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of the
Legislative Assembly of Manitoba
DEBATES
and
PROCEEDINGS
Official Report
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Speaker*

MANITOBA LEGISLATIVE ASSEMBLY
Thirty-Ninth Legislature

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<i>Vacant</i>	Lac du Bonnet	

LEGISLATIVE ASSEMBLY OF MANITOBA

Tuesday, May 10, 2011

The House met at 10 a.m.

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

ORDERS OF THE DAY

PRIVATE MEMBERS' BUSINESS

House Business

Mr. Kelvin Goertzen (Deputy Official Opposition House Leader): And good morning, Mr. Speaker. I wonder if you could canvass the House to seek leave to proceed to debate on Bill 207, The Regional Health Authorities Amendment Act (Accreditation and Disclosure), sponsored by the honourable member for Charleswood.

Mr. Speaker: Is there agreement to go directly to Bill 207? [*Agreed*]

SECOND READINGS—PUBLIC BILLS

Bill 207—The Regional Health Authorities Amendment Act (Accreditation and Disclosure)

Mrs. Myrna Driedger (Charleswood): I move, seconded by the member for Steinbach (Mr. Goertzen), that Bill 207, The Regional Health Authorities Amendment Act (Accreditation and Disclosure), be now read a second time and referred to a committee of this House.

Motion presented.

Mrs. Driedger: This is a private member's bill that I think will do a lot to improve transparency and accountability in health care, and in all of the research I've done over the last year, I've certainly come to understand from the research that with more public accountability by governments and with more public reporting, we can end up having a better health-care system. So this legislation is based on that premise.

The selection of reports and publications available on the website by the RHAs actually has not been consistent across the 11 RHAs over the recent years. And I have to look at government for that, because there should be clearer direction from a government as to what the RHAs are expected to put online. But this government has not done that. And I think that's a detriment to the health-care system and to the delivery of better care.

To be more specific, while RHA annual reports are posted and are accessible on health authority websites, a variety of other reports and publications are not. The majority of community health assessment reports are available online; however, some RHAs do not make them available. The majority of strategic plans are also posted online; however, seldom are accreditation reports made accessible to the public via health authority websites. Only two RHAs, and I give them full credit, the Winnipeg Regional Health Authority and the Brandon Health Authority, make available their Accreditation Canada reports.

As public reporting is known to improve the delivery of health care, we believe that all regional health authorities should be required to post all of the above-mentioned reports on their websites. It should not be discretionary. There should be a higher level of expectation by the government towards public reporting.

Instead, we have a tendency to see this government hiding behind a curtain of secrecy, spin and information control through freedom of information. And I think that is doing a significant disservice to our health-care system.

The—a significant part of this legislation deals with putting the accreditation reports on the website, and that is the one area where we see very, very little in terms of reporting on accreditation. And I, certainly, as a former nurse, lived through a number of accreditations within hospitals. And the process is a very, very rigorous one, and one that I think is important for improving our health-care system.

Accreditation Canada, who has people come out and do the accreditation at hospitals and personal care homes, is a not-for-profit, independent organization that provides health organizations with

an external peer review to assess the quality of their services based on standards of excellence.

Accreditation of—Accreditation Canada is accredited by the International Society for Quality in Health Care and has been fostering quality in health services across Canada and internationally since 1958. Accreditation Canada's clients include regional health authorities, hospitals and community-based programs and services, both from private and public sectors, not only in Canada but also around the world. Participating in accreditation demonstrates an organization's commitment to quality health care to its staff, patients, clients and community.

In the pursuit of excellence, thousands of health organizations voluntarily participate in Accreditation Canada's accreditation program each year. These organizations view accreditation as a valid and tangible demonstration of their ability to deliver quality of care and service to their peers, their clients and their funders. The process also enables them to share information on innovations and leading practices, and gauge how they are doing when compared to other similar health-care organizations.

Health-care organizations that participate in Accreditation Canada's accreditation programs are evaluating their performance against national standards of excellence. These standards examine all aspects of health care from patient safety and ethics to staff training and partnering with the community.

Health-care staff devote time and resources to learn how to improve what they are doing so that they can provide the best possible care and service to their patients and clients. Accreditation standards assess governance, risk management, leadership, infection prevention and control, and medication management, as well as services in over 30 sectors, including acute care, home care, rehabilitation, community and public health, labs and blood banks and diagnostic imaging.

Mr. Speaker, patient safety is an integral component of the accreditation programs. Complying with Accreditation Canada standards and required organizational practices reduce the potential for adverse effects occurring within health-care and service organizations. Safety and quality improvement is an ongoing process and accreditation is one way of promoting an environment of learning.

Mr. Speaker, I feel very strongly that health information should be readily accessible to all

Manitobans. I think by doing that, we begin to empower the patients more. And all of the research right now is showing that by empowering patients more and giving patients a stronger voice in the health-care system, we indeed will make the kind of changes that need to be made in our health-care system.

* (10:10)

It's interesting what we've seen in other provinces, particularly in looking at what they're doing in Saskatchewan. Involving patients in their health care is becoming a significant part of how they want to deliver health care and that, I think, is critically important as we look to evolve our health-care system. And the results they're getting are certainly worthy of paying attention to.

And I think Manitobans have a right to know what health services are being delivered, at what cost and what results are being achieved. I think they deserve accountability, and I don't think we see that here in Manitoba. I think Manitobans deserve to receive honest information about the health-care system that they pay for and ultimately use, and not to have all this political spin always put on to it.

I will note that a couple of years ago, the Conference Board of Canada reported that Manitoba had the highest proportion of the population reporting difficulty in obtaining health information. So I think there's a lot of room for improvement here in this province.

I think Manitobans have a right to receive an annual report on how their health-care system is performing. They also have a right to know how much their regional health authorities are spending on the delivery of health-care services and on their corporate bureaucracies. I think they have a right to truthful and accurate health-care budgets and information that comes from that.

I think they have a right to know whether or not their Health Minister is holding regional health authorities accountable for the provision of health care. I think they have a right to know that the roles and expectations of the Minister of Health, Department of Health and those of all regional health authorities have been clearly defined. Manitobans have a right to receive maximum information on the performance of the health-care system and its various components.

And, most importantly, Manitobans have a right to a greater say in their own health care and more

control over health-care decisions. By putting all of these reports online, I think we can achieve that. We can provide them with the kind of information they need to begin to take more control over decisions that they make, particularly, as well, but they become an overseer of what is happening in the system.

I think transparency is critically important and essential to improving quality, increasing innovation and earning public trust. But to make successful changes in the health-care system, we have to go beyond simply gathering data and making it available to the public. We must focus on setting goals, measuring outcomes and comparing results. And I know that there's a lot of work yet to be done in this province in terms of measuring outcomes, because if we don't measure outcomes, we are not going to know how to make the right changes to make the health-care system better.

Increasing transparency should not be a threat, and information should not be used to punish. It is important to understand that transparency is the foundation of a collaborative and effective health-care system. Unfortunately, openly sharing information with everyone on all aspects of health-care delivery and performance is often met with resistance rather than acceptance. People worry over confidentiality, fear reprisal and question whether or not information will be used appropriately. Information can be used to blame and punish as easily as it can be used to improve care, and in a complex and imperfect system such as health care, there will inevitably be some risks to moving towards a completely transparent model of care. However, this challenge should be faced head-on because it is required to make health care better in this province.

Mr. Speaker, I think we have to embrace this type of legislation in Manitoba. I think, you know, some of the regional health authorities are almost there, and I give them a lot of credit for having gone that step. I would urge that what we're looking for now is leadership from this government to actually put this in place so that, indeed, we can move this health-care system towards one that is more accountable and more transparent.

Thank you.

Hon. Theresa Oswald (Minister of Health): It's my pleasure to rise in the House today to put some comments on the record concerning Bill 207, The Regional Health Authorities Amendment Act.

And I would say, Mr. Speaker, that there are concepts in this legislation with which we can agree, for the most part. I think there are some areas of concern with it, but in the main, the notion of, you know, increasing even more transparency in our system and working every single day to ensure that all that can be done to provide the safest patient care is being done. I think that these are important ideas and worthy of further discussion.

I think it's worthwhile to note, on some of the concepts raised here concerning accreditation, a few facts. Now, RHAs all currently participate in accreditation voluntarily, which is good, but we are already in the process of making this accreditation mandatory. And there's one issue that I would like to raise, of course, and that is the issue that accreditation can be obtained from more than one organization.

We know that Bill 207 cites, specifically, one accreditation body. It omits important accreditation that occurs in our province by the College of Physicians and Surgeons, for example, MANQAP, as they look at labs and the excellence that is expected in labs. We know that personal care homes must receive standards inspections and licensing from Manitoba Health. And we think a combined collaborative approach, several sets of eyes, on these important issues would be of value, rather than a singular body that would accredit. So I do view that as a flaw in this bill, citing only one body, but conceptually, the idea of enhancing and making mandatory accreditation from a broader range than is cited is a good idea and we support that.

I'd also want to note, Mr. Speaker, that regional health authorities already post online their annual reports, audited financials, strategic plans, community health assessments. Three already post their accreditation reports, and it is something that all regional health authorities are committed and moving towards doing. So, while we commend the member for making mention of the importance of having these kinds of reports online, I would declare that this reporting is actually happening already, for the most part. The issue of greater transparency is one that we have been working on for many, many years, and I've said many times in this House about information that is posted online in Manitoba that never has, of course, been posted before.

We committed in last year's Throne Speech and this year's budget speech that we indeed intend to introduce legislation that will capture the concerns

that are being raised by the member opposite in Bill 207, but indeed will be much broader by also introducing caps to corporate spending and making RHAs specifically more accountable to patients and the communities that they serve. It will capture some of the issues that are being raised—in fact, I think all of the issues that are being raised—but will broaden where necessary, as I stated earlier, the issue of the accreditation body and broaden also some requirements for RHAs that will concern some of the things that patients and citizens raise on issues of spending.

RHAs actually also already post a lot of information such as quality and safety indicators, services that they provide, health and wellness information, and as I said before, more wait-time information online than has ever existed before in Manitoba. This isn't only about accountability and working to drive those times down, as we are always doing, but it helps patients and families, of course, navigate the system, Mr. Speaker, by identifying which facilities may indeed have shorter wait times.

Mr. Speaker, it's also worthwhile to note that in 2000, we expanded the freedom of information legislation to cover 350 public bodies that the opposition had, in fact, specifically excluded in their day. Now we know that FIPPA legislation applies to regional health authorities, along with municipal governments, school divisions and universities. Since '07, orders-in-council are available online. That same year we made public all ministerial expenses. It wasn't something that the opposition ever chose to do and now we do this annually.

Mr. Speaker, we know that Manitobans expect us to work hard with our regional health authorities to eliminate waste and any inefficiencies that exist in health care and to direct funding to front-line health services, and that's exactly what we've been focusing on.

*(10:20)

We know that today the corporate spending in the Winnipeg Regional Health Authority now sits at 2.98 per cent, Mr. Speaker, of their total budget, which, you know, not incidentally, is below the rather arbitrary 3 per cent cap that was set by the members opposite during the 2011 election campaign.

It's also worthwhile to note that independent third bodies like the Canadian Institute for Health Information cites Manitoba as having the

third lowest hospital administrative costs in the nation and the third most cost-effective hospital care in the country.

Now, currently, the government of Manitoba requires all RHAs to report corporate spending publicly in their annual reports, and that includes executive salaries. We're taking steps to ensure that the WRHA keeps its corporate spending below 3 per cent so that maximum resources, of course, can be allocated to front-line care.

Again, when we talk about efficiency in spending and looking at ways to transform corporate costs into front-line investments, one of the most important things that we've done, Mr. Speaker, was to cut the number of regional health authorities from 13 to 11, working on streamlining the system, making it more efficient. And these kinds of savings is what's enabled us to add 405 doctors net new to the system and, coming out of numbers released yesterday, has allowed us to add over 3,000 nurses to the system, net new.

We're cutting the bureaucracy, Mr. Speaker, working on improving efficiency and adding nurses, not doing—well, the opposite, like the opposition. Indeed, we know that more information is better than less information, and that can be no more important than when it comes to providing information about critical incidents.

We know that rather than ignoring medical errors, sweeping them under the rug, we have focused to have the health-care system investigate and work hard to prevent errors from happening again. The critical incident investigation process—and all—I can say fairly, all members of the House supported this—is about what caused an incident and what can be improved. We know that we were the second province in Canada to make reporting and investigating entrenched in law in 2006. Since this mandatory reporting took effect, we've worked with the RHAs and front-line providers to change that culture of secrecy and to encourage reporting, and encouraging investigation with a view toward preventing these incidents from recurring.

We have, since then, introduced more new steps to create an even more transparent patient safety system, including releasing the first annual patient safety report. It was the first of its kind in Canada, Mr. Speaker, starting quarterly critical incidents reporting, formalizing the ability to issue province-wide patient safety alerts, launching a new website that includes information for the public on

what to do if there is a patient safety concern, partnering with the Manitoba Institute for Patient Safety on learning days to bring together patient safety investigators.

All of this work actually did inspire Hugh MacLeod, the CEO of the Canadian Patient Safety Institute, to say that Manitoba's—this was in November of 2010—to say Manitoba's steps in patient safety show a commitment to transparency; this honesty positions Manitoba as a leader in Canada and will set the stage for a transformation in patient safety.

So, again, with the few seconds I have left, conceptually, there are good ideas in this act. We don't believe it to be broad enough, which is why we've signalled that we are bringing our own bill forward and we'll seek their support on that.

Hon. Jon Gerrard (River Heights): Mr. Speaker, I rise to speak to Bill 207, The Regional Health Authorities Amendment Act, dealing with accreditation and disclosure.

First of all, I would suggest to all members that it would be useful, helpful and important to move this on to committee stage so that there can be discussion and input. It would be a really good opportunity for, you know, public participation and for people to come forward and provide input and suggestions that we can, in fact, move forward in a direction which the Minister of Health has now indicated that she's comfortable with many of the aspects of. And I would suggest that the best way to go is to move this legislation on to committee stage and then make amendments as are necessary.

I don't think anybody in today's Manitoba would argue that there are not major problems with regional health authorities in Manitoba, and the way that health is being delivered. There are many areas where we continue to have extraordinarily long wait times, longer than in 1999, as in hip and knee surgery, and where the wait times still don't include the time that people go from the family physician to the specialist. So that the wait times are, you know, are longer than they are being reported, because of the way that the system is being operated.

There are ongoing issues in a major way, which we hear about every day, in the Burntwood Regional Health Authority. There is a major review going on in the NOR-MAN Regional Health Authority, and we were supposed to have a report, but it's not yet been delivered. And, clearly, the number of concerns

that come in to my office from around the province on health care speak volumes about the major problems and the major improvements that are needed in the quality and the timeliness of health care in Manitoba.

Certainly, the process of planning, by the regional health authorities, has not been adequate, has been insufficient. There is failure by many to put an adequate strategic plan on their website, presented in sufficient detail and with sufficient public consultation and input. And this is clearly a major issue and one of the central elements of this legislation, to make sure that there is a strategic plan. I personally feel that there should be, in that section, you know, documentation of what should be included in the strategic plan, so that it's an adequate strategic plan, not just a strategic plan which says, well, we're going to try and improve health care. But that's not good enough.

What we need is, you know, what's going to happen in specific institutions, what's the overall plan for the regional health authority in addressing long wait lists. We've had some extraordinarily long wait lists in terms of hip surgery in Brandon recently, for example. I think 40 or 50 weeks. And, you know, this is—where's the planning, where's the strategic plan and, you know, how is this going to be addressed? And right now there is not the detail, and not, as a result, the public confidence.

Now, accreditation is a very important process that has been used within the health-care system to accredit facilities, to accredit training programs, to accredit a variety of different parts of the health-care system. And I think it's reasonable to use an accreditation of regional health authorities. I think it needs some discussion because this needs to be a comprehensive approach. And it's clear, as this legislation proposes, that the accreditation reports need to be public documents on the website, so that people can see where the problems are and we can work together to address the problems, instead of what's happening at the moment, that all too often these reports—we only have, I understand, three out of 11 regional health authorities putting accreditation reports, and I'm not sure that all the accreditation reports that are going—being done in those regional health authorities, are on the websites.

So, there is a long way to go into doing this well, in a way that is going to be helpful and give us improved health care, so that the problems will be identified clearly, will be addressed, and so that

people have an opportunity, the public, to participate in how those solutions are arrived at.

* (10:30)

The—this is, you know, one of the reasons why it would be very reasonable to put this bill to committee stage, and to hear from a variety of people, build the public consensus around the direction, instead of trying to—the—instead of trying, right, to cover up and, you know, not provide the information publicly, not have the accreditation done in a way that's going to be effective. Then, you know, we need to have a strong approach, a comprehensive approach, one that's going to give us really quality results, and, certainly, this is one of the areas that we should be moving forward, and it's a reason why I think that there are some very positive parts of this legislation and that we should move it to committee stage.

The minister has made a statement about the proportion of corporate spending. I think that she said 2.9 per cent. I'm, actually, quite concerned about the minister's approach because it's not at all clear that all the administrative activities are actually being covered and that, from what I can see, there's a lot of administrative activities which are occurring above and beyond the, quote, corporate budget. And, indeed, what's happened is a tendency to move things administrative out of the corporate sector and so that it bypasses and makes not as meaningful, as one might have hoped, to the process of ensuring that there really is an effective, efficient system.

I personally think that the approach that the minister is taking has got some major problems in health care, which is a very complex system and which there are administrative activities occurring at many, many different levels, not just in the corporate office of the president and the CEO.

I think we had, you know, a really good example of why the accreditation process needs to be done, and that was in what's happened in the emergency rooms. We had the situation with Dorothy Madden, who died in an emergency room as a result of problems. There was a very thorough report. The problem was that the—many of the elements of that report were not adequately implemented, there wasn't enough follow-up. And, then, the next thing we know, we had Brian Sinclair waiting 34 hours and dying in an emergency room.

And, you know, what was extraordinary was that instead of a—you know, a full and open immediate

investigation, that some of the basic and essential facts of the case were not known for months afterwards. It was—clearly, there was some level of covering up the information or lack of investigating the information, a very poor and shoddy job. And this is one of the things that one would hope that there would be—accreditation would address and ensure that such a shoddy investigation of what happened with Brian Sinclair doesn't happen again in other circumstances, that basic facts of the case can be hidden for months afterwards and, when you hide facts or when they are not made available and they're not investigated properly, you delay making the corrections and you don't get to the real root of the problems.

And, so, I believe, Mr. Speaker, that it is quite important to move this legislation forward to committee stage so that we can get input from people around the province on this matter, and, certainly, it is an important matter before this Chamber, and so that would be my recommendation.

Ms. Marilyn Brick (St. Norbert): Mr. Speaker, it's my pleasure to stand and put a few thoughts on the record about the private member's bill introduced by the member for Charleswood (Mrs. Driedger), Bill 207, The Regional Health Authorities Amendment Act.

There are some important ideas in this bill that our government does support, including greater transparency and accountability. But we don't believe that this bill is broad enough and we will be putting forward our own bill later in the spring session.

In terms of regional health authorities' accreditation, all regional health authorities currently participate voluntarily in accreditation, and this is something we are in the process of making mandatory. It's important to note that accreditation can be obtained from more than one organization and the honourable member for Charleswood's bill only references Accreditation Canada. For example, labs here in Manitoba are accredited by the College of Physicians and Surgeons. And we know that personal care homes must receive standards inspections and licensing from Manitoba Health.

We know, also, Mr. Speaker, that all RHA already post online their annual reports, their audited financial statements, their strategic plans and community health assessments, and several already do post their accreditation reports online.

Our government does support greater transparency and accountability in regional health authorities, and that's why we announced in last year's Throne Speech and this year's budget speech that this session we will be introducing legislation to ensure that corporate spending is kept in line, and we will make more RHAs accountable to patients and the communities they serve.

We do know that patients and families want to be able to easily access information about the health services that they are using. We want to make sure that the RHAs are informing people about the health services that they offer, along with information on the quality and the safety of services that they offer. We're making sure that it's going to be a requirement for posting more information publicly, including accreditation reports as well as other information on quality and patient safety data.

The RHAs currently post a lot of information. They post information on quality and safety indicators. They also post information about services, including services on health and wellness. And we know that this government has been very focused on health and wellness, and we have been very focused in terms of making sure that prevention is something that takes place and people know about the opportunities that are out there to make sure that they are as healthy as they can be.

In terms of wait-time information, this government has been posting online wait-time informations and that is something that helps us be more accountable. This is not only about accountability, though, Mr. Speaker. It's also about helping patients and families navigate the system by identifying which facilities might have shorter wait times, and in that way we make sure that people know that there's opportunities that are available for them in terms of accessing the services in a variety of different locations.

In 2000, we expanded the freedom of information legislation to cover 350 public bodies that the opposition had specifically excluded. Now freedom of information legislation applies to RHAs, along with municipal governments, school divisions and universities. And since 2007, orders-in-council, for the first time ever, have been made available online. That same year, we made public all ministerial expenses, and this is something that the members on the other side never did do. We now offer this on an annual basis.

In terms of corporate spending, we know Manitobans expect their government to eliminate waste and inefficiencies in health care, and we know that Manitobans want to see us direct our funding to the front-line services. Corporate spending at Winnipeg Regional Health Authority is now at 2.98 per cent of their total budget, and this is below the 3 per cent cap on bureaucratic spending that was set by the Conservatives during the 2007 election. According to the Canadian Institute for Health Information, Manitoba has the third lowest hospital administration costs in Canada and the third most cost-effective hospital care in the country. Currently, the government of Manitoba requires all regional health authorities to report corporate spending publicly in their annual reports, and that includes their executives' salaries. We are also taking steps to ensure that the Winnipeg Regional Health Authority keeps its corporate spending below 3 per cent so maximum resources are allocated to front-line patient care. The average corporate spending by all regional health authorities is 3.4 per cent.

Since 1999, we have cut the number of regional health authorities from 13 to 11, thereby streamlining the system and making it more efficient. We reinvested those savings to help add additional nurses and doctors. We now have added 2,532 nurses and 405 doctors. We're cutting bureaucracy, improving efficiency and adding nurses, not like what happened in the 1990s. In fact, our administration's streamlining and other innovative strategies, like bulk purchasing, using lean management and better procurement practices, have saved an estimated \$50 million last year alone, which we reinvested into front-line patient care.

*(10:40)

This session we will introduce legislation that will cap corporate spending in RHAs. It will strengthen accountability and transparency to the public. The external review of RHAs, led by dean emeritus of the Asper School of Business, Jerry Gray, assessed administrative spending and found that all RHAs have taken actions to reduce administrative costs and that there is a constant focus on cost-saving and evidence of reduced costs.

Mr. Speaker, I'm very pleased to see that our House introduced legislation to make sure that critical incident investigation takes place. That way we can know what went wrong when a critical incident takes place, and we can know how it can be

prevented in the future. We work to change the culture so that people who work in the health-care profession feel that they can report critical incidents and that they won't be blamed for those critical incidents.

Mr. Speaker, on this side of the House, we know that health care is something that our government is really focused on, not like on the other side. As a result of our hard work and commitment to building such a strong foundation over the last decade, which includes more nurses and doctors than ever before, we are now able to take steps to ensure that all Manitobans who want one will have a family doctor by 2015. This means more doctors, but it also means a bigger role for nurse practitioners.

We know that health care is a priority for Manitoba families. That's why we're making sure it's a top priority. Our five-year plan for the budget provides protection to front-line services like health care rather than cutting it as members opposite did during the last recession. That's why we've added more than 2,500 more nurses and 400 more doctors across Manitoba. That's why we have the lowest wait times in Canada for cancer radiation therapy and hip fracture surgery; and that's why we've built, renovated and modernized over 100 health facilities across Manitoba rather than freezing health construction projects. That's why we continue to invest in maternal and newborn health.

During these tough economic times, we are choosing to continue to invest in health construction projects. We aren't freezing health capital projects as was done in the 1990s by members opposite. We're moving Manitoba's health-care system forward with new and innovative health-care construction projects, projects such as a new birthing centre in south Winnipeg; a new maternity ward at St. Boniface; a new 80-bed personal care home in south Winnipeg; new dialysis units at Health Sciences Centre, in Russell, Peguis, and Berens River; a new Access centre in northwest Winnipeg; a new mental health crisis response centre at Health Sciences Centre; and—as many people in south Winnipeg will say that they're thrilled—with the new expanded ER at Victoria Hospital.

We're also really pleased that construction is expected to start this year on projects such as expansion to the Ste. Anne and Steinbach hospitals; a new Access centre in St. James; a major redevelopment at Misericordia hospital, and the new women's hospital at Health Sciences Centre.

Since forming government, we have either renovated or built new hospitals in the following rural locations: Brandon, Swan River, Thompson, The Pas, Beausejour, Pinawa, Gimli, Morden, Winkler, and Shoal Lake. We've also announced new hospitals for Selkirk and Notre Dame de Lourdes.

Mr. Speaker, I am really pleased to be able to stand and put some thoughts on the record about Bill 207 to say that we do support greater transparency, accountability, but we do believe that this needs to be taken further than it has in this bill.

Thank you, Mr. Speaker.

Mrs. Heather Stefanson (Tuxedo): And I want to thank the member for Charleswood (Mrs. Driedger) for bringing forward this very important piece of legislation, Bill 207, The Regional Health Authorities Amendment Act, to do with accreditation and disclosure, Mr. Speaker.

And what I heard from other members across the House today is that they're in favour of transparency and accountability, and that's exactly what this bill is all about. So I'm hoping that by the end of this debate, that members opposite will see fit to pass this through to committee so that we can hear from members of the public as to what they believe as to how they feel about the bill, Mr. Speaker. And, of course, based on the comments I've heard, there should be no problem. If there's no problem, again, with transparency and accountability, there should be no problem with members opposite allowing this bill to pass through onto committee.

Mr. Speaker, essentially this bill amends The Regional Health Authorities Act and requires every regional health authority to be accredited. The bill also requires that every regional health authority make available a variety of documents for public review on its website, including the annual report of the authority, the strategic plan of the authority, the accreditation report of the authority, the community health assessment for the health region and the audited financial statements of the authority.

And I know the member for St. Norbert (Ms. Brick) and others opposite have said, well, they're already doing this with all the RHAs. Well, in actual fact, that is not the case, and in the case of the accreditation report, there's only two of the RHAs that are currently following through with that and providing those reports online. And the audited financial statements, not all of them are provided online as well, and—as well as the strategic plans

across the board, with respect to the regional health authorities.

And so that's all this bill is asking for, is to make sure that there's uniformity that is brought to what is required of all of the health authorities across our province. And, really, there should be no problem with that. And this is completely appropriate in terms of bringing a bill forward with this in mind. And, of course, it requires that the Minister of Health (Ms. Oswald) agree to this and to make sure that uniformity is brought to what is required of regional health authorities across this province.

So I don't think there should be a problem with that, Mr. Speaker, and I would hope that members opposite would agree with that as well. And, again, they've already indicated that they do agree with this, and so it shouldn't be a problem to pass this forward on to committee.

When it comes to transparency and accountability with respect to this government, and especially in the areas of health care, I think one only need to look at hallway medicine, Mr. Speaker. And then, of course, there was a promise made back in 1999 to end hallway medicine in six months with \$15 million. Well, fast forward 11 and a half years of an NDP government, and what have they done with hallway medicine? Well, hallway medicine is still alive and well in Manitoba.

So after billions of more dollars going towards health care in Manitoba, not the \$15 million that they suggested it would be back in 1999, billions more have been spent and yet people continue to line our hallways. All the NDP government has done is try to relabel the hallways. And so they've got stretchers out in the hallways, and I know in the case of the Grace Hospital, they have stretchers out in the hallways and they have those stretchers numbered from one to, I think, 17 or 18. And so, if there's people considered to be in the hallway, it means that all of those 18 stretchers are full, plus the extra one or two that they are referring to.

And so there's really upwards of 19 or 20 people in a hallway, and that's what this NDP government is saying, oh, there's really only one or two. But it's actually not the fact, and I think it's important for Manitobans to know. And that's why it's important for this government to be transparent and accountable when it comes to these things.

Another example, of course, is the whole situation surrounding Brian Sinclair and his death,

and this minister's lack of accountability and transparency when it came to that. When it came to his death, after waiting 34 hours in an emergency waiting room, Mr. Speaker, and where was the Minister of Health at the time? Suddenly she went AWOL and was nowhere to be found when it came to one of the most critical issues that this province has faced in many, many, many years. And she was gone and nowhere to be found.

And so, Mr. Speaker, these are issues that need to be addressed. They are addressed within this bill, and I'd encourage members opposite to support this bill and make sure that it passes through to committee today.

Hon. Jennifer Howard (Minister of Labour and Immigration): It's my pleasure to stand and speak a bit about this bill and a bit about health care in Manitoba.

I would like to start by saying there are many worthy things in this bill, and, certainly, the accreditation process—both the member who is bringing this bill forward and myself have been through that process in the health-care system. Certainly, before I came to this Chamber, when I worked at the Women's Health Clinic, I was part of the second accreditation process. It had gone through its first process some years before. And I went through that process in 2005 and 2006 and found it to be, I think, as the member opposite has said, very rigorous, very exhaustive process, but also an incredible opportunity to delve into the operations of a facility, of an organization, and not just those operations that come to light when there's a problem, but also those parts of the system that are working well and where there can be improvements made.

* (10:50)

So I think the steps and the moves towards accreditation that have been made are laudable, and, of course, that's been made—led by the regional health authorities. When I took part in the accreditation process when I was at the Women's Health Clinic, the Winnipeg Regional Health Authority took a tremendous leadership role in making sure that community health clinics were getting involved in accreditation. They helped to make the process as simple as possible by assisting us with the gathering of documentation, but it was a very good opportunity for us to learn about how the facility was working and talk about how we could improve it.

Of course, there's lots of other accreditation programs that happen throughout Manitoba. The Minister of Health (Ms. Oswald) has talked to some of those that are in place through the College of Physicians and Surgeons for diagnostic facilities and labs. So, I think, we want to be careful that we don't limit the accreditation bodies to only one, that we recognize that there are multiple kinds of accreditation depending on the kind of facility that you're operating.

The other part of this bill I find very interesting, I've heard a lot of talk from the members opposite about transparency and accountability, and I would say to them, you know, transparency and accountability begins at home, generally, and I just think that perhaps—*[interjection]* perhaps, these voices that are so loud in this Chamber, perhaps, those voices are missing when the Progressive Conservative Party sits down to plan its meetings and its conventions. Maybe, they don't have a role in the planning of those things. Maybe, they don't have the hue and cry for accountability when they decide to close their doors to Manitobans, when they decide to make their plans for the future of health care behind closed doors. *[interjection]* And, perhaps, the member for Steinbach (Mr. Goertzen) says, well those plans should only be seen by members of the party. Those plans shouldn't be seen by the public. But, you know, we don't have to look very far to know what their plans for the future of health care would be. In fact, we just look back at what they did in the past and even the things that they've said in the last few years in this House.

One of the things about accountability and transparency that I also heard from the minister was what we did to expand—in 2000 upon coming into office—expand the freedom of information legislation to cover 350 public bodies that the opposition specifically excluded when they brought forward that legislation. Freedom of information legislation now applies to regional health authorities, municipal governments, school divisions and universities. In fact, the members opposite would have very few questions available to them if they didn't have the FIPPA system, if they couldn't fill out the FIPPA forms and get the information upon which they base their questions.

You know, one of the things that when we came to government and I got an opportunity to work in this building, and you find when governments change, you find lots of information around. And one of the things I found was a response to a freedom of

information request that had gone on from the NDP, when it was in opposition, that had gone into the Department of Health asking for information about wait lists, asking for information about current wait times for different procedures. And you know what that response said? This information is not available—not available.

Now, we could believe that they weren't collecting the information about wait times. We could maybe believe that they didn't care enough about that information to even bother collecting it or we could believe that they were on a very deliberate track not to release that information. So I think their record on accountability and transparency speaks very loudly.

Some of the other things in health care that I think we also need to be accountable for is our commitment to front-line health-care workers and our commitment to making sure that those people are in place, that they're working in the system and that they're doing those kinds of procedures and those kind—that kind of care that we know that Manitobans want.

You know, we heard from the minister—just yesterday, we announced that there were another almost 450 nurses working in the system this past year. That's over 3,000 nurses that have been added to the system since our time in government.

We also know that we've increased the numbers of doctors through expanding doctor education, through expanding the opportunities for medical students to learn and to become doctors in Manitoba, but we also know that we've looked at expanding the scope of practice and allowing nurses to work to their full expertise and their full ability.

Now, just this weekend, I was talking to someone who runs a community health clinic, and they have just recently been able to open up their practice for the first time in many, many years to accept new patients, and what's made the difference is having nurse practitioners available and having nurses there who can work to their full scope of practice. So that's definitely a step in the right direction and that's going to help us make sure that Manitobans are connected to good primary care, to family doctors and to nurse practitioners who can deliver that care.

Of course, we've also heard today about the commitment to health capital; over 100 facilities rebuilt in this province—newly built in this province.

Some very innovative and new approaches to health care, like the new birth centre that's going up in south Winnipeg, like many of the emergency rooms that have been expanded and like the Pan Am Clinic that was expanded, and it's now a centre of excellence for orthopedic care.

And I remember at the time when that was happening, we heard cries of outrage from the opposition about this investment in bricks and mortar; why should we do that. And I thought, you know, maybe this is something that they had said 10 years ago, but no. I see, in fact, in *Hansard* that just as recently as May of 2009, the member for Charleswood (Mrs. Driedger) once again questioned why we would invest in health capital. And she said, all we have to do is look at the bricks and mortar that this government has been building in terms of health buildings. Why do they have to do that?

Well, Mr. Speaker, I know it would be a question that they would ask: Why would you invest in health-care facilities? After all, this is the same party that, in the 1990s, when they were facing a difficult time, when they were facing a deficit, made the decision to choose—made the decision—the choice to freeze health capital projects, made the decision that, really, we didn't need any more emergency rooms, we didn't need any surgical suites revitalized. It's fine that fruit flies are flying around the Health Sciences Centre operating rooms; that's not a problem. That we have no other choice, is what they said; we have no choice but to freeze and stop health capital spending. So we know that's the kind of approach that they've taken in the past, and not, you know, in the past decades; just in the past few years.

In fact, when, you know, the Leader of the Opposition (Mr. McFadyen) had to make a commitment on what he would do for health spending, what did he promise? Well, in 2008, he promised that health spending increases should be limited to the rate of economic growth. That is what he said.

So what would it mean to limit the rate of health spending to the rate of economic growth? Because I do think you should be accountable for what you say and you should know when you say something, when you make a commitment, you should know something about what it means.

So what would it mean? Well, if they had their way in 2008 and health spending had been limited to economic growth, it would mean a \$756-million cut from this year's health budget alone. What does that

mean in terms of real people? That means 9,400 nurses gone from the system; it means over 2,000 doctors gone from the system. That is what they advocate in terms of health spending. That's what they advocate in terms of investments in the health-care system.

So, Mr. Speaker, there's much to be accountable for in health care. There is the opportunity to be accountable for having a health-care system where you invest in doctors and nurses, where you invest in health-care facilities, where you try very hard, every day, to make sure that you're investing in the things that Manitobans care about.

And there's another approach, an approach that we saw the last time the members opposite held the reigns of power, and an approach that they've never disavowed. And that's the approach of Connie Curran, that's the approach of firing nurses, that's the approach of sending doctors away from Manitoba.

And that's not the approach that we favour on this side of the aisle. So we'll continue to work to invest in health care and we'll continue to bring forward good and solid legislation that can improve the transparency and accountability of health care in Manitoba.

Thank you, Mr. Speaker.

Mr. Doug Martindale (Burrows): Mr. Speaker, I want to thank the member for Charleswood (Mrs. Driedger) for introducing Bill 207, The Regional Health Authorities Amendment Act, because this is really a forum of ideas and it's good that people put forward their ideas, whether they're good ideas or bad ideas, so that we can debate them in this Chamber.

And I also want to thank the member for Charleswood for the kind remarks that she put on the record after I gave my farewell speech. I haven't had a chance to thank her personally, which I was going to do, but now I get a chance to thank her while I'm on my feet and on the record. So I appreciate those comments.

And I would like to talk about the ideas contained in her private member's bill about documents being available and accreditation, et cetera. And I'd like to start out by pointing out that all RHAs currently participate—

Mr. Speaker: Order. When this matter is again before the House, the honourable member for Burrows will have nine minutes remaining.

The hour now being 11 a.m., we will move on to resolutions and we'll deal with the Resolution No. 9, Child Care.

* (11:00)

RESOLUTION

Res. 9—Child Care

Ms. Erna Braun (Rossmere): I move, seconded by the member from Burrows:

WHEREAS affordable and available child care has consistently been a priority for this provincial government since 1999; and

WHEREAS since 1999, the provincial government has increased funding by 135 per cent and has funded over 8,000 spaces; and

WHEREAS the provincial government has remained on track with its five-year Family Choices strategy which to date has funded 3,500 spaces and 29 new centres since it began in 2008; and

WHEREAS in Budget 2011, an historic investment in child care was announced by the commitment to fund an additional 25 child-care sites and another 2,100 child-care spaces; and

WHEREAS Manitoba has launched an online child-care registry, beginning in the Westman and Parkland regions, as part of the provincial government's plan to create a province-wide system that will make it easier for families to find quality child care appropriate for their needs; and

WHEREAS Manitoba became the second province to institute a \$6.6-million pension plan for early childhood educators, increasing their wages by 49 per cent as of 1999 which brings their annual—pardon me, which brings their starting salary up to \$32,000 per year; and

WHEREAS Manitoba is a leader in Canada in child-care investment, spending the second most per child in Canada, which translates into the second lowest child-care fees in the country; and

WHEREAS the federal government, despite promising 125,000 new child-care spaces to Canadian families in 2005, has so far failed to fulfill this commitment.

THEREFORE BE IT RESOLVED that the Legislative Assembly of Manitoba commend the provincial government for its many diverse

approaches to supporting early childhood educators and Manitoba families and that it also urge the provincial government to continue its commitment to funding affordable, quality child care; and

BE IT FURTHER RESOLVED that the Legislative Assembly further urge the provincial government to continue to lobby the federal government to recognize the importance of accessible child care to the health of the economy and to uphold its commitment of creating 125,000 child-care spaces for Canadian families.

Mr. Speaker: It's been moved by the honourable member for Rossmere, seconded by the honourable member for Burrows (Mr. Martindale),

WHEREAS affordable—is it the will of the House to accept the resolution as printed? *[Agreed]*

WHEREAS affordable and available child care—Dispense?

An Honourable Member: Dispense.

Mr. Speaker: Dispense.

WHEREAS affordable and available child care has consistently been a priority for this Provincial Government since 1999; and

WHEREAS since 1999, the Provincial Government has increased funding by 135% and has funded over 8,000 spaces; and

WHEREAS the Provincial Government has remained on track with its five year Family Choices strategy which to date has funded 3,500 spaces and 29 new centres since it began in 2008; and

WHEREAS in Budget 2011 an historic investment in child care was announced by the commitment to fund an additional 25 child care sites and another 2,100 child care spaces; and

WHEREAS Manitoba has launched an online child care registry beginning in the Westman and Parkland regions, as part of the Provincial Government's plan to create a province-wide system that will make it easier for families to find quality child care appropriate for their needs; and 4

WHEREAS Manitoba became the second province to institute a \$6.6-million pension plan for early childhood educators, increasing their wages by 49%

as of 1999, which brings their starting salary up to \$32,000 per year; and

WHEREAS Manitoba is a leader in Canada in child care investment, spending the second most per child in Canada, which translates into the second-lowest child care fees of the country; and

WHEREAS the Federal Government, despite promising 125,000 new child care spaces to Canadian families in 2005, has so far failed to fulfill this commitment.

THEREFORE BE IT RESOLVED THAT the Legislative Assembly of Manitoba commend the Provincial Government for its many diverse approaches to supporting Early Childhood Educators and Manitoba families and that it also urge the Provincial Government to continue its commitment to funding affordable, quality child care; and

BE IT FURTHER RESOLVED THAT the Legislative Assembly further urge that the Provincial Government continue to lobby the Federal Government to recognize the importance of accessible child care to the health of the economy and to uphold its commitment of creating 125,000 child care spaces for Canadian families.

Ms. Braun: I'm very pleased to rise today to put a few words on record just to support what I consider to be an important and vital private member's resolution. I'm very proud to be part of a government which supports young Manitoba families and the ability of these families to access affordable and quality child care for their children.

I have to say that this government takes its commitment to child care very seriously because we know it is important to Manitoba families. I'm also very pleased that our government recognizes the important work of our early childhood educators and child-care workers and has taken many measures over the years to ensure that we are able not only to recruit top-notch people but also to retain them.

Ours is an ongoing commitment, a long-term plan for child care that continues to build on our quality child-care system by creating new spaces and facilities. And a strong child-care system is necessary for families so that they may work or attend school or training programs and know that their children are well looked after and have learning experiences that will be assets later when they enter school. Needless to say, quality child care is absolutely vital to a strong economy.

It is therefore with pride that I stand here today as part of a government that values quality child care and to say that our government has worked hard and with success to create a child-care system that is one of the best in the country. Our government continually works towards greater funding for quality child care, increasing spaces, as well as funding and training for child-care workers.

This is, however, not the case with our federal government which has seen fit to devalue child care. Their lack of funding and space creation points directly—directly to their dismissive attitude to something critical to families.

Our government recognizes the importance of child care—quality child care to families. The impact on the economic stability of the family is immense. This is currently the case in my constituency where there are many working families, single-parent and dual-parent households, who count on the support of nursery schools and daycares as they go off to work every day. I am proud to be part of a government that has made child care affordable for families and, hence, Manitoba has the second lowest fees in Canada.

My constituency of Rossmere is no different than many others and knows the importance of quality child care and the role it plays in the positive early development of our children and the support it provides to young working families.

Rossmere is a very age-diverse community and one that is attracting many young families. Over the past few years I've seen the turnover that is occurring in my community, as it is, I'm sure, in other neighbourhoods. The seniors who built the community are retiring, and they're moving to the many apartments and senior complexes in the northeast corner of Winnipeg. It's been many years, I have to say, since my mother's old street of Kingsford, and as a matter of fact, my own street, to see street hockey nets and bicycles with training wheels as well as many young parents moving along with their strollers.

Rossmere is home to numerous elementary schools whose enrolments are robust, a very good indicator of the number of youngsters in our community. Rossmere also has many daycares, which points to the fact that our community has working families who have a great need for the supports that daycares and nursery schools provide.

One of the highlights of our Family Choices plan is providing funds to convert surplus school spaces for daycares. I'm excited to see this initiative, as this will directly affect school enrolments. In locations where this occurs—and I have several schools in Rossmere where this is the case—families choose to have their children remain in a school where they—when they start kindergarten. They are familiar with the school, the staff and the administration. Building relationships is one of the cornerstones of quality child care.

It is therefore, again, with pride that I stand here as part of a government that values the child care, and to say that our government has worked hard and, again to remind you, with great success, to create a child-care system which is one of the best in the country.

Our government continually works towards greater funding for quality child care, increasing spaces as well as the funding and training for child-care workers. To demonstrate our commitment to families through our plan on child care called Family Choices, we are funding 6,500 more child-care spaces by 2012, and our Budget 2011 continues our investment in child care by investing an extra \$21.3 million. We recently had an announcement where we indicated an additional 2,100 newly funded child-care spaces, including infant spaces.

Our Budget 2011 will also fund 46 capital projects over the next two years for 25 new child-care sites, raising our five-year commitment under Family Choices to 54 new centres. But this investment is not just expanding need—pardon me. But this investment is not just to the expanding need, but 21 other child-care centres will also receive funding to assist in their revitalization. Our investment will also add new funding to centres for rent and other operating costs.

Manitoba families throughout the province will benefit from our commitment to child care. Of the 46 capital projects, 15 centres are at school sites and 31 are located in other community sites. Across the province new centres will be built or existing centres revitalized, from downtown Winnipeg to the edges of the province. Cities and towns like Wawanessa, Headingley, Minnedosa, Brandon and Steinbach will be seeing the creation of new child-care centres in their communities.

The statistics like this point to the fact that since 1999 we have increased the number of funded

child-care spaces by more than 80 per cent and the child-care budget has increased 157 per cent. But we are also investing in people with our Budget 2011. There will be funding for pensions for our child-care workers and early childhood educators, which includes a new 2 per cent incentive for workers who want to join the pension plan and funding for the employer's share.

* (11:10)

It is important to note—and there are some highlights—that Manitoba's early childhood educator wages are the second highest in Canada. Manitoba has the second—pardon me, Manitoba has the highest standard for training child-care staff in Canada. Our government has expanded training for child-care assistance, including video streaming to Red River regional campuses and holistic early childhood educator training for Aboriginal students at Urban Circle.

We've also expanded our training to allow child-care assistants to earn an early childhood diploma on a part-time basis while working at a child-care centre. We instituted the Family Choices Scholarship Fund for students entering two-year diploma studies at the University College of the North and St. Boniface College. The public awareness campaign—it's small wonders that make this career great—promotes the understanding of early childhood education as a career and highlights the benefits of working in the field.

Our government has consistently moved forward on quality child care, but that is not the case with our federal government. Over the past several years, commitments have fallen by the wayside. In the past, the federal government indicated that its plan to create 125,000 more daycare spaces may not be feasible. The federal government has also cancelled early learning and child-care agreements introduced by previous governments. Needless to say, the 2011 federal platform was silent on the issue of the need for more child-care spaces, mentioning only the \$100-per-month Child Care Benefit, which really does nothing meaningful to build an affordable, accessible child-care system.

There is a responsibility for the federal government to meet their obligations to Manitoba and Canadian families, and I encourage all of my colleagues in the Legislature to urge the federal government to do so. Unfortunately, our members

opposite are on a totally different page from us and echo the position of their cousins in Ottawa. The Leader of the Opposition (Mr. McFadyen) has gone on record supporting the \$100 Child Care Benefit, a move that would cost \$105 million and cut 80 per cent from the child-care budget.

I am proud to be part of a government that is forward thinking and in touch with the needs of Manitoba families. Affordable child care is a cornerstone of our society and economy, and I ask all members today to support this vision. Thank you, Mr. Speaker.

Mrs. Bonnie Mitchelson (River East): Mr. Speaker, and I rise today to put some comments on the record around child care and support for working families in the province of Manitoba, and, you know, we all recognize and realize how important child care is to working families right throughout the province. And there isn't any one-size-fits-all program that meets the needs of all families, because it depends on where you live and what your circumstances are.

And, Mr. Speaker, I thank the member for Rossmere (Ms. Braun) for bringing forward this resolution for debate. And I have said many times in this Legislature and to the successive ministers of Family Services on the government side of the House that we have to give credit where credit is due, and there have been more spaces created, and I recognize and realize and appreciate that. But to stand today in this House and pat themselves on the back as a government that has been all things to all working families is not right, and we need to ensure that, as we move forward, we are providing the options and the opportunities for working families.

And, you know, Mr. Speaker, I'll go back to the days when I was first elected to the Legislature and I had need for child care for young children, and there was no program in those days that could meet the needs of the crazy hours that we work in this Legislature. And, in those days, we sat three evenings a week until 10 o'clock in the evening and we started long—early in the mornings, then we had long days, and there's lots of extracurricular activities and events that many of us attend and are required to attend as part of our responsibilities in this Legislature, and there wasn't any child-care program that would have met my needs then, and there is no child-care program that would meet my needs today, just like there isn't the kind of supports that could and should be there for shift workers and people that

work weekends. We haven't got to a point yet where we've been able to develop child care for all Manitoba children.

And we just look at, even with the increased spaces, it's less than 25 per cent of children today that are able to access funded spaces in our child-care system. So what does that do for the other 75 per cent of families and children that need support through a child-care system?

And I know the member for Rossmere talked about her community and the supports and services that are available. Well, I happen to represent the community right next door to the member for Rossmere, and I know that there are many families in my community—there are even some from her community that have called me, from time to time, indicating that they don't have the ability to find child-care spaces within the system and that they have to go on a wait-list.

And some of them are on wait-lists—actually, Mr. Speaker, there are those on wait-lists that have put their name on a wait-list as soon as their child is born because they want to get into a certain program in the community when their children start to go to school. And I know that the wait-lists are three years long, sometimes four years long in our community. And so that, to me, indicates that there's still a lot of work to do. And to just be congratulating yourselves as a government when there are many, many unmet needs, I think, is—does a disservice to the families that need that support.

And I know, Mr. Speaker, that there are many, many families within my community that have had to choose alternatives to funded child-care spaces within the system because they just are not there for them when they need them. And there are many, many within my community that are having to pay \$35 or \$40 or \$45 per day, per child, in alternatives to what the government has funded, and that really does not provide the kind of universal child-care system that the government talks about.

Mr. Speaker, we have much, much work to do, and government alone cannot resolve all of the issues. There are families that choose, for whatever reason, to have family look after their children. There are families that choose alternatives. They prefer to have a smaller home daycare setting for their children, and those choices and options need to be available.

Mr. Speaker, one of the other issues that I hear, time and time again, is the wages for early childhood educators. We have many that have trained in the early childhood education field and enter the child-care system, only to find that they could make more as a teacher's assistant in the education system. So they receive their training and they move over. The whole issue of wages within the child-care system hasn't been addressed and, you know, we see a government that's, year after year, increased the minimum wage, but they've frozen the operating grants that go to child-care facilities. Well, how can they expect child-care facilities to pay higher rate wages when they've frozen the operating grants, and that's a criticism that we hear on a regular basis from those that are working within the child-care system.

So we have a government that hasn't addressed or met the needs of those that are working within the system. They haven't, as yet, met the needs of all of the families that require support.

And, you know, this government has talked for years now about having a central registry where parents could go and find out where spaces are available. Well, Mr. Speaker, we have yet to see that registry rolled out, although it's been promised year after year. We see that Brandon has been rolled out, and I'm not quite sure how that is working yet, but we keep waiting with anticipation for something to happen within the city of Winnipeg where we will have that central registry so that families will know where to go, what spaces might be available in what communities throughout the city of Winnipeg.

* (11:20)

And I'd be interested to know, because the Minister of Family Services (Mr. Mackintosh) hasn't been able to give me a definitive answer. But we do know that some child-care facilities within the city of Winnipeg are no longer taking names on their wait list because they are waiting for the government to roll the central registry out in the city of Winnipeg.

So, Mr. Speaker, we, on this side of the House, think that there is much, much more work to do and we also do know, as we talk to Manitoba families, working families within the province of Manitoba, that there are options that they choose out of necessity. There are options that they choose because it's the best choice for their family and their circumstances, and we want to make sure that options and choices are available to families. When they enter—when they have both parents working in

the workforce, families need to be able to make those choices, and I listen very carefully to those within my community, and even some of those that call from the constituency of Rossmere or other constituencies in the northeast quadrant of the city of Winnipeg, when they tell me that they can't find a child-care space in the system today when they need it, when they are searching and looking for answers. When I hear from child-care facilities that say to me, with no increase in our operating grants, how does the government expect us to recruit and retain early childhood educators within the system?

Mr. Speaker, the Province hasn't addressed those issues, and I find it unfortunate that they want to stand and pat them on the—pat themselves on the back and talk about the wonderful things when they—that they have done, when there is so much more to do to meet the needs of working families out there in our community that need child-care support. And I'm pleased to have had the opportunity to put those few comments on the record. Thank you.

Ms. Sharon Blady (Kirkfield Park): Mr. Speaker, it's a pleasure to rise today and to support the resolution of my colleague, the honourable member for Rossmere (Ms. Braun).

And I think this resolution speaks to two very important themes, Mr. Speaker: the ongoing commitment to child care and the ongoing evolution and improvement of child care over the long term on the part of this provincial government, coupled with the stark contrast to policies put forth by Conservative governments and Conservative wannabe governments on the other side in terms of their inability and their actual lack of desire to support families when it comes to tangible actions. Listening to members opposite talk, again the theme that always comes to my mind is—I see the mouth moving, I see the words coming out, but when they're ever given the opportunity, the actions don't match the words. And so I think that's the one thing that, really, people need to think about.

And the previous speaker identified her own experiences with child care. Well, I can mention that I've had experience with child-care situations, first of all in this province in the 1990s with a young child, which, as I've stated previously in the Chamber, my access to affordable, accessible child care was a nurse that they fired, my sister-in-law, Lois. So that's how I had affordable, accessible child care in St. James in the 1990s. So that's how they provided it for

me was part of that massive layoff and firing of Manitoba nurses. So that's how—I can thank you, I guess, maybe, for that access to child care, because you certainly weren't providing it in any tangible, realistic form.

I then had the mixed blessing of going away to grad school and going to Ontario, and managed to move there with the coinciding of the arrival of the Harris regime. And, yes, that was another fun time—note the heavy sarcasm—in terms of access to affordable daycare. I had the pleasure of returning back to Manitoba, having my second child, and, on so many levels, it's been the returning to a utopia by comparison, after having lived under two Conservative regimes: Filmon and Harris.

And so, in the child-care area, again, what I say is, the words are wonderful, but if there aren't the actions that follow through, they are hollow and meaningless.

And the thing is, is that we have delivered. And there might be more to do because, you know what? It's an evolving world, needs change. The amount of parents that were working even when I was a child, very different from what are working now, very different from in the '90s. There is an evolution; there are different things that are being expected by different people. So there will never be a frozen stasis of where all of the needs are met. It will require ongoing growth. And that's what this government has delivered, is ongoing growth.

We have been able, through the Family Choices program, to be funding 6,500 more child-care spaces by 2011, and we've recently announced an additional 2,100 child-care spaces. I know in my own neighbourhood we have had spaces opening up as a result of the funding provided through Family Choices and through the Community Places program improvements to our child-care spaces. So I've been at the opening of new and expanding daycares. I've seen that actual, tangible commitment.

And since 1999 we have added 8,000 newly funded child-care spaces. Think of the numbers there. Again, it might not be every child at this point, but, then again, we have a growing population thanks to our Provincial Nominee Program in Immigration.

So what's been really interesting, as well, is I had the privilege to be at the competency-based assessment ECE graduation ceremonies, where we've taken early childhood educators from other parts of the world, with international experience, and they

are able to do an in-the-trenches program when they are—where they are working in a facility and they are gaining their ECE II requirements. What that does for them is it brings them up to Manitoba standards, and Manitoba's training standards, by the way, are some of the highest in the world. There are folks literally coming from other parts of the world to do our ECE training. I have met some of those folks, and what's interesting is some of them have chosen to stay because they see the opportunity here. So what they're able to do, what they bring to the table is a multicultural approach coupled with their international training and the standards that we've provided them here in Manitoba. And they are now going out into our childhood—early childhood learning centres, and they are there at an ECE II level which has also increased their earning potential. So we've provided that training for them.

And only a few days after meeting those grads, I had the privilege of meeting another set of local grads coming through another Red River program. And, again, the bright, young, articulate individuals that I have met that are going into this profession. And what is attracting those people to the profession is not just their love of kids, which is obviously a key part of it, but it is the training, the professionalism and the fact that under this government their profession is finally being shown the respect that it deserves.

We have invested in a pension for them and we are making increased commitments to that. I don't remember that happening in the 1990s. I know my fired sister-in-law Lois was certainly not offered a pension in exchange for looking after my child so I could complete my master's and Ph.D., so—while she was looking after my son Zachary. So the point is that there weren't the spaces, they were not accessible, and now, here and now, they are, and we are encouraging young, bright individuals to be those that educate our children at their most crucial developmental stages.

And so in, for example, Mr. Speaker, this year's budget, we are investing an extra \$21.3 million for these child-care centres and including infant spaces because, again, needs are changing. There is an increased demand for infant spaces.

Again, I've also had the experience of living abroad and know that the system in France provides for a system where, literally days after giving birth, crèche is available. École maternelle is available to

anyone that wants it. I had the privilege of being a jeune fille au pair in the suburbs of Paris and working for a family that also had a special needs child, where, again, what was there was standard and, in a sense—I wouldn't say taken for granted, but very much appreciated by families there.

And then to have come back here and had a very different experience when I had my own child a few years later was very, very disappointing. And so now, with another young child, I see the progress. I talk to other parents about what it is that they need. And, again, there might be more work to do because we are in an evolving child-care situation.

* (11:30)

But we also have to remember the backfill that this provincial government has had to do. We had funding set up to go into provincial programs, and we had to backfill funding that was cut by the federal Conservatives after a commitment that was made. We also have to ask them to hold up and, you know, maybe colleagues on the opposite side there can talk to their federal cousins about the 125,000 child-care spaces that have yet to materialize, despite repeated commitments.

And the hundred dollars a month that is afforded to families up until a particular age certainly does not meet the needs of most families. You're lucky if that covers a week's worth of child care depending on what your child-care needs are. And what's interesting is it makes me think of an analogy about the—how one has strength in numbers. And that hundred dollars in the pocket of an individual family, if it is put back into the system where it belongs and where it can be used collectively, actually goes a lot farther.

And so I know that members opposite, that's where they would like to go—that they have promised a hundred-dollar child-care benefit to cover those fees. But you know what? It would cost the government an additional \$105 million or we'd have to cut 80 per cent of the current child-care budget.

All I can say is shame. That is not what people want, to be bought off with their own money when it could be better invested into a collective enterprise that provides for all families. It is frightening to think what members opposite would do to provincial child care, given the opportunity, because their track record in previous governments is frightful.

And so I am very proud to support the resolution of the member for Rossmere (Ms. Braun). We have

demonstrated an ongoing commitment; we will continue through with that commitment. And I think members opposite should maybe look at their words a little bit more closely and recognize that their actions fall very far, low—far below the expectations that they claim to lay out.

So again, I thank the member for Rossmere and I thank the provincial government for its ongoing commitment to my children, the children in my neighbourhood, for providing a high-quality child care and for providing well-trained ECEs to guide our children in their early formative years. Thank you, Mr. Speaker.

Mrs. Heather Stefanson (Tuxedo): I, too, want to thank the member for Rossmere for bringing this resolution forward for debate in this House. I think it's very important for us to have an opportunity to debate these issues in the Manitoba Legislature for all Manitobans to see where we're at.

I think the unfortunate part about this resolution is that there are a number of points in here that do nothing but pat this government on the back for, you know, the so-called work that they have done for child care in Manitoba. And while there has been some progress that has been made, Mr. Speaker, I think it's important to note that there were some promises that were made by this NDP government that have not been followed through on.

And one of those issues, Mr. Speaker, and it seems to be a common theme when it comes across government departments in this province, but in specific here, this government promised some 6,500 child-care spaces by 2013, and so far they're about 3,000 spaces short of reaching that goal, and I think it's very important despite another government announcement.

And I believe in this—they made an announcement—it says in this resolution of another 2,100 child-care spaces this year, Mr. Speaker, in the budget. Well, I will tell you that this government is absolutely notorious for sending out press releases, saying things that may sound really good to Manitobans, but in actual fact actions speak much louder than words. And when it comes to child care in Manitoba, that is exactly the problem that we have with this NDP government is that their words sound great, but their actions are not following through on their commitments.

And those broken promises, Manitobans know very well that these—that this government is very

good—they're long on rhetoric and very short on following through with their—on their commitments, Mr. Speaker, and I think that's an unfortunate thing for Manitobans.

I believe the members opposite also promised to bring a province-wide central registry for child-care spaces in Manitoba, Mr. Speaker, and that has not yet happened. I know in Brandon they have started with something, and perhaps it's a bit of a pilot project that they've started in Brandon, and that's good, but the problem that I have is that members opposite had promised to do this and yet they have not fulfilled their promise on this.

And I think that Manitoba families and parents would want to be able to access online where the child spare—where the child-care spaces are available, whether it be in Winnipeg or parts of rural or northern Manitoba or in Brandon, they should be able—regardless of where they live in this province—they should be able to find out where those child-care spaces are available for their family. And, so that family—and we believe, on this side of the House, that parents know what's best for their children.

I know members opposite believe that government knows what's best for Manitoba children but we believe that parents know best. And parents, what they want when it comes to child care in Manitoba is they want choice, Mr. Speaker, and the problem is that they don't have the choices that they need for their own individual circumstances right now.

For example, Mr. Speaker, I know when my daughter, Victoria, was born, and that was nine-and-a-half years ago, I was a sitting member of the Manitoba Legislature at the time, and my circumstances were such that when we're in session we're here sometimes—at that time I think we were often sitting through the night in committee. We were certainly sitting many evenings. We were—it's not just a nine-to-five sort of job for all of us here in the Manitoba Legislature. And I did—I recall a few years later having a discussion with a couple of the members opposite, and wouldn't it be great to maybe have a child-care facility here in the Manitoba Legislature to help those that work in the Legislature, not just elected officials; it's not just about us. It's about all of the people around the Legislature and so people across the street could access a daycare that would've been here in the Manitoba Legislature.

And to me it would've set an example as a government, as an NDP government, about what their vision was for child care in Manitoba. But nothing happened, Mr. Speaker, and I think it's unfortunate because, you know—and that would've perhaps given us the ability—I could've brought my kids here and I did anyway from time to time, bring my kids. And I had a Pack and Play set up in my office and, you know, they would sit and sleep while I was working or returning phone calls, and that was the child care. I mean, they're sitting by me in my office.

Now, there's no problem with that but from time to time we'd have to come up here into the Chamber and do things, and so we need to find ways of making sure that, you know, we're setting—that this government is setting an example for where child care should go in this province.

So really when it comes to me, Mr. Speaker, there was, you know, there was very little choice. What happens when I'm on committee at night from—all night long through the evening and if, you know, my husband happens to be away at the time? I mean, those are individual circumstances to me and my issues that were very difficult to fulfill under this government's current cut child-care system in the province.

And so I think it's important to note that each and every Manitoban has their own unique set of circumstances, and each Manitoba family has their own unique set of circumstances. And that's why we need to provide more choice when it comes to child care in Manitoba, and I don't believe that that is happening under this NDP government, and I believe that that's what Manitobans really want and really deserve, Mr. Speaker.

And so I think it's unfortunate that the government is not going in that direction. I think that it's unfortunate that there's a number of promises with respect to child care in this province that this government has not fulfilled. And yet they continue to make more and more province—promises, Mr. Speaker, promises that they may or may not live up to. And we know from past news releases and press releases set out—sent out by this Manitoba government in all other—in many other government departments where they haven't fulfilled those commitments, I think Manitobans question whether or not they will actually follow through on their commitment of more child-care spaces in Manitoba.

* (11:40)

So, Mr. Speaker, I think for those reasons, I think it's unfortunate that while I really appreciate the opportunity to put some words on the record and to debate this issue in the Manitoba Legislature, I think it's inappropriate that the language of this, of a government that's patting themselves on the back, saying we've done everything we can for child care, this is wonderful, we're wonderful people when it comes to child care in this province. And I think it's unfortunate because that is not—I don't think it does anything. There's lots of work that needs to be done with respect to child care in this province, and this is not a time for a government to be patting themselves on the back.

Thank you very much, Mr. Speaker.

Mr. Rob Altemeyer (Wolseley): Mr. Speaker, nobody with an active brain cell should believe a word that we just heard. The government's approach to child care has been the exact opposite of members opposite, and it is because our political philosophy is the exact opposite of the members opposite.

Let's just take a small example on whether or not we think improving child care will cost any money. We just heard the members talk about how, yes, it would be great if the programs were expanded and, oh, maybe the government's going to live up to its obligations and maybe it won't. Well, guess what? Building a child-care centre in the Legislative Building—not something I'm opposed to on principle—I'm going to guess it might cost a little bit of money. You might actually need to pay the people to build the facility and renovate it so it's ready for the kids. You might actually need to pay the people to staff the facility and make sure it works. You might, if you're a New Democrat, believe that those workers deserve a pension and a wage which is not barely over \$20,000 a year, which it was—which is what it was under the members opposite. You might actually think that increasing their wages by 50 per cent since we came to office is a pretty darn good start—more work to be done. All of this is going to cost money.

Members opposite do not believe in funding public programs. Just a few months ago, Mr. Speaker, it bears repeating that members opposite would have whacked the provincial budget by \$500 million all at once. Where would the money magically come from? Let's assume they have some other ideas that they want, like, maybe, oh, personal income tax cuts to high-income earners. That's a

favourite trick of Conservative governments across the country. Well, that's going to cost some additional money; not going to be much left over for child care.

I wonder if maybe the Leader of the Opposition (Mr. McFadyen), should he take the time to read my immortal comments that *Hansard* will be kind enough to record, he might want to reconsider this \$100 per month per family idea. My honourable colleague from Kirkfield Park has attached a dollar figure to that of over \$100 million per year to attempt to do that. Wondering where that money is going to come from; doesn't sound like a universally accessible program.

I have two young children. Let's do a little bit of an exercise that I like to call math. You give me \$100 a month for a child—let's even take the shortest month of the year. Let's take February: four weeks, that's five working days per week; that would be 20 working days in the month of February. I have \$100 per child. All I need to do is find somebody to look after my kid for five bucks a day and I'm happy, except for the minor little detail that—apart from this being a completely ridiculous proposal in the first place—my little detail, if they copy what their federal counterparts did, that is taxable income. I actually don't have \$100 to spend on child care. I have less than \$100 to spend on child care. I have less than \$5 a day, Mr. Speaker, available to spend on a worthwhile, safe, productive, fantastic learning environment for my own child. Give your head a shake if you think that is anywhere close to reality.

The members opposite are talking out of one side of their mouths, and they would do the exact opposite. Their leader has said so; their own policy platform has said so; their party history has said so. Face up to the music. Pass the resolution. It's the right way to go.

Thank you, Mr. Speaker.

Mr. Stuart Briese (Ste. Rose): Mr. Speaker, I'm pleased to rise and speak to the resolution from the honourable member from Rossmere—as soon as I find my notes.

I've listened closely to that last rant that came here on the child-care issues of the province and I do want to make some comments on a number of things. We have a resolution here that's mainly a pat on the back, and I don't think we're any—we're close to where we need anyone patting themselves on the

back for the state of child care in this province at the present time.

I guess we always need to ask, is the Manitoba child-care system meeting the needs of Manitoba families, and, most importantly, our children? We're at a position right now where child care is available for roughly 23, 24 per cent of the children in the province. There are roughly 83,000 children who do not have provincially funded spaces, and we're hearing this government blaming the federal government for the lack of funding that has set them back and done all sorts of awful things to them.

I would just like to ask the government, where are all the transfer monies going? There's \$2 billion of transfer monies coming from Ottawa to the Province. Some of that is there to be directed to child-care programs. We know that there's parents in the province that are making applications for child-care spaces when the child is born or sometimes even before the child is born, and they're placed on waiting lists. Some of the waiting lists are closed off now. They're not even taking applications. And that's a pretty poor reflection on this government's position on child care and what they've done in providing spaces. Now, I realize they've provided some new spaces and some new centres, but they also realigned some of the old spaces and changed the definition of them and now count them as new spaces when they were already spaces that were existing in the system.

We know that they're making great mileage out of talking about their online registry which, the last I heard, is only available in Brandon, has not been expanded anywhere else in the province, including the city of Winnipeg. And we know, when they're talking about child-care spaces, they very seldom ever looked at the situation in rural Manitoba, and rural Manitoba child-care spaces are as important as anywhere else and need to be put in place.

There's an extreme shortage of early childhood educators and also child-care assistants. They're not—were not seeing training enough to even fulfill the vacancies that are arising in those systems. A survey that was done fairly recently reported 30 to 40 per cent of the child-care centres are short-staffed. When we got 30 to 40 per cent of the existing child-care centres short-staffed, how do we expect to staff any new centres that come along?

We're seeing the average amount of time that child care—early childhood educators are spending in

the system, usually at five years or less; so there is a high turnover. There's a high turnover because, with the training and the education they do have, there's a lot of other jobs that are available to them, mostly in the education system, but also in the growing bureaucracy of the regional health authorities. The bureaucracy continues to grow there. They're well-paying jobs with very good benefits, and, so, we're seeing an exodus of child-care assistants into those areas.

* (11:50)

You know, this is an issue all the way across the province. There's—even with the announcements and the projections that the government's putting in place, we still will not have child-care spaces for 75 per cent of the province's children. That's nothing to pat yourself on the back about and talk about how great a job you're doing.

In 2010, as I said earlier, the Red River College only graduated 77 early childhood educators, when we're hearing that there's openings for at least 135 early childhood educators and another 142 child-care assistants. That—I don't know how they're projecting to ever catch up or fill the spots that are there, and we're not told in this resolution how they're going to do that. And if 75 per cent of the 595 licensed child-care centres in Manitoba have at least one early childhood educator employee leave the child-care field, that means it would take 446 early childhood care educators to actually fill those spaces, and there simply are not enough being graduated, being educated, to even fill those spaces. So, there's an immense problem shaping up here, and I see nothing that indicates that this government is addressing it in any way, shape or form at all.

We need some stability in the field. We need stability with the people that are working in the field, and we need those—the training and the background to pick up the slack and get enough people into the field. This government is spending most of their time trying to appear that they're doing something when they continue to look—overlook the needs of parents and children all the way across this province. And that's one of the problems with this resolution; it's a pat-on-the-back resolution. It does nothing to help change the landscape out there for the good of families and children in this province. Thank you, Mr. Speaker.

Mr. David Faurichou (Portage la Prairie): I appreciate the opportunity to rise this morning and debate the resolution as proposed by the honourable

member for Rossmere (Ms. Braun). And I would like to compliment her for her stellar career as an educator and for the resolution she's brought forward today.

However, I concur with the honourable member for Ste. Rose in saying that it is indeed very complimentary of a government that has fallen short of the mark, and I would like to express, on behalf of my constituency of Portage la Prairie, our experience with this government.

In 2008, as mentioned in the resolution, the provincial government launched the Family Choices strategy. And it was also the year that Portage la Prairie did a labour-needs assessment, and it was determined that the Portage la Prairie region required an additional 300 daycare spaces. Two years later, and most recently last month, this government, the Minister of Family Services (Mr. Mackintosh), made the announcement that Portage la Prairie would be receiving an additional 30 daycare spaces. This is the example of the government addressing the need: one in every 10 of needed spaces will, in fact, come into place.

And it's also very, very disconcerting, even though the government is well-intentioned and, I do believe, has a good heart, as it—as they attempt to address the needs of the very valued service of early childhood educators—really missed the mark. And for this resolution to be coming from a stellar educator who has dedicated herself to the young people of this province her entire career, it should be noted that she is ineligible to look after the same students she has in her class up until dismissal; and then, after dismissal, she is regarded by her government as unqualified to look after that same student.

And it bothers me that this government has left it to definitely well-intentioned and well-meaning persons that develop rules and regulations in which the daycare system is operated here in Manitoba, but the rules and the regulations that this government has brought into play does not allow qualified educators—indeed, Mr. Speaker, parents—that are determined that they are inadequately trained and therefore cannot look after their own students or their own children for that matter.

And I speak from a particular position whereby we, in St. Mary's la Prairie Anglican Church, assisted the creation of the Portage Day Care some 30 years ago. And I'm very proud to say that they—is still in operation today and is, indeed, looking at former children that were in the daycare. And I will speak

specifically of my son, who graduated from law school this past weekend, as being a former client of theirs. And the educators and, indeed, the early childhood educators have a part to play and should be very proud of their work and how a young man has developed into such an individual that will, indeed, continue to make them all—everyone proud.

The—and further to that, I, in my involvement with the school board in Portage la Prairie, we tried to put in place a before-school and after-school program with the existing staff. But it was this government that made the statement that teachers just don't know how to look after children, and, therefore, they need additional training. But from the hours of commencement to dismissal, they are well trained and they are recognized by this government as being fully capable of looking after those individuals. But before school and after dismissal, they're not capable? And I'm really surprised at the honourable member for Rossmere (Ms. Braun), that she would be involved in a resolution that, with her stellar credentials, is recognized by her own government as being inadequately trained to look after children, after school and before school, under the age of 12.

And so it just goes on to say that this government doesn't talk to each other between departments, and so we have rules and regulations that don't make any sense whatsoever. Why would a classroom that is providing instruction for a kindergarten-age student be perfectly able to look after that student up until dismissal, but then that same classroom be determined by this same government as being inadequate, because it didn't have quite enough window space or because the washroom facilities were not measured in quite the right proportions? But that's this government, and until this government decides that it's going to talk between departments, we're not going to see a cohesive, common sense-based rules and regulations that are determining the care of our children.

And, again, this government, I will compliment them, saying that they are now recognizing that schools are a good place for children that can potentially stay there before and after school, in the most recent budget—

Mr. Speaker: Order. When this matter's again before the House, the honourable member for Portage la Prairie will have three minutes remaining.

The hour now being 12 noon, we will recess and we'll reconvene at 1:30 p.m.

LEGISLATIVE ASSEMBLY OF MANITOBA

Tuesday, May 10, 2011

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