this motion talks about Brian Pallister and talks about the cuts.

You can go to any Manitoban and start talking about Pallister and ask them, what are the key words that come to their mind when they think about Pallister. And people would say privatization, austerity, cuts, closures, destruction, damage, broken promises and so on.

But the current PC government is not daring enough—the members opposite are not daring enough—to stand up and say Brian Pallister was wrong. Brian Pallister's cuts to health care and other departments was a wrong choice.

And interestingly, neither would they say that Brian Pallister was right. If they are proud of the decisions that Brian Pallister made, why don't they stand

up and say these simple words: Brian Pallister was right. I challenge them, all of them, to stand up and say this.

Do you know why, Mr. Deputy Speaker? Because they know that Brian Pallister was wrong.

And I was listening to the member who spoke before me. He clearly said—he clearly said—Manitobans are looking for real leadership, because it's missing. We look for the things we don't have. If we have real leadership, why would we look for it?

Madam Speaker in the Chair

And the member also mentioned about proactive care. I fail to understand how they define proactive care. Is doing nothing for seven years and then announcing packages, is proactive? Maybe I'm not good—that good at English. I want to know how we define proactive care. Is an action taken after seven years a proactive approach? I don't think so.

And whenever they are challenged to answer the questions that Manitobans ask them, they simply blame Ottawa. And now, because this is election year, they are talking about big promises, big money, historical investments. But Manitobans know that these are just promises; these are not actions.

We need to look at the PCs' record for these seven years. That's the reality. That's their record. I want to let Manitobans know that they underspent health-care budget over \$800 million between 2016 and 2022. And the choices they have made are wrong choices. It's all about the choices.

They chose to send cheques worth millions of dollars, hundreds of thousands of dollars, to billionaires. Those are the people who they care about. They do not care about regular Manitobans that I represent.

So I am speaking on behalf of those regular Manitobans who are concerned about those 300 nurses, positions that were cut from Winnipeg Regional Health Authority since 2016. That's a cut; that's not investment.

So when you cut services or cut budget, what happens? What happened to our health-care services? What happened to St. Boniface, Grace Hospital and Health Sciences Centre?

After the closure of Seven Oaks ER, Concordia ER, Concordia and Seven Oaks CancerCare, all the patients would have to go to the other three ERs which are left. They're crowded.

This PC government always uses the pandemic as a shield. They did cut our health-care system before—underlined and bold, upper case, I would say—before the pandemic. Our health-care system was not up to that level that it could handle the demand from Manitobans. It was before the pandemic, not after the pandemic. And they did cut health care during the pandemic.

If they were really concerned about investment in the department, why didn't they do that investment? Why didn't they make bigger investments when it was needed?

During the pandemic, what did they do to our rural ERs? They closed them. What's our vacancy rate in various departments in various towns and hospitals? Hospitals in Winnipeg and Brandon are coping with a nearly 25 per cent vacancy rate among critical-care nurses.

How did they handle that intellect in the form of internationally educated nurses? They are available right here in this province. How the department, how the government is handling their recruitment, their training, their bridging courses? They're doing nothing to use their talent and their qualifications and their education. Those people are the assets.

And how did they handle health care for international students? They cut it. We talked to all those people, and they tell us that the current government, the current Premier (Mrs. Stefanson) and the premier before, Pallister, they're one and the same thing.

It's the same approach of cuts and closures that they follow. And they continue to cut education. They continue to cut health care. And they continue to cut our social services.

Their agenda is privatization. They have done this in the past; they're doing it right now; and they will do it—they would continue to do it going forward. That's the fact. That's why I often call it Pallister's privatization plan that this Premier continues.

Thank you, Mr. Deputy Speaker.

Hon. Scott Johnston (Minister of Seniors and Long-Term Care): Thank you, Madam Speaker. *[interjection]* Obviously, a crowd favourite.

* (16:10)

As seniors—Minister of Seniors and Long-Term Care, I would like to use this time to speak on the historic initiatives that our government has taken in regards to servicing our tremendous seniors and

certainly the people who built the foundation of this province. I am proud to be a part of this government as we continue to stand for the best interests of all Manitobans, including our seniors.

We recognize the foundation that these excellent individuals built for us and the generations to come. Our Premier created the Department of Seniors and Long-Term Care and has certainly committed to this department assisting seniors in many ways.

Our government has committed a historic amount of money to this department to fulfill the needs of seniors, a 72 per cent increase in our budget this year.

Our Premier designated this department with a special mandate, Madam Speaker, and that mandate was to bring forward the Stevenson review, which is beneficial to all seniors of Manitoba, as well as development of a seniors strategy, which is the first of its kind that this province has seen.

As a government, we are proud to say that we will be implementing all 17 recommendations of the senior—of the Stevenson review. The majority has been completed, and we are diligently working to complete the rest to ensure that our seniors are well taken care of.

Two months after our department was created, we committed: over \$15 million, Madam Speaker, to the initial funding of the implementation of the Stevenson review; over \$15 million to enhance infection prevention and control as well as ensure that we have regional leads and 50 infection control staff; more than 200 full-time equivalent housekeeping staff as well; the first phase—and the first phase of allied staffing; 44 full-time equivalents and improvements to information communications technology. That was the first \$15 million we invested in the Stevenson review after only two months of the new department being there.

Madam Speaker, we also, too, developed—or invested a further \$16 million to expand staffing and training in personal-care homes to fulfill a critical recommendation set from the Stevenson review. That represented a total of \$31 million invested to strengthen our personal-care homes.

But alas, Madam Speaker, unfortunately, the opposition voted against that \$31-million investment to help the seniors of Manitoba, and that's unfortunate. But our government carried on and will continue to support the seniors of Manitoba.

Our government recognized that this is a historic budget and needed to reflect the ongoing initiatives of

the Stevenson review. The budget of our Department of Seniors and Long-Term Care includes \$45 million for the initiatives stemming from the Stevenson review recommendations as a whole.

This doesn't include the seniors strategy, Madam Speaker, which our latest budget invests a total of \$35.8 million for funding of the seniors strategy, and I've announced many of the initiatives that have come out of that seniors strategy.

Over the past year, our government conducted extensive provincial wide public consultations to help inform the provincial seniors strategy that has been released. We went to seniors; we went to stakeholders; we asked their—for their views and we put our seniors strategy based on that, not just a government bureaucracy.

I have reached out to Manitobans through engagement Manitoba as well as going out to Manitoban communities.

And I would like to recognize the member from Portage la Prairie. I, unfortunately, had an accident that didn't allow me to travel when we were doing our consultations, and the member from Portage la Prairie took on my responsibilities up north. And I wanted to thank him very much for his support and his help. And he visited with the good people up north and he heard their concerns, and I appreciated that.

Madam Speaker, our seniors strategy has initiated a number of different initiatives; \$450,000 for Habitat for Humanity, to work with them to help our individuals, our seniors establish a modification. And, there are many, many, many others that I will continue to re-enforce our government's support for seniors. And also, too, I will also reach out to the opposition regularly because we have a number of initiatives that are coming forward, our personal-care-home initiatives that will be coming forward, because, as I indicated in the House, we are in planning and design, and we will be innovating. It's not just going to be same old, same old.

So, Madam Speaker, we're doing a great deal for the seniors of Manitoba, and our government can take a great deal of pride in doing so.

Thank you, Madam Speaker.

Madam Speaker: Are there any further members wishing to speak in debate?

MLA Uzoma Asagwara (Union Station): I welcome the opportunity to put some words on the record in

regards to our colleague's motion condemning the health-care cuts under this PC government.

And I think I'd like to start addressing something that the MLA for Kirkfield Park put on the record. He said, and I quote, in reference to his PC caucus, we're not here to play games with your money, end quote.

Madam Speaker, I find that take interesting coming from the member for Kirkfield Park (MLA Klein). I know he hasn't been elected and in this Chamber for very long, so perhaps he is unaware of the ways in which his government, his caucus, has, in fact, played very unfortunate, very serious, very impactful games with the money of Manitobans.

A good example would be the fact that this government spent \$45 million on unused PPE, PPE that just cannot be used in our hospitals. Or the fact that the government spent \$1.2 million on unusable hand sanitizer. Or, perhaps, there's the \$250,000 this government spent on a billboard campaign that most folks generally saw as ridiculous.

Instead of spending \$250,000 promoting the COVID-19 vaccines, the bivalent vaccines, making people aware that they needed to get their boosters, et cetera, in order to help save lives in Manitoba and protect people, this government spent that money instead on billboards after their budget which, again, most Manitobans saw as highly irresponsible and a poor allocation of their resources and, in fact, this government playing games with their money.

Another example, Madam Speaker, would be this government's approach to health care that is, in our province, unfortunately, we're seeing some devastating outcomes. And HIV is just one example.

You know, instead of investing in harm reduction, which we know reduces the rates of HIV transmission, instead of investing in addressing HIV in Manitoba in a manner that would see us decrease the rates of transmission—and just so folks understand the impacts of this, you know, the lifetime costs, the approximate lifetime costs of treating one positive case of HIV is around \$1 million. And yet, this government, who doesn't see it beneficial at all to invest maybe a few hundred thousand in supporting the harm-reduction efforts of a mobile overdose prevention site which provides, directly to people who are intravenous substance users, rapid HIV testing and the fastest pathway to HIV treatment that you can access in our health-care system.

Anyone, I think, with a shred of basic understanding of health care or even common sense would

see that that approach would probably be a great way to manage the books here in Manitoba.

And so, I find it—I would say comical, but it's not funny because the decision making of this government has very real impacts on Manitobans, that the member for Kirkfield Park (MLA Klein) or for any member on that side of the House to say that they're not playing games with Manitobans' money. And I would actually go further and say that they're actually doing worse than playing games with Manitobans' money. They're actually playing games with the lives of Manitobans, Madam Speaker.

What we've seen under this government is a refusal to be proactive when it comes to health care. We've seen skyrocketing rates of diabetes. We've seen skyrocketing rates—I think skyrocketing is an understatement when it comes to congenital syphilis, an entirely preventable disease in babies, skyrocketing under this government—pre-pandemic, mind you. They've taken no action whatsoever to curb that, the costs of which are massive on our health-care system.

* (16:20)

I've already mentioned HIV transmission in Manitoba, but for those who are unaware, we have the second highest rates of HIV now in the country—second only to Saskatchewan—and there's no strategy in place whatsoever to mitigate that.

And people in our province are not getting connected to treatment, unfortunately, because the government has also deprioritized that because they cut the aspects of health care that would've connected those folks to the services they need in a timely manner, in a culturally and gender-based, appropriate manner.

And you know, this government has a pattern of making announcements and sending out press releases, patting themselves on the back, or maybe this way, patting themselves on the back, and doing this, saying they've done a great job before they've done anything at all.

A good example of that would be these Grace ICU beds that they announced recently. You know, the—and again, the member for Kirkfield Park (MLA Klein), I'm not trying to, you know, pick on this person, but he did just stand up and say some things I think are important to address.

Talks about those beds going to the Grace hospital, but it's interesting that he failed to talk about the fact that this is the same government that cut ICU beds in

our province, diminished our critical-care capacity. Because I don't know that they realized, when you cut an emergency room, you cut critical-care capacity.

So, they cut ICU beds in Manitoba. Shamefully, our province set the precedent across the country for being forced to transfer our sickest patients, most vulnerable patients, out of the province during a pandemic.

And when I say this government, unfortunately, has been playing games in their decision making, making devastating decisions that have hurt Manitobans. Probably one of the most heart-wrenching—heart-wrenching examples is that of Krystal Mousseau, who died during an attempted transport out of ICU because we failed to have capacity here in our own province. If that is not a condemnation of the cuts and decision making of this government, I don't know what is.

And so, for members opposite to stand up in this House and brag about the announcements and the press releases they send out while showing a complete disregard for the decisions that they've made before they started looking at the polls and worrying about their jobs, to me, is disgraceful. They've cut nearly 300 nurses from Winnipeg alone since 2016 and yet they come out and they want to brag about hiring folks. They want to announce, we've got \$200 million to hire nearly 2,000 professionals but they won't tell us how many professionals have left our health-care system.

No thanks to them, we actually know we have a net loss of health-care professionals; the 300 nurses just in Winnipeg. Thanks to the allied health-care professionals they denied a contract for over five years, we know we have a net loss. They said they hied—they hired 82; we know we lost 151 in that same period of time. We have a net loss of 69 allied health-care professionals under this government, but they won't tell you about that. They won't talk about that.

But, thankfully, Manitobans are paying attention—close attention. When they make their announcements, Manitobans—because they won't get the answers from them—are doing their research, they're doing their homework, they're looking at the data and they're coming back and they're handing to us reality.

And the reality is this government only started caring about their so-called investments in health care when they realized that the polls said they weren't doing so hot. And I don't think Manitobans need, want or deserve a government who only cares about their interests when it's self-serving and about them maybe maintaining their jobs.

Manitobans deserve a government that is there for them first day to whatever day they're in government. Manitobans deserve a government that puts them first no matter what.

Manitobans know they deserve a government that doesn't prioritize taking action because of how bad the polls are. They deserve a government who takes a look at what's going on with health-care outcomes, cares about, my goodness, maybe the outcomes here for Manitobans are bad and we should take action. Manitobans want a government whose approach puts them first.

And they understand, after seven years of this austerity-rooted, self-serving, first by Brian Pallister, now under the Stefanson government caucus, that they deserve better.

And so, obviously, I support this motion. I think it's really important that we remind everybody about the record of this government and also let them know that things will get better; things can get better. There is hope on the horizon in health care in Manitoba, and all we need is an NDP government that puts people first to get there.

Thank you, Madam Speaker.

Mr. Dougald Lamont (St. Boniface): It's a pleasure to put some words on the record today.

Now, on July 12th, 2022, premiers repeated their call for what they called urgent increased health-care funding for provinces and increasing the current federal contribution from 22 per cent to 35 per cent. But we need to be really clear on the facts and history of the funding model because this is all about putting the blame on the federal government, when it was actually provincial governments doing the cutting, as today's motion acknowledges.

We need to talk about the cuts to health care that we've seen over the last years in Manitoba, and Canadians should know the argument presented by the premiers is the one that was regularly advanced by former Manitoba Premier Brian Pallister; was highly selective, was selected—focused only on a few facts while leaving out vital context.

And there's a term called paltering. It's a very important term because it means assembling a number of statements that, on their own, are true, but when put together create a false impression. As one person put it: it's not wrong, but it's far from right.

But, Mr. Pallister and the government MLAs routinely implied that they had no choice but to

impose brutal and damaging reforms on Manitoba's health-care system. Over three fiscal years, from 2016 to 2019, the PC government froze or cut actual health spending, gutting the system, while falsely implying that the federal government was cutting funding when it was not.

Under the federal government's funding scheme, after 2015, the Canada Health Transfer went up 3 per cent a year every year. There had—that wasn't—that was not a major change, but for six straight years prior to that, the Harper Conservatives had capped the total amount of transfers to provinces. The province of Manitoba got roughly the same amount from the federal government in 2016 as it did in 2010: six years of flat funding for Manitoba; it was basically as if we were being punished.

After 2015, that cap on transfers was removed, which meant provinces like Manitoba saw massive increases in funding, sometimes by hundreds of millions of dollars more per year, and new health-care accords were signed as well. Manitoba's share of the health-care agreement, which was supposed to be dedicated to home care and mental health, was \$400 million over 10 years. Manitoba was the last province to sign it. They dragged their feet on signing it and refused to spend it for years.

This year alone, transfers from the federal government are up by 16.8 per cent, or over \$1 billion. The reality is that while the federal government was increasing transfers dedicated to health, as well as helping to make up for six years of frozen transfers, the official stance of the Manitoba PC government, the Premier (Mrs. Stefanson) and the Health ministers, was that non-existent cuts to health transfers were forcing their hand and requiring them to make cuts—very convenient politically, but simply not accurate.

By blaming the federal government for their mistakes, premiers were able to shift their blame away from their own responsibilities, which are entirely theirs. Premier Pallister even introduced a legislative proclamation setting out this blatant inaccuracy. We walked out after making it clear we would not dignify a motion that was so divorced from reality that it was effectively a conspiracy theory.

However, incredibly, at the time, the official opposition NDP validated the PCs' blatant gaslighting of Manitobans with a unanimous vote of support, temporarily providing the PCs with a 53-seat majority in a 57-seat Legislature, all—so they could all pretend the federal government, which was increasing funding, was the one cutting health-care budgets.

This—it is premiers who are to blame for the dismal states of our hospitals and our health-care system. Premiers decide health-care funding. They oversee ministries who run all of it—Finance, Health. They write the budgets; they boast about them; debate them; make speeches in favour of them; vote for them; run ad campaigns for them and, frankly, abuse their opponents for not supporting for them.

Now, if provinces, and—'wif' and when provinces say they don't have enough money and they say it's because the federal government won't give them enough for health or because they want more independence, we have to ask, why is it that they can run out of money for health care when they can always find money for tax breaks? Why can't we afford health care in Manitoba when the PC government in Manitoba is set to add billions of dollars in debt? We are borrowing billions of dollars, we have borrowed billions and we will borrow billions of more to pay for cheques to large property owners, many of whom don't even live in Manitoba.

* (16:30)

Why is it that BC can afford to increase the health budget, but they can—can't—or, can't afford to increase their health budget, but they can afford to offer tax breaks to the LNG project, a project where the main company is mostly owned by foreign, state-owned oil companies?

The federal government would be well within its rights to ask if any premier, whether, when it comes to health funding, whether they want the federal government to help provincial governments provide funding to subsidize corporate tax breaks or whether it's health care.

When patients wonder where their money is going, it's—and why the system keeps getting worse despite all the money that's supposed to be spent, it's because the money from the federal government is not making its way to the bedside.

The premiers have been recalling a time when the federal government split the cost of health care 50-50. No Canadian and no Manitoban should be under the impression that the government of Canada suddenly broke a promise to fund health care in a 50-50 split with the provinces and has been cutting. No such agreement has been in place at any time in the last four decades. The last time the government of Canada had a 50-50 funding split with the provinces was 46 years ago.

At the time, the federal government was trying to avoid skyrocketing costs, which had gone up 20 per cent in two years. They negotiated a new deal with the provinces, and the established programs financing—EPF—was established. It provided a mix of block funding and transfers of federal tax points to the provinces, which would be the equivalent of a 50-50 split, but people's taxes would stay the same. That took effect in April 1977. That was the year Star Wars came out; we're talking about a long time ago.

After that agreement, because taxes had been shifted to the provinces, it appeared that the federal government's share of health-care funding through the Canada Health Transfer dropped, but it's basically been at the same level or around the same level—sometimes as low as 18 per cent, sometimes as high as 25 per cent—for the last 45 years. It has never been near 35 per cent or even the 50 per cent that the provinces were claiming.

But CHT, the Canada Health Transfer, is not the only source of federal funding for health care. There's also equalization, which Manitoba, as a have-not province, depends on. It is equalization, as well as separate health accords, and in Manitoba, that's absolutely critical. Even in the 1990s, when the federal government increased taxes and reduced the Canada Health Transfer in order to balance the budget, they made up for it with increased equalization to provinces like Manitoba.

So provinces like Manitoba and Saskatchewan were not required to cut or freeze their budgets in the 1990s. That was a choice. It was a choice that was blamed on the federal government, but it was a choice on the part of the PCs of the day. Austerity in Saskatchewan began in 1990 under the Romanow NDP, and it stayed there for years, and in Manitoba, under the PCs before 1992.

Again, after 2015, the federal government lifted the cap on transfers to provinces resulting in significant increases in revenues, especially for provinces like Manitoba. Over the last years, the federal share of health has been steadily increasing, though—especially compared to provincial spending, because provinces have been pulling back or refusing to spend the money, including Manitoba. The Parliamentary Budget Office noted that, in many provinces, funding increases to—in 2015 were not making their way to programs, and Manitoba was one of the worst offenders.

The debate is not taking into consideration the colossal damaging changes in funding that occurred during the Harper Conservative government. After

the 2008 global financial crisis, the government of Canada went out of its way to shift the burden of profound and damaging cuts onto provinces in a way that had never been done in decades. Many provinces saw their deficits and debt increase by hundreds of millions of dollars.

The Harper government also unilaterally decided to move from 6 per cent annual increases for the Canadian Health Transfer to 3 per cent increases, and when provinces objected, they were told they could just raise their own taxes.

The Harper Conservative government again capped total transfers to Manitoba, but those—and those two measures were bad. But their 2007 budget omnibus bill created a ticking time bomb for Canada's health-care funding model that went off in 2014.

Prior to 2014, the health care funding model was equitable; it took equity into consideration. The 2007 federal budget changed that formula, effective in 2014, when funding was changed to a strict per capita basis. That result meant that every single province in Canada faced reduced health transfers except Alberta.

A Globe and Mail article that estimated that Alberta would receive \$954 million more than—and every other province would lose money: Ontario would lose \$335 million; British Columbia, 272; Quebec, 196; Newfoundland, 54; Manitoba, \$31 million; Saskatchewan, \$26 million; Nova Scotia, \$23 million; New Brunswick, \$18 million; and Prince Edward Island, \$3 million.

That was voted for by the former premier, Brian Pallister, and Jason Kenney, and Pierre Poilievre and, in fact, Maxime Bernier.

If the federal government restored an equitable funding formula, it would result in an immediate increase in health-care funding in British Columbia, Saskatchewan, Manitoba, Ontario, Quebec, New Brunswick, Nova Scotia, Prince Edward Island and Newfoundland and Labrador, without increasing the total spend federally.

If we want to have healthy northern communities and reap the rewards of revenue and resource projects, as well as improving Indigenous access to health-care facilities, we need to make sure we have equitable health-care funding.

Cuts are not going to do it. We need to invest to rebuild and stabilize our health-care system.

Thank you, Madam Speaker.

Mr. Ian Bushie (Keewatinook): Thank you, Madam Speaker, for the opportunity to say a few words on the motion of the day, which is basically, I would think, pretty simple—a pretty simple motion that all can agree on. Even members opposite should be able to agree on.

Even though they can't say the name Brian Pallister, they should be able to at least condemn how he governed their party, how he governed the province and the cuts and the detrimental impacts that he had in all aspects of provincial government here in Manitoba, but specifically to this motion, we're talking about the health-care cuts.

And I know members opposite do not even want to say the name Brian Pallister for whatever reason. You know, whether or not that's something that's in the caucus office, you know, a reminder when they leave the door: Do not say the word Brian Pallister; do not link us to Brian Pallister.

But the fact is, Madam Speaker, is Brian Pallister's involvement and influence is still very, very prominent in this caucus and in this government of the day. Including, I mean, in this particular instance, we're talking about the health care and the Health Minister's office and the Health Minister's decisions. And who appointed the Health Minister? It was Brian Pallister. Brian Pallister appointed the Health Minister.

So how can we now try and separate that influence, separate that impact that Brian Pallister had on our health-care system? Because it's prominent in there. And there's a bunch of different things over the last year or so that they're trying to distance themselves from Brian Pallister in whatever capacity they can. But the fact of the matter, the impacts, the budgets that Brian Pallister has passed, that every member opposite had voted in favour of and applauded time and time again, now those are all coming to reality.

And Brian Pallister maybe at the time knew it: You know what, I'm not going to be here in 2023, so I don't need to worry about that. You carry those cuts forward for me. You carry my legacy for me.

And that's what's happening, and we're seeing that catching up to this government now. And what are we seeing? We're seeing those detrimental impacts on our health-care system. So we sat there, and again, members opposite applauded and said, yes, this is the budget, this is the Health budget with the maximum cuts we can do without trying to raise any flags.

And we had a Finance minister who introduced that at the time—of course he's gone now, Scott Fielding. And we had a Health minister at the time who was promoting, oh, we got this, we're handling this—Cameron Friesen, gone out the door now, too. And we had Brian Pallister thinking he's the best thing that's out there; now he's gone out the door too.

But what's here? That legacy. That negative legacy of cuts, cuts, cuts that this government has time and time again.

And, conveniently—conveniently—they'll use the pandemic as a shield for the incompetence that they're bringing to health care here in Manitoba, for all the cuts. To say, did you not know there was a worldwide pandemic? And to that, I say back, did you not know this—there was a worldwide pandemic?

Because that's not something you can bring forward and say, oh, this is the reason why we weren't able to do this or we aren't able to do that. The fact of the matter is those cuts were always in your plan. Those cuts were always a part of the PC agenda. Those cuts were always part of the Brian Pallister agenda.

And, again, they cannot even condemn that. He's gone. I don't know what members opposite are afraid of. For Brian Pallister to all of a sudden come back in October the 4th and maybe seek the re-election for the leadership? Maybe that's what they're hoping is not going to happen. We have to stay in Brian Pallister's good graces.

* (16:40)

But the fact of the matter, if you can't condemn that, then you're condoning that. And that's simply how this government looks every single day, including the members and the ministers opposite that Brian Pallister has put in Cabinet.

Because those members are still there today, including our Health Minister, who will stand up time and time again in this House and say they're doing such great work and trying to manipulate numbers and say, this is what we're doing. We're doing record investments.

Well at the end of the day, Manitobans know that that's just a net loss. If you have the Manitobans—when they started in 2016, Manitobans may have had \$100 in their pocket but, slowly, it got taken down to \$80 and then \$60 and then \$40 and \$20. Then all of a sudden, the government says, we're going to double it.

Okay, we're going to double it to \$40; it's still a net loss of almost 60 per cent.

And that's just a simple analogy that Manitobans clearly understand, because they do not believe the announcements of this government. And that's all it is. It's announcements. And they're announcing clearly past their own expiry date. And that's the reality that they're trying to pull over on Manitobans.

But they can't even go back. They're trying to project—make these projections in the future. Five years into the future, 10 years into the future. But to the fact of the matter is, they're only going to be here for months into the future. So the reality is, let's talk about today. Let's talk about what got us here today. Now let's talk about the Brian Pallister cuts that got us to where we are today.

Why can't you condemn that? Why can't you say what he did was wrong? And if you're not able to say that, then obviously you're agreeing with the fact that it was right. You think that those cuts and those decisions by Brian Pallister were right, were the best thing for Manitobans.

And we all know that prior to the pandemic, this was already the path that this government was on. This government was on the path of failure in the health-care system. The pandemic just exasperated that, really showed kind of the deficiencies that this government has in their planning and their agenda for the health-care system here in Manitoba.

But now, they conveniently want to use that as a shield to say, oh, this is why the system is the way it is, meanwhile making no reference of the fact: record investments coming back, record transfers coming into the province to help offset a lot of those issues that arose from the pandemic. But again, the system itself was already set up to fail. The system itself was already on a path to failure because of decisions made by Brian Pallister and the current Cabinet that's there today.

And again, no condemning. No, they won't even stand up and say his name. Time and time again, it's asked in question period, it's asked in the media, and again members opposite will not say his name for—I don't know why. For fear, like I said, maybe they think he's going to come back and he's going to have some kind of retribution to come back, say, you spoke ill of me in the Chamber when I was gone, so now I'm here to pay you back.

And maybe that's the case. Maybe that's exactly what they're going to do, because I know members

opposite and members on this side know that that's the Brian Pallister that I seen in my time here. It was all about trying to make people pay for speaking out against him.

And the fact of the matter, Madam Speaker, when it comes to the health care and the health-care cuts that Brian Pallister brought forth to this province, we're feeling it every single day here in Manitoba. We're feeling that impact every single day.

So, the motion itself is pretty simple, right? It's just about condemning him for those cuts, and they can't even do that. We're not asking for Brian Pallister to repay the health-care system in any way. We're just saying, condemn what he did, and that—they can't even do that.

You can't even come to an agreement on the fact that he was doing the wrong thing by health care in Manitoba. So by not being able to do that, then you obviously agree with the fact, you thought he was doing the right thing for health care in Manitoba. And if that's the case, why not stand up there and sing Brian Pallister's praises?

They just simply can't, because it's just something they cannot do. Madam Speaker, you see that time and time again in health care here in Manitoba, not being able to condemn the cuts that Brian Pallister started us on.

And it brings me back to just simple discussions that I had with front-line workers, that I know members opposite do not want to talk to front-line workers, do not want to hear front-line workers. When we got out there just this past winter, talking to front-line paramedics who are out there doing their job, taking their credit card, scraping off the frost on their windshield because they had no heat in their ambulance because of cuts to this system.

But what are they doing? They're still, day in, day out, wanting to go out and do that job because they know it's the right thing to do.

But this government will not support that. Then after they scrape off that frost off the windshield, they have to go out to make sure all their lights are working, and sometimes, that's not even the case. Or there's no heat in the back of the ambulance for patients.

And what kind of dignity is that for Manitobans? What kind of dignity is that—or, lack of dignity—that

this government is showing to Manitobans? And, again, initiated and started by Brian Pallister.

So the motion is pretty simple: condemn what he was doing. Why can't you do that? I'm sure all your constituents are asking you to do that, are saying, hey, that Pallister guy was a pretty bad guy, wasn't he? He made some pretty bad decisions, right? And the members opposite say, no, no, no, no, no, he was the best thing. He was the greatest.

If he was the greatest, why isn't he here anymore? The fact of the matter is they can't sit there and do that. And I mean—[*interjection*]

Madam Speaker: Order.

Mr. Bushie: I don't want to knock on wood, but I'm hoping that never happens, and maybe that's what members opposite, like I said, are afraid of—on October the 4th he's going to come back. He's going to say, here I am; I'm back here. I'm running for leadership once again. And I'm—maybe that's why they can't condemn it, but this motion is very simple: just simply condemn Brian Pallister's cuts to the health-care system. That's all we ask.

Hon. James Teitsma (Minister of Consumer Protection and Government Services): Well, I will give the member opposite, who was just speaking, a little bit of credibility in that I think there will be a party in Manitoba, probably the NDP, that are having a leadership race on October the 4th.

But, in any case, what I would say about the NDP, in my experience, is that most people don't believe them, and, in fact, nobody should. [*interjection*]

Madam Speaker: Order.

Mr. Teitsma: Now, I just recently met a senior, a lovely young—or, sorry, lovely lady in my community, not young, although she'd like me to call her young, but she's a senior citizen, and she had apparently actually heard from the member for Concordia (Mr. Wiebe). She had heard him say that Concordia Hospital was closed and that the PCs had closed it.

And she said, she—she's like, but I know it's open. I just—I was just there—[*interjection*]

Madam Speaker: Order.

Mr. Teitsma: I just went into the urgent care last week. Why would, she asked me, why would the member for Concordia say that the hospital was

closed when it was clearly open? So—and then she went so far as to say, does he really think Manitobans are stupid?

Now, I, you know, I'm not too hard on the member for Concordia (Mr. Wiebe), so I did actually explain for her. I said what the member's referring to is that there was a label in front of the Concordia emergency room that said emergency room, ER, and that label got changed to urgent care. But otherwise, all the same services that were available there were—continue to be available there.

And she said, you know what? Wasn't it always an urgent care?

Because when her husband had a heart attack and the ambulance came, they immediately took him to St. Boniface Hospital, as they should, as—because that's where the best care for a heart attack is in the city of Winnipeg. And that's the right place to get that care. She knew it, and she was very, very glad that that's where he went.

Now, what Manitobans expect from their leaders, and a few of us have waxed on this today, is to work together to come forward with real ideas, put them on the health—you know, the table of solutions, but basically come forward with creativity, come forward with ideas. But all the members opposite seem to want to do is criticize and complain.

Now, I'll give them this. Once in a while they do actually have a good idea, once in a while. And when they do, we implement that idea. So what does that leave them left with? If any good idea they come up with we implement, all they are left with is bad ideas.

Now, I will also concede to the members opposite that health care is important to Manitobans—it is—and that, you know, when I talk to Manitobans, absolutely, health care is something that comes up.

But what I think the NDP are failing to realize, and they need to give their heads a shake, is they don't realize that Manitobans don't trust them to do a better job. They don't believe that the NDP will be able to improve health care. And they fundamentally are justified in that belief because there's no credible plan coming forward; there's no ideas coming forward.

There's no platform coming forward from the NDP unless, of course, you count the one that they don't really want to talk about, their idea of raising taxes, raising the PST to 10 per cent, cancelling the

education property tax rebate, and who knows, undoing the increase to basic personal exemption, rolling back the planned increases to income taxes. I don't know.

But when I talk to Manitobans—*[interjection]*

Madam Speaker: Order.

* (16:50)

Mr. Teitsma: I remember when I first came into government, I talked to Manitobans. They told me that, you know, I met a family that wanted to have cochlear implants covered. We've got cochlear implants covered.

I met families who said that they would like TRIKAFTA to be available. We have TRIKAFTA now available. I met people who wanted continuous 'glucose' monitors available, insulin pumps available—that's happening—who wanted to see a bigger emergency room at St. Boniface; \$141 million going into that to triple that—triple the size of that emergency room.

Now, health care is complex. Politicians need to work together to do what they can to help, so the constant criticism by the member for Concordia—not helpful. The claims that he makes and that his party makes that lack credibility—not helpful. Only complaining instead of being creative—not helpful.

What Manitoba needs is what Manitoba is getting: a plan to heal health care in Manitoba, a plan to provide historic help to Manitobans, a plan to listen, a plan to work hard and to do what we can to make Manitoba even better.

That's what they're going to get from this PC government, and that's what they're still going to get this fall.

MLA Malaya Marcelino (Notre Dame): I want to thank the member for Concordia for putting forth this very, very important motion.

Unlike what some members opposite are saying—that this is propaganda or just a chance to be negative again and all those kinds of things—that's actually not true.

This is a very important motion because talking about Brian Pallister—I mean, that could just be a code word for the type of approach that the PC government has, you know, to date taken with health care and whether or not, going into the future, they would be willing to change that approach for the better, right?

And so, when we talk about this motion, it is very important because from 2017 to 2019, there was a cuts-consolidation-and-closures plan that was outlined in the healing our health-care system plan put forth by Brian Pallister and the Health ministers at that time.

And that continued.

So, we—at this time, we were seeing cuts and closures and consolidation before the system was ready. There was condemnation by even Dr. Peachey, one of the authors of the report that this government took a look at in order to formulate their plan to consolidate, cut and close. To this date, there was also a failure to have a health-care budget that adequately assessed the needs and addressed the needs of our system.

It was a health-care budget that stayed the same. It was a frozen health-care budget for a health-care system for almost seven years.

And that frozen number that was applied every single year did not account for inflation increase rates or for population growth. And so, it was that frozen number and that—over the six or seven years that that happened, those were, in fact, de facto cuts.

So, once the new Premier (Mrs. Stefanson) came into power last year, with her very first budget, you're thinking, there's a new premier; there's a new approach.

But that's not what happened. What happened, maybe because of—I'm not sure why, exactly, what's going on in the caucus for why there wasn't a new approach for the health-care system at that time. It might have had to do with, you know, issues with the Finance Minister.

I'm just—at this point, I have no reason to say why, but there was no new direction for our health-care budget at that time. It was the same direction with the austerity, without having to increase the budget to account for inflation, population or any other issues that were happening in our health-care system—you know, mainly the fallout after the pandemic.

Now, with this year, it's an election year. It's an election year now. And so, now we're seeing an increased budget in our health-care system and with our Seniors and Long-Term Care Ministry. We're seeing some increase in the budget. But it's an election year, and we know that this is what governments often do. They throw money around in an election year.

So, this motion is actually a legitimate question: Is this PC government going to continue on in the legacy of—this very unfortunate legacy of Brian Pallister, or is this new Premier and this caucus going to move forward in a new direction with health care?

Because the previous year's budget with a new Premier was the same direction. And this year, we don't know what to account for that because it's an election year. This is a legitimate question.

So, with those few words, I just wanted to thank you, Madam Speaker, for the opportunity. Thank you.

Madam Speaker: Are there any further members wishing to debate?

If not, is the House ready for the question?

Some Honourable Members: Question.

Madam Speaker: The question before the House is the opposition day motion in the name of the honourable member for Concordia (Mr. Wiebe).

Do members wish to have the motion read?

Some Honourable Members: No.

Some Honourable Members: Yes.

Madam Speaker: I hear a yes.

The opposition day motion states that the Legislative Assembly of Manitoba call on the provincial government to condemn Brian Pallister's health-care cuts for the damage caused to Manitoba's health-care system.

Is it the pleasure of the House to adopt the motion?

Some Honourable Members: Agreed.

Some Honourable Members: No.

Voice Vote

Madam Speaker: All those in favour of the motion, please say yea.

Some Honourable Members: Yea.

Madam Speaker: All those opposed, please say nay.

Some Honourable Members: Nay.

Madam Speaker: In my opinion, the Nays have it.

Recorded Vote

MLA Nahanni Fontaine (Official Opposition House Leader): A recorded vote, Madam Speaker.

Madam Speaker: A recorded vote having been called, call in the members.

The question before the House is the opposition day motion.

* (17:00)

Division

A RECORDED VOTE was taken, the result being as follows:

Yeas

Altomare, Asagwara, Brar, Bushie, Fontaine, Gerrard, Kinew, Lamont, Lamoureux, Lindsey, Maloway, Marcelino, Moses, Naylor, Sala, Sandhu, Smith (Point Douglas), Wiebe.

Nays

Clarke, Cox, Eichler, Ewasko, Goertzen, Gordon, Guenter, Guillemard, Helwer, Isleifson, Johnson, Johnston, Khan, Klein, Lagassé, Lagimodiere, Martin, Michaleski, Micklefield, Morley-Lecomte, Nesbitt, Pivniuk, Reyes, Schuler, Smith (Lagimodière), Smook, Squires, Teitsma, Wharton, Wishart, Wowchuk.

Deputy Clerk (Mr. Rick Yarish): Yeas 18, Nays 31.

Madam Speaker: The motion is accordingly defeated.

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Madam Speaker: And the hour being past 5 p.m., this House is adjourned and stands adjourned until Tuesday at 10 a.m.

LEGISLATIVE ASSEMBLY OF MANITOBA

Thursday, May 18, 2023

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The Legislative Assembly of Manitoba Debates and Proceedings
are also available on the Internet at the following address:

<http://www.manitoba.ca/legislature/hansard/hansard.html>