

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

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The Honourable Myrna Driedger
Speaker*

MANITOBA LEGISLATIVE ASSEMBLY
Forty-First Legislature

Member	Constituency	Political Affiliation
ALLUM, James	Fort Garry-Riverview	NDP
ALTEMEYER, Rob	Wolseley	NDP
BINDLE, Kelly	Thompson	PC
CLARKE, Eileen, Hon.	Agassiz	PC
COX, Cathy, Hon.	River East	PC
CULLEN, Cliff, Hon.	Spruce Woods	PC
CURRY, Nic	Kildonan	PC
DRIEDGER, Myrna, Hon.	Charleswood	PC
EICHLER, Ralph, Hon.	Lakeside	PC
EWASKO, Wayne	Lac du Bonnet	PC
FIELDING, Scott, Hon.	Kirkfield Park	PC
FLETCHER, Steven, Hon.	Assiniboia	Ind.
FONTAINE, Nahanni	St. Johns	NDP
FRIESEN, Cameron, Hon.	Morden-Winkler	PC
GERRARD, Jon, Hon.	River Heights	Lib.
GOERTZEN, Kelvin, Hon.	Steinbach	PC
GRAYDON, Clifford	Emerson	PC
GUILLEMARD, Sarah	Fort Richmond	PC
HELWER, Reg	Brandon West	PC
ISLEIFSON, Len	Brandon East	PC
JOHNSON, Derek	Interlake	PC
JOHNSTON, Scott	St. James	PC
KINEW, Wab	Fort Rouge	NDP
KLASSEN, Judy	Kewatinook	Lib.
LAGASSÉ, Bob	Dawson Trail	PC
LAGIMODIERE, Alan	Selkirk	PC
LAMOUREUX, Cindy	Burrows	Lib.
LATHLIN, Amanda	The Pas	NDP
LINDSEY, Tom	Flin Flon	NDP
MALOWAY, Jim	Elmwood	NDP
MARCELINO, Flor	Logan	NDP
MARCELINO, Ted	Tyndall Park	NDP
MARTIN, Shannon	Morris	PC
MAYER, Colleen	St. Vital	PC
MICHALESKI, Brad	Dauphin	PC
MICKLEFIELD, Andrew	Rossmere	PC
MORLEY-LECOMTE, Janice	Seine River	PC
NESBITT, Greg	Riding Mountain	PC
PALLISTER, Brian, Hon.	Fort Whyte	PC
PEDERSEN, Blaine, Hon.	Midland	PC
PIWNIUK, Doyle	Arthur-Virden	PC
REYES, Jon	St. Norbert	PC
SARAN, Mohinder	The Maples	Ind.
SCHULER, Ron, Hon.	St. Paul	PC
SELINGER, Greg	St. Boniface	NDP
SMITH, Andrew	Southdale	PC
SMITH, Bernadette	Point Douglas	NDP
SMOOK, Dennis	La Verendrye	PC
SQUIRES, Rochelle, Hon.	Riel	PC
STEFANSON, Heather, Hon.	Tuxedo	PC
SWAN, Andrew	Minto	NDP
TEITSMA, James	Radisson	PC
WHARTON, Jeff, Hon.	Gimli	PC
WIEBE, Matt	Concordia	NDP
WISHART, Ian, Hon.	Portage la Prairie	PC
WOWCHUK, Rick	Swan River	PC
YAKIMOSKI, Blair	Transcona	PC

LEGISLATIVE ASSEMBLY OF MANITOBA

Tuesday, October 31, 2017

The House met at 1:30 p.m.

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

ROUTINE PROCEEDINGS

Madam Speaker: Introduction of bills? Committee reports?

TABLING OF REPORTS

Hon. Rochelle Squires (Minister responsible for Francophone Affairs): Je suis heureux de déposer le rapport 2016-17 sur les service en français.

Translation

I am happy to table the 2016-17 Report on French Language Services.

Madam Speaker: Ministerial statements?

MEMBERS' STATEMENTS

Wayne Hall

Mr. Kelly Bindle (Thompson): It is my pleasure to recognize northern pioneer, volunteer and long-time resident of Thompson, Wayne Hall. Wayne came to Thompson in 1961 for—working for Thompson's first MLA, Gordon Beard, in the riding of Churchill.

He worked in the hotel and restaurant industry in Thompson for many years before opening his own family-operated business, Wayne Hall Delivery.

He operated that business for 13 years before retiring in 2006, handing over the reins to his son Larry, who is still operating it today.

Wayne has volunteered with many organizations over the years, including the original Thompson Zoo committee, was a Kinsmen member active in running the Kinsmen Winter Carnival in Thompson for over a decade, and supervised the site-surfacing work on the Thompson skateboard park.

Wayne put his carpentry and craft skills to work in a labour of love helping on the committee to restore the Norseman Mark IV aircraft that is mounted proudly on the hill as you drive into Thompson from the north, as a tribute to northern aviation pioneers.

Wayne and his wife Jan have also volunteered and fundraised annually for the Rotary Splash Park

development committee so northern youth can enjoy relief from Thompson's summer heat.

Another important volunteer role Wayne immersed himself in was the Northern Spirit Manor personal-care home in Thompson. In 2004, Wayne was on the original committee spearheading lobbying the provincial government for this project, and when faced with the challenge of raising their portion of capital for the project, Wayne and his committee, in just over one year, raised over \$400,000 dollars—much sooner than the Province had expected. Last year, at the 10th—at the 10-year anniversary celebration of its opening, I'm happy to say I was able to thank Wayne Hall and many others publicly for their contributions in making the Northern Spirit Manor personal-care home a reality in Thompson,

In retirement, Wayne continues to volunteer in different ways in Thompson and spends much of his time helping his wife Jan produce her—and display her artwork, including her recently painted Mountie wolf statue on display in front of the RCMP station in Thompson.

Please join me in welcoming Wayne and Jan Hall to the gallery today and in thanking them for their tireless dedication to improving our province and our North.

Thank you, Madam Speaker.

Gilbert Fehr

Hon. Kelvin Goertzen (Minister of Health, Seniors and Active Living): It is my pleasure to honour in the Legislature today the community accomplishments of Gilbert Fehr from Steinbach, Manitoba. Gilbert and I have been friends for many years since our day of working at Penner Foods together many years ago.

Affectionately known as Gibbs, he is one of our most active community volunteers, and probably in the entire province. He hardly ever misses a parade, a festival. He works tirelessly for charities and many events in Steinbach and the surrounding 'arear'—area.

Earlier this year, Gibbs was named a torchbearer for the Steinbach in the 2017 Provincial Summer Games and participated in the games, winning a gold

medal as a Special Olympian competing in five-pin bowling.

As well, Gilbert was recognized rinkside in 2015 by our MJHL team the Pistons as Volunteer of the Month.

Gilbert was also the recipient of the Queen's Diamond Jubilee Medal in 2012, a well-deserved recognition for his hours of volunteerism, community commitment and enthusiasm.

Gilbert is a passionate fundraiser for cancer research and raised tens of thousands of dollars locally for Relay for Life. Through snow, cold, rain, hail, sun and wind, Gibbs can be seen knocking on doors in Steinbach to make a difference for those who are battling cancer.

In recognition of his contribution and to ensure he keeps on going, the community residents recently donated a bike to him.

On behalf of the Manitoba Legislature, I want to congratulate you, Gilbert, on your spirit of generosity. Your love of your neighbors and your community is remarkable. Thank you for your hard work, determination and compassion. You continue to inspire me and many of us through Manitoba. It's been a pleasure being your friend and I look forward to many more years of friendship, Gilbert.

Colleagues, please join me in congratulating and welcoming Gilbert Fehr to the Legislature today.

Don Jonas

Mr. Scott Johnston (St. James): I rise today to recognize a former St. James resident, Winnipeg Blue Bombers quarterback, Don Jonas. Don was the quarterback of the 1972 Winnipeg Blue Bombers and played in what many fans have termed the greatest game ever played in the Winnipeg Stadium.

Don was recently recognized by the Winnipeg Blue Bombers Football Club at a home game at investors field. After a brief stint in the NFL, Don Jonas turned his options to the CFL, where in 1970 he played his first season in Toronto.

In 1971 he moved to the western division to play with the Winnipeg Blue Bombers. In his first year as a quarterback Don passed for 4,036 yards, with 27 touchdowns. Don Jonas was the first Winnipeg Blue Bomber to win the Schenley Award for the CFL's most outstanding player.

It is significant to note that the Winnipeg Blue Bombers Football Club was financially challenged

when Don Jonas was traded to Winnipeg. The team was in the cellar in the league, but by 1972 the team was in first place, largely to Don's play. The Winnipeg Blue Bomber franchise returned to financial viability and Don Jonas was in part responsible for the 1972 expansion of the Winnipeg Stadium.

In—1971 and 1972 seasons were considered to be a comeback year for the Winnipeg Blue Bombers. Fans could not get enough of Don Jonas. Football was fun again in Winnipeg. The club sold out seven out of eight games in the 1972 season, and many believed this was the biggest turnaround in CFL history.

In the 1972 Western Final, the Blue Bombers were leading at the half by two touchdowns. The second half was unfortunately different, and we lost the game. Despite that heartbreaking loss, they had a—the Bombers had a remarkable year and lived up to the finest tradition of our Winnipeg football club.

I had the pleasure of meeting Don Jonas, along with the honourable Minister of Sport—

Madam Speaker: The honourable member's time has expired.

Some Honourable Members: Leave.

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

Mr. Johnston: And I had the opportunity to meet with him, with the Minister of Sport, Culture and Heritage (Mrs. Cox) as well as Mayor Bowman. He is truly a gentleman and an ambassador for Manitoba.

Thank You to Those Who Offered Aid During Forest Fires

Ms. Judy Klassen (Kewatinook): I'd like to take this time to thank the various groups that helped out with our forest fire evacuations. And I apologize to any I missed out; we were so blessed with the outpour.

First, to the many Manitobans that came and dropped off donations, especially diapers and infant formula, so many goodies. People came from Black River, Bloodvein, Sagkeeng and brought country food, such as fish, moose, deer and bannock.

The Ghetto Chef hosted a barbeque and powwow. Thank you to my colleague, the member from Fort Rouge, who came to participate in the powwow. For some, it was a first.

Another group I'd like to thank is the Canadian Red Cross. This was an unprecedented evacuation, so there were issues, but the CRC was eager to help. We were able to work through those issues. There were countless volunteer hours, and it was nice to see Lake St. Martin evacuees as volunteers themselves.

I'd like to thank the facilities' management: the shelters were big and cold, but they gave a roof over our heads.

I'd like to thank the hoteliers: you enabled us to have access to water, kids' bedtime baths and showers.

I'd like to thank the various indigenous groups, such as the Bear Clan, the women's group, AIM, who came to help us with security and patrolling of the shelters.

I'd like to thank Vickar Chevrolet for lending our communities the passenger vans. We were able to unite families much faster.

*(13:40)

Thanks to Perimeter airlines and the zoo. People were able to get their families to the zoo, and for the—for some kids, it was the first time ever.

Kid City opened their doors. The kids were simply amazed that such a facility existed in the whole world, as one little guy stated to me.

Kitchi miigwech. Kuginoweah [*phonetic*]. Thank you.

Infant Screening for Sickle-Cell Disease

Mr. Matt Wiebe (Concordia): Madam Speaker, sickle-cell disease currently affects approximately 5,000 Canadians, approximately 80 of which are pediatric patients in Manitoba. This inherited blood disorder causes red blood cells to have an abnormal form. Unable to transport oxygen and the ability to block blood flow, these cells can be damaging to the body's organs and the results can be extremely painful. While a cure exists, it is high risk and can have complications.

Manitoba has been a leader in newborn screening, screening for some of the rarest diseases in Canada. But Manitoba is behind most other jurisdictions in Canada who already screen for sickle-cell disease. Early detection is crucial to ensure infants receive medication and blood transfusions to prevent or reduce complications. Screening also helps educate parents to better help

their children, reducing hospital visits and the unknown.

Though all people can carry the gene, it is less likely in Caucasian populations. With a growing population of newcomers and no newborn screening, Manitoba could have a growing rate of sickle-cell disease, but no way of knowing. It is crucial that Manitoba continues to modernize screening so those affected can live healthy, productive lives.

Today we are joined by Beverly Ndukwu and her family, a family that has faced both the lifelong challenges and the loss of Beverly's younger sister Andrea, who passed away 10 years ago at the age seven from sickle-cell disease. Beverly continues to be affected by the disease and has become a strong advocate with the Sickle Cell Disease Association of Canada.

We are also joined by Dr. Stoffman and Dr. Houston, who are medical professionals working out of CanerCare Manitoba with sickle-cell patients.

Dr. Stoffman and Beverly are passionate advocates, creating a sickle-cell peer support group which is an opportunity to interact with other people living with the disease. Together, they are continuously working to improve care for people living with the disease, increase awareness and advocating for newborn screening.

Please join me in recognizing these dedicated advocates for their ongoing efforts in battling sickle-cell disease.

Introduction of Guests

Madam Speaker: Prior to oral questions, we have some guests in the gallery.

We have seated in the public gallery, from River East Collegiate 30 grade 9 students under the direction of Anita Stepaniuk, and this group is located in the constituency of the honourable Minister of Sport, Culture and Heritage (Mrs. Cox).

Also in the public gallery, we have with us today Paul Shearon, secretary-treasurer of the International Federation of Professional and Technical Engineers, who is the guest of the Leader of the Official Opposition (Mr. Kinew).

And also in the public gallery, we have John Vourre and Denyse Vourre, who are the guests of the member for Thompson (Mr. Bindle).

On behalf of all of us here, we welcome all of you to the Manitoba Legislature.

ORAL QUESTIONS

Deer Lodge Centre Nursing Staff Layoffs

Mr. Wab Kinew (Leader of the Official Opposition): It's with a heavy heart that I rise today to acknowledge a wonderful woman who left us last night. Now, Sharoo Modha was an activist, she was a constituency assistant to my predecessor, Jennifer Howard in Fort Rouge, and she was a friend to many in the Manitoba political scene, including many in the NDP caucus here. She mentored me when I first joined politics, introducing me to many people in Fort Rouge. She even joked that she was my political mom with my own mom present there, laughing along at that one.

So our thoughts are with her sons and we will all miss Sharoo dearly.

Now, Sharoo would not want me to spend all of my first question talking about her. She would, of course, want me to hold the Premier to account.

Now, cuts to front-line workers like nurses mean that patient care will be affected, and cuts to nurses is just wrong.

So I'd like to ask the Premier: Will he reverse the layoffs of nurses at Deer Lodge Centre?

Hon. Brian Pallister (Premier): I'll offer, if I could, on behalf of our government, our condolences to friends, family and my colleagues in the Chamber on the loss of Sharoo.

We are privileged in the opportunity we have to meet so many wonderful people and to meet people who work with us as part of our constituency organizations or in a volunteer capacity, and I think we should never take that for granted and, of course, at times of loss we remember, but we need to remember every day. So our condolences.

We are investing, this year alone, Madam Speaker, over half a billion dollars more than was ever invested by the previous administration in health care. Some of that, of course, support goes to help employ people in the wonderful and important work they do to provide health care to the people of Manitoba.

We inherited a system that was, in many respects, broken. We will fix it, Madam Speaker.

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

Mr. Kinew: You know, I thank the Premier for his magnanimous words at the beginning. I'd also acknowledge our sister from Fort Richmond, who I know lost a constituency assistant friend not too long ago.

The decision to cut nurses in our health-care system is a troubling one, for sure, because not only will it impact those seniors living in the constituency of St. James who rely on that high quality of care in the Deer Lodge Centre, but as all people in Manitoba, we ought to be concerned about the impact this will have long-term on our health-care system. What is the impact on the system of repeat hospitalizations? What further visits to the ER, which further patient transfers, will be required if the seniors in the Deer Lodge Centre are not able to get the high-quality care that they deserve?

This is the wrong direction and it seems to be motivated purely by saving money.

So will the Premier stand up for the residents of Deer Lodge Centre and reverse these nurse layoffs?

Mr. Pallister: The member references wrong direction. Wrong direction was the way we were going for many years under the previous administration, Madam Speaker, and so the member weakens his case and argument when he falsely references reductions in staff.

In fact, there are 27 net new positions currently at the Deer Lodge facility in health-care services. The member again makes a false assertion and attempts to demonstrate compassion, but he doesn't have much compassion for the facts, Madam Speaker, and the facts are these: we inherited a broken system; we're committed to fixing it.

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

Mr. Kinew: Actually, Madam Speaker, the facts are these: the WRHA confirmed that, quote, the region expects a reduction in the number of nurses, end quote—referring to Deer Lodge Centre.

The union that represents them says that they're concerned, from a patient's perspective, about the care being offered by a registered nurse now being replaced with somebody who may not have the same level of training to be able to serve those seniors.

Now, we know that south Winnipeg has been affected by the closure of the Victoria ER. Northeast Winnipeg was hit by—will be hit by the Concordia closure, downtown Winnipeg hit by the

Misericordia closure. I bet the member for St. James (Mr. Johnston) was breathing a sigh of relief. Not so fast. Now Deer Lodge Centre is cutting 15 nursing positions because of the Premier's orders, orders that we have established he signs off on at the Cabinet table.

The Premier ought to do what's right. Will he reverse the 15 nursing layoffs at Deer Lodge Centre?

Mr. Pallister: Madam Speaker, the member's assertion is a false one, and it's based on a certain arrogance due to, I think, his lack of understanding that there are people in the health-care system who can provide care, beyond direct RN staff. There are people who work very diligently to provide care who are health-care aides. There are people who work very diligently to provide care who are licensed practical nurses.

I remember, when my mom was in her final days in hospital, walking in to visit her and seeing a nurse holding her hand who happened to be a licensed practical nurse. I would not want the member to leave on the record that he has disdain for the work that others do besides the category he conveniently cites, Madam Speaker.

I repeat: we inherited a broken system from the NDP, wait times that were longer than anywhere else in Canada. That is not compassionate, Madam Speaker. A compassionate government, such as this one, will fix the problem.

* (13:50)

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

Manitoba's Carbon Plan Manitoba Hydro Rates

Mr. Wab Kinew (Leader of the Official Opposition): The Premier's carbon tax is encapsulated in a political document that is riven with contradictions.

Now, we know that the Premier's plan will see the price of fossil fuels stay flat over five years, will actually decrease if you factor into account inflation. But at the same time, the rates for hydroelectricity will increase by 8 per cent a year for a cumulative impact of some 70 per cent, potentially, unless, of course, we manage to change course.

So that's the Premier's plan on climate: to have fossil fuels become cheaper even as hydroelectricity becomes more and more expensive year after year.

It's not a plan that's going to make life more affordable for Manitobans. It's not a plan that's going to make our climate better.

Will the Premier commit to not raising hydro rates by 7.9 per cent per year?

Hon. Brian Pallister (Premier): Well, Madam Speaker, unlike the previous government and the party of which the member is now leader, we understand who the real owners of Manitoba Hydro are, and they are the people of Manitoba, not political masters such as the NDP tried to make themselves be in the time that they were in power.

It was that gross overbuilding mismanagement that caused hydro debt to multiply, Madam Speaker. It was that—those politically influenced decisions that caused a bipole line to be constructed right around the province, 500 miles of additional tree destruction for no good reason, \$1 billion of additional debt, and it was that administration that set in course—*[interjection]*

Madam Speaker: Order.

Mr. Pallister: —the irreversible debt burden that Manitobans now have to accept without a payback, some experts say, for 30 years to come.

So, Madam Speaker, when the member—and every day he wishes to, I would appreciate it—he continues raising the issue of higher hydro rates, because we all know, and the people of Manitoba know, the reason that there are going to be higher hydro rates, and it was that government opposite that guaranteed that would be the case.

Now, Madam Speaker, we're very concerned about leaving more money in the hands of Manitoba working families and seniors, and we'll make sure we do our utmost to do what the previous government failed to do: keep more money on the kitchen table.

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

Mr. Kinew: Their proposal for 7.9 per cent hydro rate increases came under this Premier's watch. That is the bottom line. Green energy gets more expensive—

Some Honourable Members: Oh, oh.

Madam Speaker: Order.

Mr. Kinew: —during the time when this Premier is trying to implement a green plan. The only way that this could be more of a contradiction is if the carbon

tax was brought forward by a premier who had campaigned on an anti-tax platform. Oh, wait; he did.

Manitobans will see their hydro bills go up by hundreds of dollars. Manitobans will see gas prices go up under—*[interjection]*

Madam Speaker: Order.

Mr. Kinew: —this Premier's plan, but we've seen no evidence to date that that plan will actually improve things for the environment, perhaps, worst of all, no commitment to targets.

The Premier can take one step in the right direction. Will he commit to not raising hydro rates by 7.9 per cent per year?

Some Honourable Members: Oh, oh.

Madam Speaker: Order.

Mr. Pallister: Well, you got a great green plan—Manitoba—a made-in-Manitoba plan, and I know the member wants to claim that it would be better if there were higher taxes, Madam Speaker. And he talks about a plan, but I really like it when he talks about targets.

Here's what the Auditor General said about the NDP's target, their green plan, which they put out just before the last election. I quote from page 14, and I encourage the members to read it: More specifically, the December 15 plan was to reduce emissions. This would require more emissions reductions than could be obtained by taking every gasoline- or diesel-powered vehicle in Manitoba off the road.

That wasn't a plan, Madam Speaker, not a plan at all—a plan for failure, perhaps. The members opposite have no idea—*[interjection]*

Madam Speaker: Order.

Mr. Pallister: —about planning.

The report goes on, and this is the Auditor General of the Province of Manitoba speaking, to say, on page 15, that we expected the department to set short-term and long-term targets; however, this was not the case.

The members opposite didn't set any targets at all, Madam Speaker, just claimed they were green. The only green they care about is the green in the pockets of Manitobans, and they're not getting that.

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

Mr. Kinew: The only green that this Premier shows is his naivety in allowing hydroelectric rates to increase 7.9 per cent year after year after year under his watch. If this is such a great green plan that the Premier is bringing forward, why is the cleanest, greenest energy in Manitoba getting more and more expensive year after year? That creates less of an incentive for Manitobans to switch to greener—*[interjection]*

Madam Speaker: Order.

Mr. Kinew: —alternatives, both in transportation and in home heating costs. We know that that will mean more money from the wallets of homeowners and of ratepayers. That will mean lower margins for businesses that depend on hydro to power their activities. That is the record that this Premier is creating for himself.

Will this Premier ensure that Manitoba Hydro rates will not increase by 7.9 per cent per year?

Mr. Pallister: That green over there, Madam Speaker, is the colour of crocodile tears. It was that party that expanded hydro without a business case. It was that NDP government that dug a giant debt hole and promised Manitobans it wouldn't cost them a penny. That was that government that had no reason to expand hydro production at all, according to the experts, but did anyway so they could prop up their government and make their stats look better—no business case at all.

But there's one thing consistent about this new leader: when he had the chance to come up with an idea in his first week here, he proposed a death tax on Manitobans. When he had a chance to stand up against the federal government for jacking up taxes on small business, he sat down and was silent. And now he says Manitobans should pay a higher carbon tax. He's wrong; he's wrong; he's wrong, Madam Speaker.

We're going to leave more money in the hands of Manitobans with a made-in-Manitoba plan that works better for our environment and works better for our economy as well.

Victoria General Urgent Care Centre Highway and Road Access Concerns

Mr. Andrew Swan (Minto): Madam Speaker, Manitobans are very concerned about the cuts forced upon our health-care system by this government.

Winnipeggers of all political stripes are telling me and my NDP colleagues that the rush to close the Urgent Care Centre at Misericordia and force people needing urgent care to go to Victoria General Hospital is simply wrong.

There's construction on Pembina Highway, on Bishop Grandin Boulevard and Waverley Street, making access for many parts of Winnipeg a challenge.

Why has the Minister of Health failed to ensure there is adequate staff at the Vic to treat in a timely way those who are able to make it to the Vic for urgent care?

Hon. Kelvin Goertzen (Minister of Health, Seniors and Active Living): Madam Speaker, first of all, I want to commend St. Boniface Hospital, in particular the cardiac-care program, which today received special recognition from the Canadian institute of health information for being one of the best cardiac-care units in all of Canada, and I want to congratulate them.

Madam Speaker, interestingly, the cardiac-care unit has become such a success in Manitoba because of consolidation, because of consolidation of experts into St. Boniface Hospital, into that cardiac-care unit. It's that very same consolidation that drove the recommendations from Dr. Peachey, the hand-picked expert that was hired by the NDP, and the very same recommendations this member now opposes.

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

Wait Times and Staff Levels

Mr. Swan: Well, I thank the Minister of Health for pointing out the excellent record at St. Boniface general hospital for the period of the CIHI study from the spring of 2013 to the spring of 2016, and we're hoping that this minister's cuts are not going to turn back all of those benefits.

Now, we do appreciate objective evidence, and the wait line—wait-times online tracker, created several years ago, shows Winnipeggers, in real time, just how little care is actually available at Victoria General Hospital, the only urgent-care centre in Winnipeg.

* (14:00)

Yesterday, before question period, the tracker advised there are only two people waiting, but the wait time was two hours.

How few staff are there at Victoria General Hospital to treat two people in two hours?

Mr. Goertzen: Well, Madam Speaker, I know that the member opposite, when people were waiting five, six, seven, eight hours in emergency rooms and urgent-care centres before, when he was in government, said absolutely nothing about it.

We're proud that in the last year, year over year, there's been a 28 per cent reduction in wait times when you compare the CN-CHHI statistics year over year, a 28 per cent reduction in wait times.

We would've had to wait an awful long time, maybe another 17 years, maybe 35 years for there ever to be an improvement under that former government. Thankfully, Manitobans decided they were tired of waiting for improvement and they voted for a Progressive Conservative government.

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

Mr. Swan: Well, unfortunately for this minister, Winnipeggers actually have the opportunity in real time to see how his government is failing. We know that wait-time numbers can increase based on the time of day, the weather and other factors, and just a few minutes ago the wait-times tracker tells us, well, there's 14 patients at the Vic and the waiting time now is four hours and 15 minutes. And this is not an emergency room; it's an urgent-care clinic, and it's clearly the only urgent-care clinic in Winnipeg.

Flu season is approaching, winter means more broken bones and sprains, which the government's own ad campaign says are to be treated at urgent care. *[interjection]*

Madam Speaker: Order.

Mr. Swan: The wait tracker shows the system is rightly overwhelmed.

Why has this minister prioritized cuts over care for Manitobans?

Mr. Goertzen: Well, Madam Speaker, even in the worst-case scenario, that wait time which was cited by the member would be half of what it was under the former government.

But he should also know that with the wait times that were posted online under his government, it used to measure when a person came to the emergency room and when they were ushered into a backroom to wait for another few hours. Those wait times that are now online are from when a person enters an

emergency room to when they actually see a doctor. So it's even better, Madam Speaker, because we wanted a true—now, we could talk about what he did with the recidivism rate when he changed the definition to try to make it look like things were actually getting better when he was the Attorney General.

We're giving real wait times and they are getting better, Madam Speaker.

Affordable Post-Secondary Education Need for Financial Supports for Students

Mr. Matt Wiebe (Concordia): After cutting \$60 million in supports for students, failing to meet their need for bursaries and pushing through the biggest hike in tuition in a generation, it's absolutely clear that this Premier (Mr. Pallister) doesn't care about students in this province.

Life is getting more expensive and post-secondary education is becoming unaffordable to hundreds of students. As we hear—heard from presenter after presenter at committee the other night, these costs are being borne disproportionately by young people, newcomers and indigenous Manitobans: people who need the most support to get their start in life.

If the minister isn't on the side of these many Manitobans, whose side is he on?

Hon. Ian Wishart (Minister of Education and Training): We were very pleased to work on behalf of all Manitobans to make sure that all Manitobans have access to a good post-secondary education. That requires working co-operatively with the post-secondary institutions, something the previous government had a very poor record in.

At the same time, we are also focused on making sure that students that don't have finances of their own have opportunities through scholarships and bursaries to get a good post-secondary education, and we are very pleased to have more than five times the amount of money through Manitoba scholarships and bursaries: \$20 million compared to your four.

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

Mr. Wiebe: In response to concerned students who wrote to the government about skyrocketing tuition, the minister has sent a letter saying that the government's aim is to balance between the false choice of, quote, reducing the administrative burden

on universities, end quote, and, quote, protecting the affordability of post-secondary education, end quote.

It's these kinds of false choices, Madam Speaker, that are at the centre of every reduction this government is making. Cutting supports to students and increasing tuition was this government's choice, while at the same time freezing supports for universities was also their choice, and it's students, ultimately, that are left holding the bag.

Why is this minister setting up another false choice for Manitobans?

Mr. Wishart: The member should look at the numbers for the previous two years to realize that we have supported post-secondary institutions at a rate that is more than competitive across the country in terms of support, and at the same time we have made significant change and targeted the dollars of—that are available in bursaries and scholarships to those students that need it.

I think we listened to the students of Manitoba and targeted the dollars to those that were in need, and I think Manitoba students are pleased with that.

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

Mr. Wiebe: Well, the minister wants to talk about numbers; let's talk numbers. Sixty million dollars in support has been taken away from students, and tuition is set to rise over 30 per cent by this government, and the minister is nowhere near meeting his commitment on bursaries, at the same time freezing grants to institutions.

And all this government can talk about is finding cost savings that aren't being invested back into post-secondary education. The letter from this government makes it clear that this is all an exercise in cutting costs and not improving education or keeping education affordable.

Will the minister stop trying to balance the books on the backs of students in this province?

Mr. Wishart: We're very pleased to work constructively with the post-secondary institutions to make sure that students have better options in the future and greater choices in terms of post-secondary education.

During the—since 1999 to 2016, the percentage of Manitobans that have a post-secondary education has actually dropped. So, during your period of time, when they were government, Manitoba

actually lost ground in terms of percentage that had post-secondary education. We intend to fix that.

Provincial Court Amendment Act Judicial Training and Continuing Education

Ms. Nahanni Fontaine (St. Johns): Former interim leader of the federal Conservatives, Rona Ambrose, says sexual assault training for judges will, and I quote, create a level of confidence so that people can move forward. Stories of judges making violating comments to sexual assault victims point to a federal—a fundamental flaw in some sentencing processes of sexual assault cases, which actually end up further shaming and victimizing women and girls. Our judicial process needs more transparent education processes.

Will the minister stand with her former federal leader and vote in favour of Bill 227?

Hon. Heather Stefanson (Minister of Justice and Attorney General): Indeed, all victims of domestic violence, stalking and assault—sexual assault should be treated with respect and sensitivity within our court system, and we recognize that, Madam Speaker.

The education of our judiciary is the responsibility of the chief judge, and is already being provided to judges and JJPs in sexual assault law and the recent changes to The Domestic Violence and Stalking Act. The judicial independence, Madam Speaker, is a central principle in our constitutional democracy. The legislation that this member has introduced violates that principle and would likely fail a constitutional challenge.

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

Ms. Fontaine: We support the need for a free and independent 'judiciary,' and certainly, Bill 227 does not contravene this important principle, but instead Bill 227 strengthens the 'judiciary' by providing a wholesome and robust understanding of sexual assault, consent and deconstructing the myths and stereotyping of sexual assault.

* (14:10)

The current process is telling sexual assault complainants that if they report their assault, they might not be treated with the same dignity, compassion and respect of other victims of crime.

Does the minister agree that the juridical education process should be made clear to the public?

Mrs. Stefanson: I just want to take this opportunity to thank Jane Ussel and the incredible work that they do at RESOLVE, for all they do to—and we want to continue to work with them to find principle—practical and action-oriented ways to help victims of family violence, and we want to continue to work with them on that.

We believe that there is a way—[interjection]—Madam Speaker, we believe that there is a way to respect judicial independence, respect the constitution of our country and work with those to end family violence.

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

Ms. Fontaine: The minister said in question period yesterday that Manitoba judges go—undergo regular training in sexual assault. This is actually a distorting and erroneous statement. New judges do not undergo comprehensive training that puts sexual assault into a social context. They do not undergo training on the rules of consent and the stereotypes applied to sexual assault victims.

Will the minister vote for 227 and thereby confirm that all judges, new or old, treat victims of assault with respect?

Mrs. Stefanson: We're very much in favour of working together and finding ways to further protect victims of sexual assault and domestic violence, and I believe, Madam Speaker, that this can be done without disrespecting the Constitution and without disrespecting judicial independence.

Bill 227 violates judicial independence, an essential principle—[interjection]

Madam Speaker: Order.

Mrs. Stefanson: —of our constitutional democracy.

We respect the Constitution, we respect the law. We will work with those victim organizations like RESOLVE and others to ensure that we protect all of those in the areas of family violence and we will do so by respecting judicial independence and respecting the Constitution of our country.

Senior Adult Day Program Fee Increase Concerns

Ms. Cindy Lamoureux (Burrows): Madam Speaker, I say it again: this government is hiding behind Cabinet confidence and the WRHA with their decisions, rather than taking the responsibility. Take the adult day program for seniors: this past summer the fee more than doubled from \$8.85 to \$17.70 daily.

So Madam Speaker, my question is simple: How can this Premier justify charging our seniors to stay healthy?

Hon. Brian Pallister (Premier): Well, Madam Speaker, I just have to respond to the member—to say to her and her colleagues—when they had the opportunity to stand up for Manitobans and for better health care in the face of federal Liberal cuts to our transfers, they failed. Like the NDP opposite, they sat quietly on their hands—or in the case of the Liberals, they didn't sit on their hands, they actually applauded Ottawa for cutting health care support for Manitoba. So now asking these questions, there they go again, Madam Speaker.

Now, here in Manitoba we have a challenge. We inherited a system that was broken. We're in the process of fixing it. We used to have an equal partner, then we had a junior partner in Ottawa, and now we got a mini-me partner that wants to tell us what to do. And the provincial Liberals are standing quietly supporting Ottawa on this and they should really reconsider their position under their new leader.

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

Ms. Lamoureux: Madam Speaker, I'd like to thank seniors like Eunice, one of my constituents, for approaching our caucus and for sharing their concerns about the changes to the adult day program. This program has had a profound impact on her life, just as like many others. And Madam Speaker, for over 20 years she has been attending Fred Douglas Lodge for activities to remain physically healthy and mentally sharp. However, this government's increases are making it virtually impossible for her to continue attending this adult day program.

Why does the minister feel that Eunice has to pay \$2,300 more annually to remain healthy?

Hon. Kelvin Goertzen (Minister of Health, Seniors and Active Living): I appreciate that has

gone to her MLA and expressed concerns. That is certainly a democratic part that all of us play as members of the Legislature.

We know that Eunice, because of the former NDP government, would have been paying more because of the increase of the PST. That is something the former government brought in on Eunice and all of Manitobans, Madam Speaker, but not just the NDP haven't stood up when they should be standing up for Eunice and for others. The member herself, when it comes to the federal government, we are now only getting 19 per cent support of health care when it comes to the federal government. Traditionally and historically, it was 50 per cent and it's been going down since then. The federal government decisions most recently will cause it to be less than 19 per cent.

I certainly hope that the member opposite brought that up to Eunice.

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

Ms. Lamoureux: This program fee is forcing seniors to stay at home, only to feel isolated and be directly impacted both physically and mentally in a negative way.

Will this government take this decision back to Cabinet and fix their mistake?

Mr. Goertzen: Well, Madam Speaker, I don't know Eunice personally, but my suspicion is that those who have lived many years in Manitoba and other provinces in Canada understand that the health-care system has to be sustainable. It has to be sustainable for their children. It has to be sustainable for their grandchildren.

I think that all Manitobans have put a duty on all of us as MLAs who are elected here not just to look at things today, but to wonder how it's going to be in the future, 10 or 20 years from now, and to work towards that.

The easiest thing to do, of course, is just to make a decision based on the facts that we have today, but we have to make decisions so that our kids and our grandkids also get the support that they need.

And in that similar vein, I hope that the member opposite brings that message to Ottawa and tells them that we need them to be a partner for sustainable health care in Manitoba as well. *[interjection]*

Madam Speaker: Order.

**Education Investments
Infrastructure Renewal Projects**

Mr. Blair Yakimoski (Transcona): Our government, while reducing waste, has heavily invested in what is important to Manitobans. Investing in education was and continues to be a prioritization of our government.

Can the minister elaborate on the impact of the recent \$53.7-million investment in 110 infrastructure renewal projects across the province and what effect it'll have on students?

Hon. Ian Wishart (Minister of Education and Training): I thank the member for the question.

It's extremely important to recognize that our government has shifted course, has turned the canoe in the right direction, at the right time, and away from the opposition's style of tax and spend. *[interjection]*

Madam Speaker: Order.

Mr. Wishart: Our investments are made in critical areas in Manitoba—for Manitobans to see value.

I was proud to recently announce that our government is investing \$53.7 million in 110 infrastructure renewal projects which will aid in the education of students across our province, assist our province's fine educators with better infrastructure in their workplaces. Students are a great investment and we are proud to have invested in their future.

Our government is proud and will continue to be proud to support students across this province.

**Manitoba's Carbon Plan
Emission Reduction Projections**

Mr. Rob Altemeyer (Wolseley): Yesterday in Estimates, the Minister for Sustainable Development confirmed that her government's preferred approach to monitoring carbon emissions is something called business as usual. Now, under business as usual, her government also projects that emissions—*[interjection]*

Madam Speaker: Order.

Mr. Altemeyer: —in Manitoba will rise to 24 megatons over the next five years.

Could the minister please explain to the House how those emissions are going to increase each year—

year 1, 2, 3, et cetera—from now until they reach 24 megatons in year 5?

Thank you.

Hon. Rochelle Squires (Minister of Sustainable Development): We were very proud to unveil our made-in-Manitoba climate and green plan, a plan that sets out realistic, achievable and practical solutions towards transitioning to a low-carbon future. It's one that I'm hoping that all Manitobans will support and work together with us as we make this transition to a low-carbon economy, unlike members opposite who came up with just ridiculous ideas about taking all vehicles off of the roads and putting out unrealistic targets that they had absolutely no way of achieving and then calling that a green plan.

* (14:20)

They had no plan to protect the environment, Madam Speaker. We do and we'll get it right.

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

Mr. Altemeyer: The minister's reluctance or inability to provide that information is very concerning, and it also runs directly contrary to the document that she and her Premier just released on Friday.

And I quote from the document. It says, quote, the goal must be actual, ongoing emissions reductions. Our focus should therefore be on consistently reducing emissions over time.

Our government reduced the rate of emissions by 90 per cent over our time in office. And, in the absence—

Some Honourable Members: Oh, oh.

Madam Speaker: Order.

Mr. Altemeyer: Madam Speaker, I—

Some Honourable Members: Oh, oh.

Madam Speaker: Order. Order.

Mr. Altemeyer: Madam Speaker, I would hope every single member of the government that just applauded will now go to the minister and say, in order for us to all be accountable as a government to Manitobans, we need to provide baseline data to Manitobans on what the emissions projection's going to be.

Will the minister or the Premier (Mr. Pallister) please commit to providing that information and be held accountable by Manitobans?

Ms. Squires: I'm very pleased that the member opposite has taken some time to read our made-in-Manitoba climate and green plan and is actually getting a look at what a real climate plan is.

And while he was quoting from that document, I'd like to quote from another document, the Auditor General's report, that says: Previous efforts to reduce greenhouse gas emissions were hampered by inadequate analysis, lack of implementation details, and weak progress monitoring. Previous efforts to identify the climate risks and develop strategies for managing risk were incomplete.

Madam Speaker, where they failed to protect the environment, we're going to get it right.

Some Honourable Members: Oh, oh.

Madam Speaker: Order. Order.

Local Vehicles for Hire Presenters at Committee

Mr. Jim Maloway (Elmwood): Manitoba's about to make history, but in a bad way, on Bill 30, The Local Vehicles for Hire Act.

Madam Speaker, it's a point of pride for members of the Assembly that every bill in this House goes to committee so members of the public can have an opportunity to make their voice heard. So far, 268 people have registered to speak to Bill 30. Only 142 have presented, with 126 left for tonight.

Will this Premier make sure that every Manitoban who wants to speak to Bill 30 will have a chance?

Hon. Brian Pallister (Premier): Unlike the members opposite, Madam Speaker, we respect Manitobans' points of view. We've consistently gone and asked Manitobans on important issues how they feel, what they want. And we've got over 35,000 Manitobans participating.

It's been six years that the NDP—since the NDP went to the doors of Manitobans, knocked, looked people right in the eye. It was trick or treat time for the NDP. They had a little bag, they were collecting votes—[interjection]

Madam Speaker: Order.

Mr. Pallister: —and now, now what happened, Madam Speaker, was that—[interjection]

Madam Speaker: Order.

Mr. Pallister: —Manitobans had tricks played on them by the NDP. They promised they wouldn't raise their taxes, looked them right in the eyes, but they were wearing a disguise, Madam Speaker, the disguise of principled political people.

But they didn't demonstrate those principles, Madam Speaker. Instead, they broadened the PST, they raised the PST and they played tricks on all Manitobans. And Manitobans will remember. They'll remember that six-years-ago incident and the two years later when the PST was raised, and they will not forget, Madam Speaker.

I hope all the children in Manitoba are safe tonight as they enjoy a real trick or treat, not the phony one that the NDP played on Manitobans.

Madam Speaker: The time for oral questions has expired.

PETITIONS

Transit Funding

Mr. Wab Kinew (Leader of the Official Opposition): It's great to see the Premier's personal growth on the important political topic of Halloween.

I wish to present the following petition to the Legislative Assembly. It's another good one. It's a very spooky petition in honour of Halloween.

The background to this petition is as follows:

(1) Bill 36, the budget implementation and statutes amendment act, 2017—

An Honourable Member: Point of order.

Madam Speaker: Order, please.

Point of Order

Madam Speaker: The honourable member for Lac du Bonnet, on a point of order.

Mr. Wayne Ewasko (Lac du Bonnet): I know that we've had the topic of green in this House for this question period, and I know that the Leader of the Official Opposition is green in his new role as leader, but I do believe that the rules for presenting petitions are pretty straightforward, and it's no sidebar conversations whilst—

An Honourable Member: And preamble.

Mr. Ewasko: –and preambles whilst the member is up speaking.

So I would like you to take this under advisement and canvass the House, and I believe that the Leader of the Official Opposition's petition is out of order.

Madam Speaker: Are there—is there any further comments to that point of order?

Mr. Kinew: I would just withdraw and move on to restart the petition.

Madam Speaker: I think that would be acceptable, and I would caution members that when you are reading petitions, it is to be clearly read with what is in front of you, and there is not to be a preamble of any kind other than a straightforward presentation of the petition. So I thank the member for that.

* * *

Mr. Kinew: I wish to present the following petition to the Legislative Assembly of Manitoba.

The background to this petition is as follows:

(1) Bill 36, the budget implementation and statutes amendment act, 2017, section 88(8), repeals the portion of The Municipal Taxation and Funding Act which states, and I quote: The municipal grants for fiscal year—for a fiscal year, rather—must include for each municipality that operates a regular or rapid public transit system a transit operating grant in an amount that is not less than 50 per cent of the annual operating cost of the transit system in excess of its annual operating revenue. End quote.

(2) Public transit is critical to Manitoba's economy, to preserving its infrastructure and to reducing the carbon footprint.

(3) Eliminating the grant guarantees for municipal transit agencies will be detrimental to transit service and be harmful to provincial objectives of connecting Manitobans to employment, improving aging road infrastructure and addressing climate change.

We petition the Legislative Assembly of Manitoba as follows:

Some Honourable Members: Oh, oh.

Madam Speaker: Order. Order, please.

Mr. Kinew: To urge the provincial government to withdraw its plan to repeal the annual operating grant for municipal transit agencies and remove

section 88(8) of Bill 36, the budget implementation and statutes amendment act, 2017.

Now this petition was signed by Donna Mahdi, Carole Subtelny, Madeline Noyes and many other Manitobans.

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

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

* (14:30)

The background to this petition is as follows:

Bill 36, the budget implementation and statutes amendment act, 2017, section 88(8) repeals the portion of The Municipal Taxation and Funding Act which states, quote: "The municipal grants for a fiscal year must include for each municipality that operates a regular or rapid public transit system a transit operating grant in an amount that is not less than 50 per cent of the annual operating cost of the transit system in excess of its annual operating revenue."

Second, public transit is critical to Manitoba's economy, to preserving its infrastructure and to reducing the carbon footprint.

Third, eliminating the grant guarantees for municipal transit agencies will be detrimental to transit services and be harmful to provincial objectives of connecting Manitobans to employment, improving aging road infrastructure and addressing climate change.

We petition the Legislative Assembly of Manitoba as follows:

To urge the provincial government to withdraw its plan to repeal the annual operating grant for municipal transit agencies and remove section 88(8) of Bill 36, the budget implementation and statutes amendment act, 2017.

This petition is signed by many Manitobans.

Northern Patient Transfer Program

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

The background to this petition is as follows:

(1) Manitobans recognize that everyone deserves quality, accessible health care.

(2) The people of northern Manitoba face unique challenges when accessing health care, including inclement weather, remote communities and seasonal roads.

(3) The provincial government has already unwisely cancelled northern health investments, including clinics in The Pas and Thompson.

(4) Furthermore, the provincial government has taken a course that will discourage doctors from practising in the North, namely, their decision to cut a grant program designed to bring more doctors to rural Manitoba.

(5) The provincial government has also substantially cut investments in roads and highways, which will make it more difficult for northerners to access health care.

(6) The provincial government's austerity approach is now threatening to cut funding for essential programs such as the Northern Patient Transportation Program, which was designed to help some of the most vulnerable people in the province.

(7) The provincial government has recently announced it would cancel the airfare subsidy for patient escorts who fly to Winnipeg for medical treatment, which will be devastating for patients with mobility issues, dementia or who are elderly and need assistance in getting to the city.

(8) The challenges that northerners face will only be overcome if the provincial government respects, improves and adequately funds quality programs that were designed to help northerners, such as the northern transportation program.

We petition the Legislative Assembly of Manitoba as follows:

To urge the provincial government to recognize the absolute necessity of maintaining and improving the Northern Patient Transportation Program by continuing to respect Northern Patient Transfer agreements and funding these services in accordance with the needs of northern Manitobans.

And this petition, Madam Speaker, has been signed by many Manitobans.

Taxi Industry Regulation

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

The background of the petition is as follows:

(1) Taxi industry in Winnipeg provides an important service to all Manitobans.

(2) Taxi industry is regulated to ensure there are both the provision of taxi service and a fair and affordable fare structure.

(3) Regulations have been put in place that has made Winnipeg a leader in protecting the safety of taxi drivers through the installation of shields and cameras.

(4) The regulated taxi system also has significant measures in place to protect passengers, including a stringent complaint system.

(5) The provincial government has moved to bring in legislation through Bill 30 that would transfer jurisdiction to the City of Winnipeg in order to bring in so-called ride-sharing services like Uber.

(6) There were no consultations with the taxi industry prior to the introduction of this bill.

(7) The introduction of this bill jeopardizes safety, taxi service, and also puts consumers at risk, as well as the livelihood of hundreds of Manitobans, many of whom have invested their life savings into the industry.

(8) The proposed legislation also puts the regulated framework at risk and that could lead to issues such as what has been seen in other jurisdictions, including differential pricing, not providing service to some areas of the city, and significant risks in terms of taxi driver and passenger safety.

We petition the Legislative Assembly of Manitoba as follows:

To urge the provincial government to withdraw its plans to deregulate the taxi industry, including withdrawing Bill 30.

And this petition was signed by many Manitobans.

Transit Funding

Ms. Flor Marcelino (Logan): I wish to present the following petition to the Legislative Assembly of Manitoba.

The background to this petition is as follows:

(1) Bill 36, the budget implementation and statutes amendment act, 2017, section 88(8) repeals the portion of The Municipal Taxation and Funding Act which states, "The municipal grants for a fiscal year must include for each municipality that operates a regular or rapid public transit system a transit operating grant in an amount that is not less than 50 per cent of the annual operating cost of the transit system in excess of its annual operating revenue".

(2) Public transit is critical to Manitoba's economy, to preserving its infrastructure and to reducing the carbon footprint.

(3) Eliminating the grant guarantees for municipal transit agencies will be detrimental to transit services and be harmful to provincial objectives of connecting Manitobans to employment, improving aging road infrastructure and addressing climate change.

We petition the Legislative Assembly of Manitoba as follows:

To urge the provincial government to withdraw its plan to repeal the annual operating grant for municipal transit agencies and remove section 88(8) of Bill 36, the budget implementation and statutes amendment act, 2017.

Signed by many, many Manitobans. Thank you.

Fisheries

Mr. Rob Altemeyer (Wolseley): I wish to present the following petition to the Legislative Assembly of Manitoba.

* (14:40)

The background to this petition is as follows:

(1) Many fishers are opposed to the provincial government's Bill 23, The Fisheries Amendment Act, which will pull Manitoba out of the Freshwater Fish Marketing Corporation, or FFMC.

(2) Fishers are concerned their livelihoods will be negatively impacted by this legislation in multiple ways such as loss of revenues, higher expenses, uncertain market conditions and potential depreciation of the value of quota entitlements.

(3) Multiple recent court rulings have shown that a government must engage in proper consultation with indigenous communities when a government decision is going to impact treaty rights. No such consultations occurred before Bill 23 was introduced.

(4) Additional court rulings have established that a government cannot delegate its responsibility to proper consultations to a third party. The meetings hosted by the fisheries envoy after Bill 23 was introduced did not constitute proper consultation.

(5) Fishers are alarmed by public comments made by the fisheries envoy that the decision to pull out of FFMC was final and that the provincial government has no intention of changing its decision no matter what the fisheries envoy heard from fishers during meetings.

(6) Bill 23 could very well face court challenges, which will be expensive for all involved, including the provincial government.

(7) Fishers are additionally concerned that Bill 23 could lead to excess fish processing capacity in Manitoba, thereby putting unsustainable pressure on fish stocks.

We petition the Legislative Assembly of Manitoba as follows:

(1) To urge the provincial government to immediately withdraw Bill 23, The Fisheries Amendment Act; and

(2) To urge the provincial government to initiate proper and respectful consultations with fishers on the future of Manitoba's valuable fisheries and the families and communities that depend on them.

This petition was signed by Thelma Beardy, Bernice McKay, Larry Traverse and many fine Manitobans.

Madam Speaker: Grievances?

ORDERS OF THE DAY

(Continued)

GOVERNMENT BUSINESS

House Business

Hon. Cliff Cullen (Government House Leader): Madam Speaker, could you please canvass the House for unanimous consent to allow the following arrangement for private members' business on Tuesday, November 7th, 2017: From 10 to 10:30 the House will consider selected Bill 209, The Mental Health Amendment and Personal Health Information Amendment Act, sponsored by the member for Kewatinook (Ms. Klassen); (2) the second reading vote of selected Bill 209, previously scheduled for 10:55 on November 7th, will be held at 10:25; (3) from 10:30 to 11:15 the House will consider

the private member's resolution sponsored by the member for Burrows (Ms. Lamoureux), titled Immigration; and (4) from 11:15 to 12 o'clock the House will consider the private member's resolution sponsored by the member for Assiniboia (Mr. Fletcher), titled Conflict of Interest Legislation in Manitoba is Woefully Inadequate and Must be Overhauled. Also, Madam Speaker, if the House agrees, this will serve as my official announcement for both PMRs.

Madam Speaker: Is there unanimous consent to allow the following arrangement for private members' business on Tuesday, November 7th, 2017: (1) From 10 to 10:30 the House will consider selected Bill 209, The Mental Health Amendment and Personal Health Information Amendment Act, sponsored by the member for Kewatinook (Ms. Klassen); (2) the second reading vote of selected Bill 209, previously scheduled for 10:55 on November 7th, will be held at 10:25; (3) from 10:30 to 11:15 the House will consider the private member's resolution sponsored by the member for Burrows (Ms. Lamoureux), titled Immigration; and (4) from 11:15 to 12:00 the House will consider the private member's resolution sponsored by the member for Assiniboia, titled Conflict of Interest Legislation in Manitoba is Woefully Inadequate and Must be Overhauled.

Agreed? [*Agreed*]

* * *

Mr. Cullen: On House business today, would you call the following bills: Bill 34, Bill 40, Bill 35 and Bill 39?

Madam Speaker: It has been announced that the House will consider second reading of the following bills this afternoon: 34, 40, 35 and 39.

DEBATE ON SECOND READINGS

Bill 34—The Medical Assistance in Dying (Protection for Health Professionals and Others) Act

Madam Speaker: Therefore, moving on to Bill 34, the medical assistance in dying, protection for health professionals and others.

Questions

Madam Speaker: And we are at the point of starting the question period for that, and I would just remind members that a question period of up to 15 minutes will be held.

Questions may be addressed to the minister by any member in the following sequence: first question by the official opposition critic or designate; subsequent questions asked by critics or designates from other recognized opposition parties; subsequent questions asked by each independent member and remaining questions asked by any opposition members; and no question or answer shall exceed 45 seconds.

Mr. Andrew Swan (Minto): We know that the Criminal Code amendments provide that only a doctor or a nurse practitioner can be directly involved in assisting a patient with death. Is the minister aware of any doctor or nurse practitioner in Manitoba that's been forced to assist with death by the professional body or by a health authority?

Hon. Kelvin Goertzen (Minister of Health, Seniors and Active Living): I thank the member for Minto for the question.

He's aware that there is a medical MAID team that's been established in Manitoba. I would commend him and members of his government for being part of the establishment of that team. We think it's an appropriate way to go.

So at this point in time, of course, we don't believe any member has been forced to participate in the medical MAID team, but we also know that this is a new area of law and an evolving area of law and many medical professionals have come to me as the Minister of Health and asked for this particular protection which is afforded in this bill.

Mr. Swan: I thank the minister for his response.

We do know that there may be other health-care professionals or health-care employees who may provide some ancillary assistance to doctors or nurse practitioners, I think in particular pharmacists who will have to dispense the dose of a drug that may assist with the death.

Again, does the minister know of any other health-care professional or health-care employee in Manitoba who say that they've been forced to assist with an assisted death situation in the province of Manitoba?

Mr. Goertzen: I thank the member for the question again and the consideration of how we've established the process of MAID in Manitoba through the MAID team. Members aren't required to participate in the medical assistance, in the MAID team, but as the member knows this is a relatively new area of law.

One of the challenges is when the courts make law, as they have in this case, they often don't fill in many of the policy ramifications. They simply say what the law requires and so in the Carter case they indicated that Canadians had the right to an assisted death but there was a lot of things that weren't discussed, not the least of which are institutions which might have a faith-based characteristic or a background to them, and so this legislation has been requested by medical professionals.

To date, I can inform the member I've received approximately 7,000 letters in favour of the legislation.

Mr. Swan: Can the minister just confirm that he is aware of the provisions in the codes of conduct of both the College of Physicians and Surgeons, which of course govern the practice of medicine in Manitoba, and the College of Registered Nurses of Manitoba, who govern nurse practitioners in Manitoba and that their codes of conduct specifically provide that conscious protection is given to doctors and nurse practitioners?

Mr. Goertzen: Certainly, I've enjoyed working with the College of Physicians and Surgeons and the college of nurses, having spoken with representatives from the nursing profession and their representatives. They've indicated that they support the legislation.

While the current environment, of course, is such that we appreciate the way the procedures and the policies are laid out, particularly with the College of Physicians and Surgeons, and again, I'll credit those who were involved in the development of those policies prior to us becoming government. I think we've hit a good balance in Manitoba, but medical professionals know that this an all-ever-evolving landscape and they've asked for this protection and legislation.

We think it's a reasonable thing to do, to give them that assurance that they've been looking for, and we'll continue to work with the college and other self-regulated professions, Madam Speaker.

*(14:50)

Mr. Swan: I thank the minister for that response, and the minister talks about balance and what we do acknowledge is a new frontier with the law.

Can the minister point to anything in the bill which guarantees timely and appropriate access to Manitoba patients who may be seeking information on medical assistance in dying?

Mr. Goertzen: I thank the member for the question. It's an important question. Certainly, we believe that the policies that were struck by the College of Physicians and Surgeons in terms of ensuring that information is provided—in terms of how to access MAID, and to provide patients with that direction—in terms of how they can get that information—is a good, reasonable balance.

Certainly, to date—and this is, again, a relatively new legal frontier and medical frontier as well—we've not heard concerns specifically, except for one most recent concern about accessing that information. The Leader of the Official Opposition (Mr. Kinew) raised in Question Period. That particular case, it was raised in the media. I also looked into that particular case. I understand the individual's had an assessment now, but we continue to try to make sure that there's timely assessments.

Mr. Swan: I just—I want to follow up on that just a little bit.

The minister says that even though there was provisions in the codes of conduct for doctors and nurse practitioners that are now being enshrined in this legislation, the minister also talks about various provisions and codes of conduct that are intended to give patients in Manitoba equal rights to have that information.

Why would the minister not also want to enshrine those provisions of the code in legislation?

Mr. Goertzen: Madam Speaker, we've—were approached by medical professionals who were looking for this type of assurance. Of course, we'll monitor how the medical assistance in dying procedures—and the policies take place. I think that every government in Canada is—provincial government in Canada—is struggling in some ways to ensure that it is done in an appropriate way and respects individual rights—in some cases, institutional rights, as well—coming out of the Carter decision.

It is a challenge when laws are made in the courts, but they don't always have a full policy discussion. That's not being critical of the courts; the court's role isn't necessarily to put in that policy framework, but it does leave it to the legislatures and the Parliament to do it. And we'll continue to do that as the weeks, months, and years go ahead.

Mr. Swan: I do thank the minister for his answer.

I just want to pursue that a little bit further, though. The minister spoke about the codes of

conduct having some requirements on doctors and nurse practitioners if a patient of theirs is interested in receiving more information.

Is the minister then relying solely on the codes of conduct, or is there other policy or other procedures that are intended to guarantee Manitobans the right to seek information—ultimately to seek assisted death, as has been enshrined by the Supreme Court of Canada?

Mr. Goertzen: The court, I don't believe, in the Carter decision—although there are those who are more knowledgeable about the Carter decision, perhaps, than I am in this Assembly right now, Madam Speaker—didn't speak about a particular time frame in terms of accessing information on a medical assisted death.

And so that is one of the challenges in terms of trying to determine the appropriate time frame. We believe that, with the MAID team, in terms of the actual provision of the procedure and the policies that have been put in place that, at this stage, it looks like—that those have been working well. However, I recognize that there was a public—a concern that was raised within the last week. We're going to continue to learn from that.

The member is suggesting that there might need to be something more than policy put in place in the future. I'm not closed-minded to that, I just think we need more evidence.

Hon. Steven Fletcher (Assiniboia): My question deals with the Supreme Court ruling, *Carter v. Canada*. And in that ruling, it says—well, essentially, that there's nothing in the ruling that would force a doctor to act against—or a health-care professional to act against their conscience. That's in section 132.

And it says a decision to participate in assisted dying is a matter of conscience, and sometimes religious beliefs. And making this observation, they—item line the Charter of Rights.

For example, a doctor does not need to treat a patient—

Madam Speaker: The honourable member's time has expired.

Mr. Goertzen: I certainly would offer leave to hear other questions from the member. I know, and I appreciate that he has a particular interest and history with this, with the particular case and I respect that. We haven't always agreed on every aspect of this,

Madam Speaker, but the member should know I have tremendous respect for him individually. I have read now part of his book, a master of my own fate, and I appreciate his perspective on these things even though we might have a difference.

When it comes to his particular question, he is correct, the court did not—did say that medical professionals did not have to participate; this enshrines particular protections so that their callers can't take any action against them.

Madam Speaker: Are there any further questions?

The time for this question period has ended.

Debate

Madam Speaker: The floor is open for debate.

Mr. Andrew Swan (Minto): I am pleased to speak to Bill 34, The Medical Assistance in Dying Act this afternoon. We know just as we dealt with this morning, many times our Legislature is called upon to discuss and to debate what can be difficult social, moral, legal, medical issues, and this is certainly one of those days.

Medical assistance in dying has been a controversial matter in Canada for, I suppose for several decades as discussions have begun as various court cases made their way through the system, and ultimately not that long ago, a case called *Carter versus the Attorney General of Canada* made its way all the way to the Supreme Court of Canada.

Of course, all 57 of us in this Chamber, Madam Speaker, have different experiences, we may have different beliefs and different views on things, and we may frame even agreement on various issues in different ways. And that may be what we hear in some of the debate this afternoon.

We note that in the Carter case, the Supreme Court of Canada declared unconstitutional—unlawful, if you will—certain prohibitions in the criminal code in against aiding and abetting a person to commit suicide or consenting to having death inflicted upon them. And of course, this wasn't a blanket comment or a blanket ruling being made by the Court of Appeal, it dealt specifically with certain medical professionals in certain situations.

And under the federal legislation, which came as a result after a great deal of study, and I hope a great deal of reflection, the federal government passed laws changing the Criminal Code of Canada to allow for a doctor or a nurse practitioner—those two

professionals and those two professionals only—to assist someone who decided of their own free will that their own suffering, that their own illness was too much for them to bear and that they wanted assistance in ending their life.

It is important to note that under the federal legislation, no one—no doctor, no nurse practitioner, no one else—is actually compelled to participate in medical assistance in dying. It's made very clear that an individual can, without disciplinary or employment repercussions, refuse to participate in medical assistance in dying because of their personal convictions. And further, that a professional regulatory body cannot require its members to participate in medical assistance in dying.

On behalf of our NDP caucus I can say that we believe that these provisions in the federal legislation are reasonable. Our NDP caucus also believes that the Bill 34 that we're debating this afternoon does nothing more than put the existing law into effect in Manitoba. And as we've already indicated in this House, our NDP caucus is prepared to support Bill 34, and in fact we're prepared to pass it on to committee where I expect, I know there's already a number of Manitobans who've registered to speak, I expect we will hear some views from Manitobans and perhaps even some stories about Manitobans' own experiences, which, I think, will be useful.

We believe that every Manitoban should have access to care when they need it. And while in most cases we believe that means care to heal, to prolong life, to resuscitate, to continue, so too can that access to care also mean the right of a Manitoban who is suffering from a terminal illness to be able to get assistance to end their life in a way that's dignified, in a way that can allow them to be surrounded by their family and by their friends, to really face death on their own terms.

* (15:00)

Mr. Doyle Pivniuk, Deputy Speaker, in the Chair

And we believe that end-of-life care should respect both the dignity of patients and Supreme Court rulings, yet, at the same time, also protecting the conscience of certain medical professionals who will tell us and who will genuinely tell us that it is against their beliefs to assist someone to end their life.

And we believe that there is more to be done. Bill 34 certainly deals with an important part of that from the perspective of the medical health

professionals, but yet there is more work to be done in Manitoba to make sure that the direction of the Supreme Court and the direction of the federal government in amending the Criminal Code truly results in greater rights for Manitobans.

We know that there's more work to be done to make sure that end-of-life wishes are patient-centred and do respect truly informed choices in a timely way by individuals, while at the same time protecting vulnerable people.

And, you know, when the bill made its way through the federal government there were people on both sides of the issue. There were people opposed to any—any assisted suicide who wanted the rules to be as restrictive as possible. There were others who said that the rules that were brought in by the federal government were too restrictive and there were too many steps and there were too many requirements for someone who had made that determination.

Frankly, as a Legislature this afternoon, we're not debating whether the federal government could have done it differently. We're not debating whether a certain clause or a certain provision is too onerous or it's too lenient. We are left—and I appreciate the minister has been left with what he's been handed by the federal government. But we do believe that even though we support this bill it's not enough, and I believe the minister was being quite open in his answers when he said he keeps an open mind. I hope that is the case and I will hold him to that standard.

We believe the government must continue to consult with a wider range of Manitoba stakeholder groups, including disability advocates, religious organizations, health-care workers and Manitoba families to make sure that as we go forward and as we see medical assistance in dying continue in Manitoba, as we watch it become perhaps something that more and more Manitobans are prepared to consider under the right circumstances, we think there is still more that needs to be done.

We do believe that any discussion of a medically assisted death has to be coupled with the need for real investments in palliative care and pain therapy management techniques, including drugs when patients need them, where patients wish to have those administered.

And I suppose it's a bit ironic that the best way that we can prevent more medically assisted deaths is to ensure that people truly are as comfortable as they can possibly be as they approach death, that we

continue to support ways to let people live out their last days in comfort, in many cases, where it's possible, in the comfort of their own home surrounded by their friends and family; where it isn't possible in a home, in a hospital on the palliative care unit, in a nursing home, wherever may be the most comfortable place for that person to be, given all of the circumstances.

We do know that supports for mental health can also play a role in that. We know that people who are faced with a terminal illness have to face a very, very difficult situation for their own mental health and we want to make sure those services are there so that patients and families can access those services whenever they need them. And we do know that we need real investments in home care, real investments in other services for the elderly so that all Manitobans are truly able to live out their lives in dignity.

And, on top of all that, as I've said, when appropriate, Manitobans need access to medical assistance in dying when they make the request.

And I know the minister spoke of one case in particular that came to light. That may be a case that was taken up by the media. I do expect there are other situations where people have concerns, their families may have concerns about how their requests have been treated.

It is a fact, Mr. Deputy Speaker, that those Manitobans facing a terminal illness who may be confined to a hospital bed or who may be confined to a hospital room are not necessarily the most empowered people in our society, and it's not always easy for them, unless they have family members prepared to advocate them—for them, it's not always easy for those individuals to be able to have their voices heard.

And I will take at face value this minister's promise that he will listen to those people, listen to those situations and try to come up with a true balance reflecting not only the conscience of medical practitioners but also the right of Manitobans to get timely information in an appropriate way so they can make their own informed decision.

Now, we know that terminally ill Manitobans suffering pain and diminished quality of life do have this right of access, and, as I've said, the government needs to ensure those requests are respected while ensuring the rights of medical practitioners. In all cases, whether it's a patient who may be seeking to

end their own life or a patient who is quite prepared to continue on, we do believe that palliative-care patients deserve dignity and they deserve respect. And I have to say, Mr. Deputy Speaker, that some decisions by this government so far have given me concern and have given my NDP colleagues concern about how much interest is being placed in a very challenged group of our population.

We know that this government moved to cut plans for an international centre in palliative care, and I had the opportunity, Mr. Deputy Speaker, to meet with some proponents of building a centre in palliative care very close to the Health Sciences Centre campus, a centre that would take advantage of the considerable synergies and the intelligence and the training and experience of those working at Health Sciences Centre to move to make Manitoba a true leader at finding better ways to assist people in palliative care, to make them more comfortable, to provide the appropriate care, and I'm sorry that it now appears that won't be happening in the province of Manitoba. That'll be one of the things that had been planned that is simply not going to happen. Perhaps I'll be wrong and perhaps the minister will surprise me; perhaps he'll even come for a ribbon cutting if that something was to happen in the near future.

We are concerned the cuts to health care we've seen do impact the quality of end-of-life care that seniors and their families receive. Now, when I speak about seniors and families, of course, we talk about the broader picture of health care in Manitoba, and Bill 34 is only a piece of that, but it is important. We know that seniors need to access quality and timely health care at every stage of life. And we believe that, even beyond the narrow issue of palliative care, we believe that the services that seniors and their families need are truly in jeopardy. And we've seen over the past year and a half, instead of making long-term investments in important health-care services and front-line workers that families and seniors rely on, I'm afraid the Premier (Mr. Pallister) broke his promise. And he promised he would not cut front-line services. We've now seen, Mr. Deputy Speaker, the biggest cuts to the province's health-care system in a generation. And instead of investing in strong long-term care and palliative care, the Premier has cut the Hospital Home Teams, which was a resource to assist people in transitioning out of hospital beds, which we can all agree are in short supply, which I think we can also agree are probably the most expensive way

to look after Manitobans, and if a hospital home team was assisting people in returning home to provide greater comfort for themselves, greater comfort for their families, but also a lesser cost on the government and the health-care authority, which is something I believed this government was interested in doing.

We know that this government cancelled plans for personal-care homes. We know there is one in the Transcona area of Winnipeg and also one in Lac du Bonnet that were well under way which were cancelled by this government. And, of course, what happens when personal-care home beds don't—aren't delivered? Well, we know more people who would wish to transition into a personal-care home are going to be spending more time in our hospitals. And, again, we know they get good care in hospitals, but it's neither the most comfortable for themselves or their families, nor is it particularly comfortable for the taxpayers of Manitoba to have to spend money to keep someone in a hospital bed that could be well used by someone else when we could find better alternatives.

We know the Premier (Mr. Pallister) and his government are demanding cuts from health care that are making it harder for health-care workers to provide care for patients at every stage of their life, including the very last chapter in people's lives. And we know, Mr. Deputy Speaker, that families want a provincial government that puts the needs of Manitobans first and not one that goes back on its word, its solemn word to Manitobans, that they would not cut front-line services.

*(15:10)

Now, we know that this is not the only place where the Premier has moved ahead to cut services that Manitobans rely upon. And we just learned last month that the Premier directed the contracting out of certain home-care services to a private company. So instead of services being provided by people employed by the Winnipeg regional health-care authority, which would of course hire local people and provide care to people in their homes—this is now being contracted out to a company, in fact two companies, both based in Ontario.

And we expect that those companies in Ontario are simply going to turn around and hire the same people here in Manitoba, perhaps at a lower wage, perhaps at more difficult working conditions, and perhaps more difficult working conditions on those

people to provide services that were formerly provided by the public sector.

And, frankly, Mr. Deputy Speaker, that makes no sense.

If all we're going to be doing is sending money out of the province so that a company—or two companies in Ontario can earn profits, it's quite clear that the only way that that's going to happen is by making conditions worse for health-care workers in Manitoba and their patients.

And it is something that should not have happened. It is something we hope that should be reversed, and as we talk to people who need palliative care, we talk to people that are ending their days—whether at home or elsewhere, they do care very much about having consistent, regular care from whoever's providing them with home care.

And the home-care system has never been perfect. I don't think anybody's going to suggest that, but the idea that people can rely on, as much as possible, the same person coming to provide care in their homes—care which obviously, by its nature, can be very intimate, we think that it is a mistake by this government, even as we talk about palliative care and the end of life, to turn away from people that are remaining in their homes and contracting out those services. And we are very conscious that this may be just the tip of the iceberg, and that there may be other moves by this government to privatize home care to make things tougher for seniors.

And we know, of course, it was a generation ago that the former Progressive Conservative government decided they wanted to privatize home-care services, and of course as the record shows, Mr. Deputy Speaker, that was actually a process that was stopped. It was stopped for a number of reasons. It was stopped because of the will of not just hundreds, but thousands of Manitobans who didn't just write letters, and call their MLAs and the minister. Thousands of Manitobans who came down to the Legislature—some of the largest rallies that have ever been held in Manitoba history were around the privatization of health care. And even the former Progressive Conservative Health minister at the time—a fellow named Darren Praznik—said back in 1997, that after all that, he said, there's little to be gained by turning home-care service over to private operators, and he went on to say that Manitoba's public home-care system is cost effective.

And I encourage the Minister of Health to reconsider the decisions that have already been

made. I encourage the Minister of Health to stand up and have the courage to stop the Premier (Mr. Pallister) from moving ahead with other steps that are going to be taken to privatize home care, to sell off home care for private, and to make things harder for the many, many people and their families who rely on home care being there in their homes when they need it.

And why is that so important? Well, we know that the private contracts that were signed don't actually say anything about ensuring there's actually enough workers on staff to deliver quality care to patients. We know the staff ratios are important and the concern, as always, is the private companies will cut corners by relying on employees with fewer qualifications and by making those employees get to more and more patients in the course of the day.

And, in fairness, for any government managing the home-care system, it is not an easy system to manage. On the one hand, it is incumbent on government to make the delivery of home-care services as efficient as possible, which often means having to use human resources effectively to try to minimize travel time for home-care workers, to try to minimize the disruption yet at the same time allowing people to maintain that relationship as much as possible with people delivering health care.

And we're prepared to say that it is a challenge. It's always been a challenge. It was a challenge for the Winnipeg Regional Health Authority, but, frankly, Mr. Deputy Speaker, I have more confidence in the Winnipeg Regional Health Authority making sure they are standing up for the needs of Manitoba patients, for a minister to be accountable for the good things they do and for the bad things they do. I'm far more comfortable with that than for the actor to be a company based in Ontario whose sole responsibility to its shareholders is to try to earn as much profit as possible from delivering those health-care services—less accountability, less confidence for Manitoba patients, less confidence for Manitobans in—requiring health-care services.

And as we look at Bill 34, frankly, more Manitobans who may actually be seeking medical assistance in dying if they are so distraught by the way that they're being treated by the health-care system. Let's not have that happen. Let's have this government back off.

Now, we know that the Premier, as I've already said, has cut spending for new personal-care homes,

forcing communities to now come up with a larger amount of money for beds, meaning that only the most wealthy communities, whether because the nature of that community or whether the largesse of a particular benefactor, it makes it highly unlikely that most communities across Manitoba are ever going to meet the threshold that was laid out by this Premier for building new personal-care home beds.

But, even if there's no personal-care homes being built, Mr. Deputy Speaker, that doesn't mean that the demand isn't there. And we know as we go along that there are more Manitobans who are living longer, which is a positive thing, but we know that those people need a place to be cared for appropriately. More has to be done to make sure that at every stage of aging, at every stage, in many cases, of people's declining health, that we provide the appropriate level of care. And simply putting the pause button on building new personal-care home beds does not provide more confidence for Manitobans. It doesn't give more rights to people who need medical help, and frankly, in the long term, it's not cost efficient for this government.

And we know that many personal-care homes were added over the past many years, and we now know that aside from the odd community that might be able to find the kind of money the Premier's looking for, it's otherwise going to freeze the expansion of the personal-care home system in Manitoba, and truly, Mr. Deputy Speaker, that's a shame.

There's other measures that have been taken by this government that also affect people who may ultimately be impacted by Bill 34. We know that this Premier has cut rehabilitation therapy for seniors recovering in hospitals, and we know this Premier has reduced coverage for chiropractic care. We know, and there was a question just today, about the doubling of fees for seniors who want care. We know that the caregiver tax credit was cut, making life less affordable, making life harder for seniors and the family members who care for them. And we know that the Premier even cancelled a subsidy that helped family members accompany northern seniors travelling to Winnipeg for care.

All of these things make life harder for Manitoba seniors, not easier. And that is why, although we're supporting Bill 34 because it addresses one part of a difficult issue, we can see that there are so many places this government needs to do better to reverse

poor decisions they've made, but to do better in providing services and care for seniors.

And I am hopeful as we go forward that when Bill 34 is behind us that we will have a better conversation about how to proceed. And the minister in his answer was absolutely correct. In Manitoba, the practice at the present time is that there is a dedicated unit who provide medical assistance in death to Manitoba patients. It is, I think, an appropriate way to deal with the situation. Let's have individuals who are experts who've gathered expertise, who work together as a team to make sure that when somebody does make that request, they can get the right information to them, and if the person meets all of the steps and all the standards that are now set out in federal legislation, that that person can then be allowed to end their life with dignity.

* (15:20)

And we know, Mr. Deputy Speaker, that that unit is becoming busier and busier as we go, as more people become aware of the federal legislation, as more people become aware of their own rights. And I'm looking at an article just from a couple of weeks ago in the Winnipeg Free Press talking about how the number of people seeking an assisted death in Manitoba appears to be increasing. And what we heard is that between the start of 2016 and October 10, 68 people chose and followed through with an assisted death in the province, 44 of them in 2017 alone. The number of enquiries to the provincial team, we are told, has more than doubled this year.

And Dr. Wiebe, who heads up the medical assistance in dying—no relation to our friend the member for Concordia—she's been very clear to make it certain the increase has not been accompanied by any of the negativity that that group anticipated when they began navigating what we know is a very difficult subject. And she even said she's been getting pretty amazing support.

We think that's a good thing. We think that's a positive thing. We think it is good that Manitoba does have this dedicated team offering guidance and support to people who have made the choice to end their lives.

It's a small team. It's currently comprised of nine doctors; three nurses, one of whom I'm told doubles as an educational co-ordinator for social workers; two pharmacists; a speech-language pathologist; and

an administrative assistant. They all have other duties, so they are only involved in this team part-time. They all work varying hours because it's appreciated that somebody's decision—especially if they're going to be surrounded by their family or by their supports—may not fall neatly into nine-to-five hours that some professionals may be able to keep.

We are told that only five people received an assisted death in Manitoba in the first half of 2016, but that number grew to 19 in the last half of the year, and 30 just in the first half of 2017. And what is interesting is that Dr. Wiebe told us that the people she—were—was meeting with, actually, were less likely to request the end of their life in the summer, which perhaps in the ultimate way reflects how much Manitobans, even those in the twilight of their lives, appreciate the short summers that we have. Once summer is over and people face the winter, face less light, it seems that more Manitobans are then looking for assistance in ending their life, which I do believe is completely appropriate.

So it's our hope that this unit will continue to do the work they are doing. We expect that the number of Manitobans will continue to grow. And we do expect—and I repeat this to close my comments this afternoon, Mr. Deputy Speaker—we do expect that this right, which has been given to patients by the Supreme Court of Canada—the Supreme Court of Canada say that they have a constitutional right to decide for themselves when enough is enough and when they want assistance in ending their life.

We want to make sure that that right will be protected in Manitoba with the same kind of determination that we've seen the protection of medical professionals in Bill 34. We think that there is more to be done to bring things into balance. That is no reason for us not to support Bill 34, and we look forward to it moving on to committee, and again I look forward to hearing from—what Manitobans have to say, and we look forward to having this bill back in the House before the House adjourns next Thursday.

We think there's more to be done, we do have concerns about certain steps this government is taking, but we are prepared to see this bill move on to committee, and to hear what people have to say.

So, again, as I began, Mr. Deputy Speaker, we know that every member of this House has a different view of this. And that is perfectly acceptable and it is entirely reasonable for different members, even within the same party, perhaps to

have some different views about what they would do for themselves, what they would do for their family members, or theoretically what they would do if they were a medical practitioner that had to make a decision.

We know that there should be the right in this new and fairly novel area for medical practitioners to make that choice. We do support that, we just think there's much more that can be done.

So, with that, Mr. Deputy Speaker, I will end my comments. I would be very pleased to let other members, hopefully on all sides of the House, contribute to what I think should be a positive debate this afternoon and a positive appearance at committee.

Thank you very much.

Hon. Jon Gerrard (River Heights): I rise to speak on this bill related to medical assistance in dying.

I want to start with the Supreme Court ruling, which has said that this is part of what we need to provide in Manitoba as a service to those who are very close to the end of their life who would like to have this medical assistance in dying service.

I want to next frame this in terms of talking about palliative care and the palliative care program and the medical assistance in dying—and that program. And—because I think that there is some confusion in the general public about the two. These are completely separate programs. And, indeed, they should be separate. They're delivered by separate people. The goal of palliative care is to enable people near the end of their life to live as comfortably as possible, recognizing that they are coming to the end of their life. To help them do what is reasonable in terms of care, but give people as high a quality of life toward the end of their life as is possible. And we have a specialized group of people—doctors, nurses and others—who provide palliative care. And those people provide a palliative-care service—nurses and the doctors—around the clock, because people who are in the palliative care program, their situation can change quite significantly sometimes, at any time of day or night. So it is very important that this is delivered as a 24-hour service.

And, associated with that, we have certain places in our hospitals, our institutions which are there for the palliative care program. And one of these is at St. Boniface Hospital. And it is an excellent program, and it is appropriately placed so that people can be supported and help to be comfortable and

have as high a quality of life as they possibly can toward the end of their life.

And, of course, this is supported by people who work in home care and—who work in home care around the clock, making sure that they are supported and these are any nurses, and the nurses have got close back up by physicians so that there are always physician—or, physicians available to the nurses who provide this service. And it—if there is a situation which arises in a home with somebody who has—is on the palliative care program, that there are case co-ordinators and physicians who are available to back up the nurses who are working right on the front lines.

It is a very important program, and I want to say to the Minister of Health that this is one program that he should not cut in any way, shape or form. And I hope he stays true to that because it's a very important one and it is working very well in Winnipeg. I think we still have some way to go in many of the other regional health authorities to achieve the sort of access and standard for palliative care availability that we have in Winnipeg. And I look forward to hearing from the Minister of Health what his plans are to make sure that wherever people are in Manitoba, there is access to the high-quality palliative care approaches.

I remember, Mr. Speaker, as an example, visiting in Cree Lake a gentleman who was, interestingly enough, in the 'pechumingmac' Cree Nation. He had, in his earlier years, contributed significantly to enabling the initial discovery and development of power along the Nelson River, to provide the power for the city of Thompson and the mine at Inco. And so he was a gentleman who in his own right was quite storied in the history of our province.

* (15:30)

And, when I was visiting, he was essentially in what would be called in Winnipeg, a palliative-care program. I'm not sure that it was really called that then, and he was made very comfortable in those circumstances. I had a chance to visit with him and it was not all that long after that he passed away.

So being able to have that kind of palliative-care service wherever you are and close to home is really tremendously important because being in your own home or at the very least in your home community is vital for optimum end-of-life palliative care. And so as we restructure the health-care system, this must be

one of the, you know, requirements for how things are arranged or organized, that whether you're in Cross Lake or whether you're in any other community that this sort of delivery of palliative care must be something that we should aspire to so that people can, where possible, die in their own homes. I think currently for the palliative-care program, if I'm not mistaken, the percentage who die in their own homes is probably in the range of 30 to 50 per cent, and I think it could be higher, but that is an objective and something to work for in the future.

So that is the palliative-care program. It is a specialist care program and delivered by a specialist team. The medical assistance in dying program has developed in the same way but as a separate, but again, specialist program, special-specialist service with people who have particular training and experience and that experience and that expertise is clearly in assessing people with—who are requesting medical assistance in dying, making sure that they meet the qualifications and then deciding on what will be the plan and making sure that the wishes of the person in terms of who they would like to meet and family and various other people before they pass away—that those issues are dealt with and met.

And so that it is a particularly important, in the context of where we are at the moment, developing service, but it's important that we get it right so that we have a service which delivers this when it is needed, but doesn't push people into getting this service. I think that it needs to be done very carefully in the context of the individual's and the families' needs and wishes and so on.

To date, the specialist team has developed well. Congratulations to Dr. Wiebe and others who are part of this program. It is vital that there are not just physicians and nurses, pharmacists and others who are all part of this team and that this knowledge builds in a continuous basis so that the service can be delivered in the best possible way, given our understanding of the various medical, legal and ethical and family issues that are involved.

There is a need across Manitoba to be able to—for people to have access to the medical assistance in dying and this, of course, is a little bit of a challenge with the size of a province that we have. It's my understanding that this is developing and coming reasonably well but I think that this is an aspect which needs to be evaluated and assessed to what extent can we deliver this service at this high level all over the province and to what extent is not only

it possible but how does that happen. So those logistical issues are pretty important in terms of the development of this program and the delivery of it.

It, I suggest, needs to be such that if we have somebody, whether they are at Misericordia hospital as happened recently, or whether they are in Brandon or in Thompson or in Flin Flon or Norway House Cree Nation, or in any of the many, many communities that we have in our province, that where there is a need, that where possible we should be delivering this as close to home or as close to the hospital where they are, the health facility where they are, as we can.

This is, clearly, in view of the decisions which are being made by individual health institutions, something that we are going to have to monitor very closely. Are people going to be get access to medical assistance in dying service without having to be—have the stress of undue, you know, the distances or difficulties in transportation? Clearly, this is something that will need to be evaluated and the minister himself will need to be on top of in making sure that the access is there for people when and where, right, it is needed.

Right now, there does not appear to be a shortage of people in the medical assistance in dying team, and, therefore, we are on solid grounds with this bill, which I think is an appropriate and a good bill. And we, in the Liberal party, are ready to support it to ensure that those who, for whatever reason, decide not to participate in the medical assisted dying process are not forced to participate. This applies to any health professional and is a very reasonable approach.

In fact, I mean, if you—you know, an analogy we have specialist teams of people looking after heart issues and cardiac surgery; we don't force doctors to get into these areas. We provide people the opportunity, when they would like to, to get into cardiac surgery and heart medicine. We do the same in kidney disease and renal disease. We don't force people who are doctors or nurses to practice in those areas, but we provide that opportunity. And so long as we're able to fill the need, then there's no reason that we should change that practice when we're dealing with the delivery of medical assistance in dying. And this bill will reinforce that approach. It will reinforce some the of the legislation which has been passed at the federal level and make sense that we include, and are passing, bill—this bill today—or in this session.

I've already talked about the need not only for access when it's needed, but—to this program but for access as close to home or as close to the community where somebody comes from as possible. And I look forward to the Minister of Health providing, you know, a report at some point in terms of how we are doing and an assessment of how well we are doing in providing this around the province.

One of the things which is an important aspect when we're talking about people who are dying is that sometimes forgotten that we need to have, as part of our health-care system, a major focus on preventing people from getting sick and from preventing people who have, say, diabetes, from getting worse, from getting kidney disease or getting eye problems or getting heart disease, for example.

* (15:40)

And this really is a fundamental and tremendously important part of our health-care system, and it is with great sadness, Mr. Speaker, that I see that this government is cutting back in so many areas where there are programs for the prevention of sickness. I think this is most unfortunate and most misguided, but that is the situation that we are in today.

It will cause problems down the road in terms of increased expenses to the system, of increased sickness, increased people who may die prematurely. We were talking this morning about organ transplantation and the fact that we have people who are dying waiting to have an organ transplantation and that, in fact, there is a measure, The Gift of Life Act, that could be taken, which would help that situation, would save lives, would save dollars and would enable us to have an improved health-care system.

So we need to be consciously aware and consciously working, step by step every way along the line, to prevent cancer so that people don't prematurely have to have palliative care or medical assistance in dying. We need to prevent problems with diabetes so people don't prematurely have to have, you know, palliative care or medical assistance in dying.

And those are things where we need to have a major focus, and I'm concerned because of the nature of how things are proceeding at the moment that that is an area which is not having adequate focus and that we really need to make sure that we have a system which is properly balanced and which has a

focus on preventing sickness and keeping people well, which is much, much stronger and much better and much more effective than we have today.

So, Madam—Mr. Speaker, that concludes my remarks on this bill. I want—am looking forward to it moving forward, say—thank the government for bringing this forward, and we will support it. Thank you.

Mr. Deputy Speaker: The member for Assiniboia, on a point of order?

Hon. Steven Fletcher (Assiniboia): No. I assume I can speak—*[interjection]*

Okay. I have a point of order, then—a clarification.

Point of Order

Mr. Deputy Speaker: The member of Assiniboia, on a point of order.

Mr. Fletcher: Sure.

The member of River Heights is an independent member and just spoke for 30 minutes. What is the difference between the two situations here? There is none. So I assume that I would have the opportunity to speak as long as the member from River Heights.

Mr. Deputy Speaker: On the same point of order, the honourable member for saint—*[interjection]*—Official Opposition House Leader.

Ms. Nahanni Fontaine (Official Opposition House Leader): I'm just asking for leave to allow the member to speak to Bill 34.

Mr. Deputy Speaker: The rotation of—agreed rotation of the speakers is basically that the member from Assiniboia will actually be down the list of—be able to speak on this bill later, or if it's agreed to the—unanimous to the House to allow him to go ahead right now, we will proceed with him to speak on this bill.

Is it agreed to the—for the House to give leave for the member from Assiniboia to speak on the bill?
[Agreed]

Mr. Fletcher: This is a pleasant surprise. This is a very serious issue, and I first want to say I support the bill.

I was very involved federally when I was an MP on this issue. In fact, worked in a way that reflects our—the way that our political system works. You

don't actually necessarily, rightly or wrongly, have to have a piece—a private member's bill introduced and passed by the House of Commons in order to change the law. If the law is deemed to be unconstitutional, that law is thrown out. And that is what has happened federally when it came to medical assistance in dying, the logic being that people should have choice when they live and they should have choice in how they die, particularly when they can't take that measure themselves.

Some concerns were raised that people may knock themselves—take themselves out of the game, so to speak, end their lives because they're depressed or whatever. An easy way out, if you will.

But that's not what this is about. This is about people who are in desperate situations. People like Sue Rodriguez, that courageous woman who had ALS—was going to die in her own phlegm—drowned—a terrible death. No painkiller can prevent the pain of drowning. I think Sue Rodriguez was quite rational.

When I had my car accident when I was 23, which is 1996, I went from being even healthier than the Health Minister—

An Honourable Member: Doesn't take much; it's a low bar.

Mr. Fletcher: Actually, I was also an athlete, so I guess the Health Minister analogy doesn't work anymore, but, you know, I had things—things were going well. And in an instant I became ventilator-dependent, intubated, and had to be suctioned—you know the tube comes in your—through your nose to the lungs, and then they suck it every minute or so for months, and that was terrible.

I could not say anything, could not speak, and yet my whole life had changed. If it was going the other way, I think it was a perfectly rational request and I would have liked to have had that option had my situation deteriorated further.

And to this day I'd say—and, you know, rightly or wrongly, I'm disabled enough. Like, if I were to have like a stroke or something more severe, I would raise—and it's in my living will, my family knows, that this is as much disabled as I want to be. Not that I want to be disabled at all, but this is—this is my limit, and I think a lot of people would feel that way.

That is why, in my private member's bill, which the Supreme Court copied the bulk of it almost word for word, that catastrophically injured people are also included, just not terminally ill individuals, or people

who are in constant pain with no ability to be relieved of that pain.

That was recognized in the Supreme Court ruling, but not in the federal legislation. So there's a fight there, but that's not for this place. What the Minister of Health has brought forward is, I think, a reassurance to medical professionals that nobody's going to ask you to do something that's against your conscience or religious beliefs.

* (15:50)

And, in fact, the Supreme Court ruling made that determination in section 132 of the Carter v. Canada case. And the case for conscious deferral was made in section 130 of the Carter v. Canada case by organizations like the Roman Catholic Church. And that's a perfectly valid point of view. But the Supreme Court decided to leave that decision up to competent adults—the House of Commons narrowed it to competent adults who are terminally ill.

I think the House of Commons is going to come to another lesson about the Constitution. And that will soon be—that part of that law will soon be deemed unconstitutional, in my view. And I've spoke to this at committee and a variety of affidavits across the country where similar issues like this have come up or are coming up.

People cannot force people to do things they don't want to do. And that is completely true in the health-care field. I had a doctor, Dr. Rick Ross, who turned out to be a Liberal, but then a Conservative, and now I don't know what he is, but I do know he made—[interjection] The NDP are claiming him. I don't know, maybe—I don't know if anyone's offering him. But he is a good guy, and he made international headlines because he didn't allow or wouldn't accept patients who continued to smoke. So his logic was, if you smoke and I'm a doctor, I've got a lot of patients and I need to see that you want to take care of your health. And if you're not taking care of your health, I'm going to see patients who do want to take care of their health, so no smoking. And people were very upset about that. But that is a demonstration of what I think this law is intended to reinforce. And that is that medical professionals have choice.

There's been a difficult issue that the minister has had to deal with, and I want to address it, though it's tough. And that is, what about institutions like St. Boniface, a Roman Catholic hospital, where obviously there is a difference between the law and the governing philosophy of that institution

from a spiritual sense, notwithstanding that the overwhelming population supports medically assisted—assistance in dying or abortion—yes, when was the last time that word was used in this place? Or—

An Honourable Member: Couple days ago. Last week.

Mr. Fletcher: By a Conservative. There's a—everyone's looking down now, but it—we've come to an understanding in Manitoba, which, in that debate, was not fully understood, and that is, some procedures are done in certain hospitals, and some are not. And when I was called by some media people, I actually, even though I'm way over on the choice on how to end life and did all—worked on medically assisted dying, did the private member's bill, dozens—scores of interviews in paper, print, wrote about it. You know, even Al Jazeera interviewed me a couple times.

The problem is that if we are going to, as a society, say that we have hospitals that are faith based and we raise money and run and raise money on that faith, brand and effort, and in the case of St. Boniface it's the Catholic church, why were so many people surprised that the institution vis-à-vis the board was not happy about being told that they had to provide a service. Like, I'm surprised people are surprised, but that didn't go in the narrative, or the accepted narrative, but it's a fact.

There are, even on agreed law, there needs to be common sense and flexibility. What is important is that an individual who wants to exercise their Charter right is able to do it in a timely manner in our publicly funded health-care system and so long as we have faith-based hospitals, and there's a lot of wonderful things—but let's not get surprised when the faith interferes with the base, one way or the other.

And I would argue that Manitoba, regardless of your point of view, is far more better off with the faith-based St. Boniface Hospital than the non—the hypothetical situation, a non-faith-based St. Boniface Hospital. And that is—you know, there are so many reasons for that and there's so many reasons to ensure that no matter what the issue is that people's Charter rights are protected and they can be exercised, so in this case it's medical assistance in dying for that individual, or the medical professional to say, no, I don't want to participate in that act. It's choice. That's a fundamental Charter right, too.

I also want to make one thing very clear during this debate that drove me bananas, and that is people

talk about the Hippocratic oath, and I wasn't quite ready—well, I had no idea I was going to speak about this today, but the Hippocratic oath, people say, do no harm. Folks, that wording is nowhere to be found in the Hippocratic oath in any version. It's not in the Greek version and it's not in the modern version. It's not in the U of M version. It seems, for whatever reason, med schools seem to have consolidated around tough universities' definition or—modern Hippocratic oath, and there it actually recognizes that doctors may create life, they may save life, they may prolong life, but they may also take life. That's what it says.

* (16:00)

Now, in principle, as a rule of thumb, do no harm is pretty good, but I can say, from personal experience, that if you are suffering, like, really suffering physically, it goes beyond any vocabulary I have. It—when you're really in pain and you don't know if you can take your next breath, time slows down. You know, I've been talking for 18 minutes. Well, when time slows down, it'll be a—this would be like a lifetime. And can you imagine a lifetime a thousand times and in pain? And for what? Especially if the outcome is guaranteed more suffering or death. That brings us back to Sue Rodriguez.

Another reality, and I believe the government is looking into this—I hope it is—is we need to be honest. We need to shed light into the shadows. We need to be transparent about what actually happens in nursing homes and hospitals in too many cases, and that is people starve themselves to death or the morphine is increased just that much to allow for a passive death; they're not recorded and, in many cases, it's because the person is alone or depressed, doesn't see any hope. To starve yourself to death in Canada, that is a very common thing and very sad, which brings me to part B of my plan on medical assistance in dying—which I didn't have an opportunity to go down, because different choices were made federally and none of us are here in our positions permanently and nor should we be. But I'll tell you what part B is, and that is to challenge the people who have conscious objections to this medical assistance in dying for religious reasons, personal reasons, ethical reasons, you know, or they just oppose it.

Okay, my challenge and my goal, as an elected official or a private citizen, is to try and create a society where the resources are available so that

people can live meaningful, dignified lives and reach their full potential as human beings. And that goes right through society that philosophy. And it doesn't matter where you come from or what happens to you in your life. If you're Canadian, you should have that opportunity. Who taught me that? Sid Green. I—unbelievable public servant who served in this place, in the NDP, and is a role model for me. And anyone who knows him would know that he's a very principled individual. But that is his guiding principle, his north star. He knows where he is going because he never loses sight of his star, and because of that he became a star in my life and bright light when things were dark. One person can make a big difference in another person's life.

So, if we each do that, the demand, quote, unquote, for medical assistance in dying may go down. But are people up for it? Are they ready to do that? Are they ready to make sure that nobody dies alone? Nobody dies out of sadness or because they didn't have the resources to live. I don't know.

That is in part why I am a fiscal conservative, a compassionate fiscal conservative, because not to be fiscally responsible is not compassionate, it's irresponsible, because in the long run, and in the short run, the most vulnerable get the short end of the stick, every time. The wealthy, they'll always find a way, but it's the people on the margins and on other issues in this place, that has been my point of view, but you have to be fiscally responsible.

And you have to allow people to make decisions for themselves which is financial empowerment, which is why taxes should not be too high, but the resources need to be provided. So they can't be too low—but they're too high at the moment—and that takes away people's choice in my view.

The Supreme Court made its decision. When I brought forward the bill on medical assistance in dying, there was one other member I could find to second that bill, and that was the MP from Montcalm, who interestingly was a paraplegic. So the two disabled members in Parliament were the movers and seconders of the medical assistance in dying bill. And that's important to mention for this reason. People with disabilities, there is the activist group of that are very concerned that there would be a slippery slope, that society will treat them, or us, in a way that would prevent us from receiving the resources to live a meaningful and dignified life, reach our full potential as human beings. I think they're wrong on this but they better be wrong now

because we need to work hard to make sure that they are wrong about that slippery slope, which is all the more reason to do things like what we've done in this Chamber, making it accessible to everyone. That symbolically we're taking barriers, systemic barriers away from anyone with the ability so that they can reach their full potential with their abilities.

* (16:10)

Mr. Speaker, I've known the Health Minister a long time. There are few people that are motivated, I think, for the right reasons with a nightmarish file not because it's nightmarish; it's just—it's so sad because there are things—there are limits to what society can do. And we all agree that we can do better for each other. We just had The Gift of Life Act come in. And that isn't really about organ donation per se; it's about how we can help each other improve our lives even if our life comes to an end. And maybe it's not presumed consent, but it has to be something.

Maybe someday organ donation will be like giving blood. Wouldn't that be a great situation?

Having said that, the minister kindly referred to a book that I co-wrote with a former member from this place, Linda McIntosh, former MLA from Assiniboia, if you can believe it. God works in mysterious ways. But the book—and by the way, it can be found at any respectable bookstore at a very reasonable price. I'm kidding. I don't think it's in bookstores anymore.

It—master of my fate—where does that come from? I used that quote from *Invictus*, the famous poem—Victorian poem that Nelson Mandela used to refer to. But I grew up with this poem, and yes, master of my fate, captain of my soul. And before that word became sort of in vogue, 10 years ago when I abstained on a similar vote in the House of Commons, that's the reason I had provided.

And, by the way, Mr. Speaker, I'll just take this opportunity, since I'm speaking, to say I am going to table those documents that I had brought forward—or discussed this morning. And I also—at the end of my remarks, I guess I'll ask for unanimous consent to allow for the index to be included in Hansard, the alternative being I would read out the index of all the documents that are in that document, and I don't think that's in anyone's interest.

Let me just say we live in the best country in the world at the best time in human history to be alive. We're in the best part of the best country, and

notwithstanding all the little fights and little poking back and forth, it's just great that we have the opportunity to be here and to be alive. And, hopefully, we can be alive and live well. A lifespan—a health—should match the health span, and it should be long.

Thank you.

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

The honourable member has—from Assiniboia has—wants leave to include the table of contents, in the tabled document. Is there leave? *[Agreed]*

Index of Academic Literature for Organ Donation Challenges: Combating the Problems of Human Rights Abuses and Inadequate Organ Supply through Presumed Donative Consent; Organ donor management in Canada: recommendations of the forum on Medical Management to Optimize Donor Organ Potential; Consent for Organ Donation—Balancing Conflicting Ethical Obligations; Attitudes toward death criteria and organ donation among health-care personnel and the general public; The Subtle Politics of Organ Donation: A Proposal; Presumed Consent to Organ Donation: A Reevaluation; Attitudes toward Financial Incentives, Donor Authorization, and Presumed Consent among Next-of-Kin; Consent Systems for Post Mortem Organ Donation in Europe; Presumed Consent, Autonomy, and Organ Donation; Policy Forum: Do Defaults Really Save Lives; The Case for "Presumed Consent" in Organ Donation; Organ Donation Members Statement; Organ Donation Poll; Letter from Len Webber, Federal MP, 1/2; Letter from Len Webber, Federal MP, 2/2; Letter From Ziad Aboultaif, Federal MP; Parliament of Canada 2011 Report; E-Statistics Report

Mr. Ted Marcelino (Tyndall Park): I rise today in support of this bill, but I'll give the context of my vote in favour of the bill.

Number 1, we are at that point in our lives where our sense of mortality and immortality take precedence over everything else—and I am speaking for myself. I'll be 71 in five days. I accept cash.

Madam Speaker in the Chair

The context of my vote to accept this bill as is, is predicated on something else, which is that it's not a perfect bill because there are other things that need to be put in, and—but that will be up to the amendments at report stage, maybe. My personal conviction

about allowing doctors to opt out, nurses to opt out, and other health-care professionals to opt out is based on my view—it's a very personal view—that every medical doctor or health-care professional should be allowed to exercise their profession in the most moral way that they can.

By exercising the—their conscience, which is by definition a—something that's really personal and involves more about the—it involves the spiritual. As defined in some dictionaries, conscience is the inner sense of what is right or wrong. And it is our sense of what is right and wrong—or wrong that guides us toward what is right in acting, and in doing things, and performing, and in dealing with others. It is that critical—it is a critical inner awareness that bears witness to the norms and values we recognize as human beings and appl. In some other cultures, conscience is moral awareness or moral consciousness.

So I applaud the Minister of Health for introducing this bill, because it gives credence to the—it gives validity to my belief systems, that the right to life has to be balanced somewhere. It cannot be said that we have done enough to protect those rights—the right to life and the right to die.

We have personal experiences that vary from the deaths of our parents, but I could tell you something about my dad. My dad died when he was 88. And maybe that's the same age that I could reach before I croak.

An Honourable Member: Longer.

Mr. Marcelino: Nah.

* (16:20)

My dad was very adamant about his enjoyment of life, even while he was within a hospital bed. And then Alzheimer's took over, and he was in a nursing home at Calvary Place. And we used to take turns in caring for him every day, even when he was already in a nursing home. I don't think he would want it any other way. He was very adamant about us identifying ourselves because he already forgot. He forgot who we were. That's how serious it was. His memory was really almost gone.

Now, the problem then was that he still wanted to enjoy life the way it was, and there were so many things that he wanted to watch on TV. And he always wanted the Blue Jays games—not hockey, baseball—Blue Jays. And it was not baseball season. So we ended up trying to cull some recorded games

of the Blue Jays, especially when they won the World Series. And my dad was very happy that—he says, well, they have won how many now.

And, before he died, we were very upset that somebody from the nursing home lost his dentures, and he began to refuse to eat, and then began to refuse to drink anything. And we thought that that was his signal that he didn't want to live his life anymore. So eventually, he died at around 3 in the afternoon and we were not there. He died in his own room by himself. And I thought that he would have wanted us to be around him. He would have wanted all of his family around him. And this type of wanting to be around your family before you go is something that has been told to me by others who said, like my mom, before she died, she said, stay by my side always before I go. Eventually, my mom died too, February 14th.

And I found that this medical assistance in dying is something that we cannot avoid already. It is part of our, well, culture now, that pain is not supposed to be, well, endured. Suffering is something that we should avoid. But from me, from my own perspective, I would say that pain is part of my life. Suffering is part of my life. Spiritually, I accept it. Personally, I accept it. My conscience says, you have to go through those suffering because you are human. And, for me, human suffering and pain due to, say, any ailment, for that matter, is something as normal as a feeling of well-being or feeling happy.

But, apparently, we have to come to that point as a society that we will allow people to ask for assistance to die. And I used to argue against it. I said, why would people do that, why would people ask for help in dying? Isn't that suicide? Isn't that something that's against everything that you learn in catechism?

Then I realized that there are people who have short fuses for pain. They cannot stand—their threshold of pain is a little bit lower and I remember when my mom was being given the hydromorphone, it was not working for her for a while until they upped the dosage, and my mom, she suffered from liver cancer. She said let me go. Letting her go was one of the most painful and it was almost—I still couldn't accept it, that I would want my mom to go, but it was something that you have to accept and she died eventually on Valentine's Day, which is very appropriate because she said she wants to die on Valentine's Day. She died while we were there at the Riverview Health Centre, where she was receiving

almost world-class palliative care. The Riverview Health Centre.

And my experience with dying has since multiplied. My aunt died at the St. Boniface palliative centre, the palliative care right across from the Asper heart institute, and when my aunt—who died on November the 4th of 2011—when she died, she got almost a hundred per cent support from the St. Boniface Hospital, then at the palliative-care centre, and when she started pursing her lips and won't accept any liquid anymore, she was—she said, I'm ready. I don't want to live anymore but don't let them kill me. Don't let them kill me. She went through the stages of dying like somebody who knew that it will be long but then she said I want to go in God's time, and for her it was something that's really personal and I remember everything that she said.

And for me, God's time is when I die because I'm being called by my Creator, and medical assistance in dying is something that might be akin to what it is, because when somebody cannot take it anymore, meaning the pain, we should provide it. And we should provide it with all the dignity that the patient deserves, with all the respect that the family should have, with all the consultations to make sure that we are not making a mistake or that the family is giving the consent to somebody who's comatose; with all the information that they need to have.

* (16:30)

We cannot rush people into accepting that dying can be done and be assisted, but there has to be that safeguard that we are not hastening death. We are taking care of the dying in the most decent way that our medical system can provide.

And with that, I think I have expressed my vote. I will support this bill.

Thank you, Madam Speaker.

Mr. Tom Lindsey (Flin Flon): Madam Speaker, I rise today to speak about this Bill 34, The Medical Assistance in Dying Act, that we want to support. We want to make sure that we focus on things that are important for Manitobans, and this is something that is important.

But the other piece that's important is that they know that there's proper palliative care available. That really, for so many people, this would be the last resort, to request assistance in ending their life. But really what so many Manitobans request, is assistance in living out the end of their life in dignity,

in comfort, knowing that the systems and care are in place, that they can do that.

Different people have different beliefs. Some people, in their very strong religious beliefs, would never request assistance in dying. They believe that's against what their church teaches them, and there's nothing in this bill that violates their belief or their desire to follow their beliefs. And that's what's important to us as legislators as we talk about bills and make sure that we're doing the best job for Manitobans.

This bill respects individuals' beliefs. It respects individuals' beliefs to request assistance when they've made up their mind as individuals that they do not want to endure suffering, but it also respects individuals in the health-care field to have their beliefs, to have their beliefs that they cannot participate in helping someone end their life. And that's as it should be, that their rights are protected as the rights of the sick, ill, and dying are protected.

The challenge for us is, then, to make sure that we've got everything in place so that if I, as an individual, request assistance in ending my life because I see no hope for a cure and only suffering, that regardless of what facility I happen to land up in—because sometimes I don't have a choice in that, do I? It's wherever fate happens to have me land up at that point in my life. So, regardless of which institution it is, it has to make that information available to those wishing to exercise that right.

It doesn't mean that a doctor or a nurse at that facility has to be the ones that carry out the assistance, it merely means that that information has to be available so that the individual who wishes that service can access it.

So there are some institutions that really have trouble with this, and that's unfortunate. As individuals within the institution, they should be allowed their right to make a decision as they see fit. But, as governments, we have to make sure that we pass laws as legislators that protect everyone's rights ahead of the institution's rights. And that's what this bill should set out to do, and that's why we support it. But we want to make sure that during the next stages of debate on this bill, that all the proper and required systems and safeguards are in place to ensure that everyone's rights in this process are respected and that everyone who wishes to have assistance at the end of their life has that right afforded to them.

This bill doesn't compel an individual to violate their beliefs, and nor should it. The bill needs to

ensure that people have the freedom of choice and that the system, then, is available to assist them with the choice that they make. Part of the issue for us is to make sure that the health-care options are available for all individuals in this province to, first and foremost, of course, enjoy good health, but when they land up in one of our health-care institutes, that they are afforded the best possible care to, hopefully, effect a quick and speedy recovery from whatever it is that afflicts them. But we need to all recognize that in some cases that cure is not possible. So then, for people that choose, we need to make sure that that palliative care is the best possible care that they can get to ease their suffering at the end of their life.

There can be really no greater cause for us, I guess, than to make sure that we protect people as they live and as they die. It's an emotional conversation that we need to have, that certainly we've had as our caucus. And we need to have it in the bigger forum at committees so that the point of view of Manitobans is heard and respected.

The Supreme Court of Canada has already ruled that assistance in dying has to be carried out within the provinces and that we need to figure out how to do it properly so that we're not trampling on individuals' rights in the process. We need to make sure that the end-of-life wishes of the patient are respected. We need to make sure that the patient can make informed choices based on sound decision making, not rash decisions that are made.

*(16:40)

We need to make sure that vulnerable people are protected in the process and not taken advantage of one way or the other, that their wishes are truly understood and their wishes are truly respected. We need to make sure that someone else is not making the decision for the individual. They may help the individual and should help the individual make informed decisions so that all the information is there, that the individual can access all the facts they need so that their decision is their decision, and it's made in a rational manner.

Without the proper safeguards in place, one would be afraid, of course, that there could be decisions made by people that aren't made in the right way. We need to safeguard that people with mental health issues are protected in this process, that right decisions are made. We need to make sure that for all patients, regardless of where they live in the province, they have access to safe, affordable, accessible health care. That's one of the keys to any

success with this bill is that people need to be able to make those decisions knowing full well that if they choose not to end their life, that if they choose to be in a health-care facility that that health-care facility is accessible to them. They need to make sure that that health-care facility is accessible to their families. It's terrible that individuals have to die alone because their families cannot be at their bedside at the end of their life.

So it falls on us to make sure that while they have assistance to knowledgeablely decide to end their life that they also have the ability to not make that decision based on the fact that they don't have proper care, they don't have a proper facility, their family can't be with them, that it becomes such a strain on the family that they choose to end their life just to make it easier for them. So that's a big job for us as the Legislative Assembly of Manitoba, to make sure that those options are available to all Manitobans. Many times, decisions get made based on what's best for people in the city, what's best for people, maybe in rural Manitoba, but we need to make sure that those options are also available so that people in northern Manitoba can make informed decisions and have the ability to make a real choice because the systems and facilities are in place to honour whatever their choice is at the end of their life to have the proper care so that they can spend their final days in peace and comfort may not be available to them right now in—now, I'm almost sure it isn't available to them in many of those northern communities. It becomes impossible for their family to be with them as they are in the south, because even if it's a two- or three-hour car ride to get to the hospital in the south, it's doable. A person can spend their day with their spouse, their loved one or their mother and still go home that night. If you lived in many of these northern communities, there is no way to do that. It's an airplane ride that's unaffordable, that takes you away from your community. It's—some communities, you have to take a ferry or a boat first to get to somewhere that has an airport.

So, families aren't afforded the same opportunity as families in the south. So that's one of the things that, as we struggle with bills such as this, that we need to look at the bigger picture to make sure that the choices are available to all Manitobans equally and fairly. Maybe equally is too big a stretch. Equitably, I guess, is a better term.

So, just to reiterate, Madam Speaker, that we will be supporting this bill. But we know that this bill by itself is not enough. It can be a starting point to

open up the discussion on what else is required. It can be the starting point to open up the discussion on how these people will be afforded the assistance that they request, if they request it. It can be the starting point to really make sure that we build the system and the program that works so that people, long before they're in the situation, know what processes will be available to them should they ever find themselves in that situation.

It needs to take into account that people that are already in the situation may not be in the best frame of mind to make those decisions. So, if the information is available to us all so that we're knowledgeable about what those options are, when the time comes, then, we can make a rational decision.

And while we're debating this bill, we need to look at the other pieces of the puzzle. We need to make sure that governments make real investments in palliative care and pain therapy management. I know that smaller hospitals don't have the facilities at this point in time to offer really effective palliative care. They do the best they can do, but it's a far cry from where people would choose to spend the last days of their life.

So there's a lot that we can do to improve health-care facilities as actual health-care facilities, but also as palliative care facilities. We need to look at what drugs may be available to people to ease their pain and allow them to transition out of this life as painlessly as possible if they so choose. Not everyone is a great believer that pain will set them free, and those needs need to be respected as well.

* (16:50)

What we also need to see is some real investments in mental health, mental health supports and services that are available to all Manitobans, which they are not. I can tell you that I was recently up in Lynn Lake, Manitoba, which is road-accessible. And one of the concerns that they had was that, at best, a mental health worker will show up one or two days a month and try and cram in as many people as need their services as possible. Of course, if the weather happens to be bad on the one or two days that they were planning to be there, then they don't get there at all. So that leaves people in northern communities, again, hanging in the balance, making decisions differently than what people in the south would make, and they may not want to end their life but see no other option because no other options are ever presented to them.

So we really need to make sure that we're making investments so that people that need that help can get it, again, to help them make rational choices, that there is other options available. Maybe they don't want to end their life. So while we talk about putting things in place to protect people in the health-care system so that they're not disciplined or threatened or anything else for refusing to participate in those services, we need to make sure that the other services are there to protect individuals in the province so they can make proper decisions.

So we've talked a little bit about palliative care, mental health. We need to look at proper facilities and services for the elderly so that they're properly cared for, preferably in their home community. I know my mother, for example, had a tough time when my dad needed to go into facility, because they decided that, well, we don't have room in your home community, so we'll just ship him off somewhere else, and she fought tooth and nail that that wasn't going to happen, and it didn't happen. But for many other people, it will happen. Well, in fact, it happened to her when she needed to go into a care home. She landed up shipped off to a different city where friends and family weren't around, and it took better part of a year to get her back to her home community so that she could be in the care home with friends and family able to be there.

So I don't know the answer to how we make sure that those services are available to every community. Certainly, when we look in northern regions, again, there certainly is a lack of those facilities available, and I know there's a lack of those facilities available in the south too, but the problem becomes that much greater in the North because they can't just send mom and dad to the next town over and really expect that anybody's going to be able to visit, because the next town over may not have those facilities either.

So we need to make sure that proper investments are made in allowing people to have the proper care they deserve to live. And then, with this bill and the introduction of assistance in people ending their life, we need to make sure the proper safeguards are in place so that they can do that with dignity, respect and in an informed fashion.

And we certainly need to make sure that the people that either choose to participate in helping someone are protected, as clearly the law of the land has dictated that people have to be offered that service, and there are health-care professionals who

are willing to do that and they need to be protected to ensure that they can do that without fear of reprisal. As importantly, health care professionals who choose not to participate need to be protected so that they can exercise their right as individuals to protect their rights so that they, too, are not threatened in any way, shape or form.

So there's a lot that needs to be put in place in order to make this bill something that's realistic, something that's proper, something that's morally correct, something that offers all individuals the protection that they need and that they should be able to have.

So, as this government moves forward and is looking at cuts to health care and cuts to services, I would hope that they will take into account what those cuts may mean to individuals accessing the very services that they need for palliative care, for mental health services so that all the parts are in place for Manitobans to be able to make the right decision with the right facts and the right services.

We've got a lot of work ahead of us to make sure that that's in place, because clearly it isn't as we speak. So we need to look at where those investments need to be made into the services to ensure that all Manitobans have access to the services that they require. We need to make sure that all the parts of this issue are in place, because as soon as one part in one place is not there, then the fairness goes away for individuals who are impacted by that. They will be making decisions based on availability of service as opposed to possibly what they really should be basing their decisions on.

So, as I quickly wrap up my talking about this issue, I want to make sure that the government hears that all people in this province need to be able to make these decisions based on the services being available that they require. And we have a lot of work to do to make sure that happens right now. Particularly, in northern Manitoba, people don't have access to proper palliative care. They most assuredly do not have access to proper mental health services.

And not all facilities in the North may have access to a doctor who wishes to participate in assisting someone in ending their life. So we need to figure out how those services will then be available to everyone in the province.

So, in the coming days, coming weeks, as we debate this bill and as committees come forward to

present individual Manitobans the opportunity to really have their voice heard, let's make sure that we—

Madam Speaker: Order.

When this matter is again before the House, the honourable member will have one minute remaining.

The hour being 5 p.m., this House is adjourned and stands adjourned until 1:30 p.m. tomorrow.

LEGISLATIVE ASSEMBLY OF MANITOBA

Tuesday, October 31, 2017

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<http://www.gov.mb.ca/legislature/hansard/hansard.html>