

**Third 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**

<b>Member</b>	<b>Constituency</b>	<b>Political Affiliation</b>
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
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
<i>Vacant</i>	St. Boniface	

**LEGISLATIVE ASSEMBLY OF MANITOBA**

**Thursday, June 21, 2018**

*The House met at 1:30 p.m.*

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

Introduction of bills? Pardon me.

**ROUTINE PROCEEDINGS**

**Madam Speaker:** Introduction of bills?

**Hon. Cameron Friesen (Minister of Finance):** Madam Speaker, I'm asking leave of the House to introduce Bill 34, The Budget Implementation and Tax Statutes Amendment Act, 2018, for first reading, despite the fact that it is not yet on the Order Paper.

**Madam Speaker:** Is there leave to allow the Minister of Finance to introduce Bill 34?

**Some Honourable Members:** Agreed.

**An Honourable Member:** No.

**Madam Speaker:** Agreed? I hear—leave has been granted. Leave has been granted. *[interjection]*

It has just been pointed out to me that a member does not need to be in their seat to deny leave, so leave has been denied.

Any further introduction of bills? Committee reports?

**TABLING OF REPORTS**

**Hon. Heather Stefanson (Minister of Justice and Attorney General):** Thank you—

**An Honourable Member:** Thank you—

**Mrs. Stefanson:** —Madam Speaker. I'm—Oh, sorry.

**An Honourable Member:** You go ahead.

**Mrs. Stefanson:** Sorry.

I'm pleased to table the Manitoba Human Rights Commission annual report for the fiscal year of 2017.

**Madam Speaker:** Further tablings?

**Hon. Rochelle Squires (Minister of Sustainable Development):** I am pleased to table matters under advisement from the May 30th and June 4th Estimates process.

**Hon. Cameron Friesen (Minister of Finance):** Madam Speaker, I rise today to table the 2017 Civil Service Superannuation Board annual report.

**MINISTERIAL STATEMENTS**

**Hon. Eileen Clarke (Minister of Indigenous and Northern Relations):** I ask leave to deliver a ministerial statement.

**Madam Speaker:** Is there leave for the member to deliver a ministerial statement? *[Agreed]*

**National Indigenous Peoples Day**

**Ms. Clarke:** Today is a very special day for Canada and for Manitoba. Every year on June 21st, we as a nation recognize National Indigenous Peoples Day. It's a national holiday where Canadians can observe, learn and 'celebrate' culture, heritage and contributions of indigenous peoples in Canada. We celebrate this day on the summer solstice in accordance with the indigenous tradition of demonstrating cultural pride on the longest day of the year.

Today is a day of reflection on indigenous culture and customs that have been handed down from generation to generation, and it is a day where indigenous communities can stand in solidarity to share their experiences and plan for their future. Indigenous peoples are Canada's fastest growing demographic and are also the youngest, and we are excited to work with the current and future generations in the spirit of reconciliation.

In Manitoba, we have many indigenous communities who are represented by the Anishinabe, Cree, Oji-Cree, Dakota, Dene and Metis peoples. Each have many similarities and differences, which give our province a cultural richness and diversity. Manitoba's indigenous communities are proud to display them and share them with us throughout the year with powwows, traditional meals and cultural art and music.

For non-indigenous communities, alongside National Indigenous History Month, National Indigenous Peoples Day, it is an opportunity to learn about the history and the customs of the Indigenous people. It's also a chance to learn about the importance of reconciliation, self-governance and cultural expression as Manitobans take part in the path to reconciliation.

Today helps us further understanding our guiding mission of truth and reconciliation through the efforts to rectify past issues such as the residential school system, engaging indigenous communities through a collective effort to listen and to have direct conversations and to work on building trust through finding solutions together and show that we have heard our indigenous communities. By listening and having direct conversations, our government will continue to engage with indigenous communities to work on building trust and to find solutions together.

Thank you, Madam Speaker.

**Ms. Nahanni Fontaine (St. Johns):** Happy national—or happy National Indigenous Peoples Day.

Today we celebrate First Nation, Metis and Inuit across the country, recognizing the transformative ways in which we as indigenous peoples have and continue to inform and shape Canada. Despite the nefarious and methodical attempts to wipe out our people, our culture, our traditions, our lands and our language, we have survived and we are still here, Madam Speaker.

Ten years ago this month Canada apologized for residential school systems which tore apart families, subjected children to horrific abuse and attempted to assimilate into the colonial mainstream generations of indigenous children.

While apologies seem wholly adequate, it does not simply rectify the wrongs and make things right or equitable. It requires deconstructing and unmasking the systemic racism that continues in our institutions, including in government. It requires real investments in communities, including ensuring equitable health care and education for children both on and off reserve. It requires equitable opportunities to make a living with good employment and economic development. It requires achieving the 94 calls to action of the Truth and Reconciliation Commission of Canada.

And so, on this National Indigenous Peoples Day, our NDP caucus celebrate and honour our people's strength, resiliency, profound courage, deep forgiveness, crazy humour and laughter, our wisdom, our excellence, our humility and, of course, our fierce love for our communities, our families and for our Mother Earth.

I take today to celebrate families of missing and murdered indigenous women and girls across the country, all of our recent graduates, our doctors, our

lawyers, our caregivers, our midwives, our doulas, our health-care providers, our students, our single mothers and fathers, and, finally, I take today to also acknowledge each and every one of our indigenous colleagues in this House.

I say happy National—international, or—Indigenous Peoples Day.

Miigwech.

**Ms. Judy Klassen (Kewatinook):** Madam Speaker, I ask for leave to respond to the ministerial statement.

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

**Ms. Klassen:** I'm very happy to rise today to speak to National Indigenous Peoples Day.

This morning Cindy Blackstock called on all Canadian politicians to take mandatory training on indigenous peoples, residential schools, the Truth and Reconciliation Commission and contemporary injustices that face our First Nation people.

I am proud to stand beside her in this call and I'd like to add that everyone should also learn about our treaties.

I would ask that all members of this House to use this day to take a good look at what is happening to indigenous people in our province, reflect on their own privilege and to be thankful for it and imagine what it would be like not to have it, and perhaps that'll be the catalyst that is needed in this province for real change.

We should all be working in this House to bridge that gap, to ensure that all Manitobans have the same access to the same opportunities to live, be healthy and be happy.

Today we celebrate not only the amazing indigenous cultures that make up our Turtle Island but the incredible strength and perseverance of a people that have faced horrors that most cannot imagine and who still face those very barriers today that many cannot see.

Miigwech, Madam Speaker.

#### MEMBERS' STATEMENTS

**Madam Speaker:** The—oh, the honourable Minister of Education, on a ministerial statement?

**Hon. Ian Wishart (Minister of Education and Training):** Today on indigenous—

**Madam Speaker:** The—is there leave for the—for us to revert back to ministerial statements? Is there leave for the member to revert back to ministerial statements and leave, then, for the member to give the statement?

**Some Honourable Members:** Agreed.

**An Honourable Member:** No.

**Madam Speaker:** Leave has been denied.

**Hon. Heather Stefanson (Minister of Justice and Attorney General):** Madam Speaker, I rise in the House today to recognize a remarkable person who has helped educate—

**Madam Speaker:** Prior to proceeding—sorry—we're going now on to members' statements.

\* (13:40)

#### **Father Leonard Altilia**

**Mrs. Stefanson:** I rise in the House today to recognize a remarkable person who has helped educate hundreds of young men in my Tuxedo constituency.

This year, Father Leonard Altilia leaves St. Paul's High School, after five outstanding years as president, to take on new responsibilities in Montreal as the director of the office of translation with the bilingual province of the Jesuits in Canada.

Originally from Toronto, Father Altilia came to our province with a long history of spiritual wisdom and academic excellence. He entered the Society of Jesus in 1964, was ordained to the priesthood in 1974 and pronounced his final vows as a Jesuit in 1979. He is also deeply gifted academically, having earned a B.A. in romance languages and linguistics, a master of divinity and both a bachelor and a master of education.

Over the last five years Father Altilia led St. Paul's High School during a period of immense change as it transitioned from Jesuit to lay leadership. This included the spiritual formation and development of its board of directors, who now carry on a 450-year tradition of education established by the Society of Jesus.

Throughout his time as president Father Altilia has strengthened the core values and intellectual discipline that make St. Paul's High School one of Manitoba's finest educational institutions. As many members of this House know, the central objective of

an education at St. Paul's High School is to turn our young boys into men for others. That means men that give back to their communities, who take care of their families, and love their neighbour as themselves. I am hopeful that my son, Tommy, who begins his journey at St. Paul's this September, will also take these values to heart.

Madam Speaker, I am proud to say that Father Altilia helped nurture many men of—for others in our province, and I ask all members of this House to join me in bidding him a fond farewell and wishing him all the best in his new role.

Thank you.

#### **St. Raphael Wellness Centre**

**Ms. Flor Marcelino (Logan):** The St. Raphael Wellness Centre, located in the Logan constituency, has been a welcoming, nonjudgmental place of healing where individuals, families and friends affected by addictions are accompanied in their journey to recovery since 1996.

SRWC is a not-for-profit community-based organization which offers pre- and post-recovery education and counselling, and day and evening programs for those affected by mental health and addiction. Operating as the only not-for-profit community-based recovery centre in Winnipeg, the small team at SRWC does so much with very little resources.

SRWC provides day and evening education, counselling and support programs for those awaiting an assessment or a bed in a residential treatment program, ensuring they have child care, respite, transportation and providing bus tickets where needed. SRWC works in partnership with mental health and addiction agencies, lawyers, employers and CFS and probation officers, so they are ready when a place in an addiction treatment program opens up.

SRWC programs serve many different needs, including a special Work Sober program that runs in the evenings for those who are back at work or in school and need the extra support during the transition living a sober life.

SRWC offers those individuals who are beginning to experience problems with their substance use an opportunity in the evening Exploring Options program to receive education and counselling to make a decision for change, whether they decide to move to a treatment program,

transition to Work Sober or opt for a harm reduction program.

SRWC trains recovery coaches and peer facilitators who walk alongside those in the program and offers help and guidance in navigating the mental health and community systems. They also offer the community hope in the—

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

Is there leave to allow the member to continue and conclude her statement? *[Agreed]*

**Ms. Marcelino:** They also offer the community hope in the form of role models to those who are struggling in seeking change, often without the support of families and friends.

I request my colleagues to help me welcome and thank Colleen Allan, the hard-working executive director, and the board chair, Kevin Young, and their team, who have joined us in the gallery today.

Thank you to everyone at SRWC for the invaluable, life-saving work you do for our communities.

Thank you, Madam Speaker.

**Madam Speaker:** The honourable member for Logan?

**Ms. Marcelino:** Could I request leave that the names of the team at St. Raphael Wellness Centre were here be included in Hansard?

**Madam Speaker:** Does the member have leave to include those names in Hansard. *[Agreed]*

*St. Raphael Wellness Centre: Colleen Allan, Karen Burwash, Margaret Eschak, Ben Suryavanshi, Kevin Young*

### **Truth, Trust and Integrity**

**Mrs. Sarah Guillemard (Fort Richmond):** It is the end of June which means it's time for high school and post-secondary graduations.

I would like to congratulate all recent graduates in my constituency at Fort Richmond Collegiate, St. Maurice School and the University of Manitoba.

I would like to share some advice with all the graduates in our province moving onto the next chapter of their life, including my own son, Alec, and the member for Radisson's (Mr. Teitsma) daughter, Melannie.

Education is an important part of your life, but it is the values of hard work, perseverance and honesty

that you have learned that will really set you apart for success as you move forward in life. Some students have learned the hard way that you can't cheat your way through school, and it is best to learn this early so that you can correct your course to become trustworthy, truthful and full of integrity. If not, it can cause problems in future when you have to work with others on a team.

Being able to tell the truth demonstrates a respect for others and for yourself. Without truth, you demonstrate a lack of consideration for the people that you are interacting with. It can fracture not only relationships at work, but also family ties.

Being truthful makes you trustworthy and strengthens the connections with those around you. Success can be achieved with these—when these bonds are maintained. When you stand up for what is right, people may not always agree with you, but they will have great respect for your courage to speak up for what you believe in.

Madam Speaker, these lessons do not apply only to new graduates; they also apply to each of us in this Chamber. It is important for elected officials to set an example of the core values of truth, trust and integrity so that we can work better together and get the best, most effective work done for all Manitobans.

Thank you, Madam Speaker.

### **Kewatinook 2018 Graduates**

**Ms. Judy Klassen (Kewatinook):** I would like to take this time to congratulate my Kewatinook 2018 graduates—indeed, to every graduate across our province.

Indigenous graduation rates are at a deplorable 49.3 per cent rate, and yet my young adults, teachers, administrators in Kewatinook are doing everything possible to raise that number.

All these diplomas are hard-earned. Most kids have to leave their First Nation to attain their diploma because there simply is no high school in their community. I know how much it hurts to be forced to leave for school; I had to do it, facing insurmountable loneliness, unfamiliar landscapes, concrete jungles and a different culture that you have to adapt to and the unjust racism that exists in that supposed civilized world you now live in.

There are many challenges within our own communities as well: cramped homes, sleeping in shifts, no food, school closures due to no heat from

running out of fuel or Manitoba Hydro power outages, no fuel to run buses, sewer and water issues. The trials are endless.

But my amazing students persevere. They diligently come to school when it is open and hold their own. Our teachers strive to ensure that the childhood love of being in school is maintained through every grade, all the way to the day they have to leave for high school.

In St. Theresa Point our high school graduates walk down the hallways of both the early and middle years school with all the young students lining the hallways. This is done to encourage and inspire our young ones to become a graduate themselves one day. It is such a beautiful sight to see, how proud the grads are and how proud the kids are to be—to see their older brother or sister or cousin in a cap and gown.

To all my Kewatinook grads, a heartfelt thank you. Thank you for being you. And I am looking, on a side—as a side note, for a constituency assistant, so I urge any one of them to become involved in politics, to get in touch with my office.

Miigwech.

### **'Twas a Night in the Leg.**

**Mr. Blair Yakimoski (Transcona):** Madam Speaker, I rise as an honourable member to today make a statement you might expect in December.

\* (13:50)

'Twas a night in the Leg. early in June; / The House was to rise until fall to resume.

The party that Manitobans thought were a bust / Continues to show they're a group we can't trust.

Our House leader is known for keeping it real, / Not playing a game of Deal or no Deal.

Now, we know points of privilege are a parliamentary tool / But I think some in here might be stretching that rule.

Our friend from Assiniboia, his enthusiasm is oozing / For court cases somehow wins even by losing.

Leading the Liberals, there's a new guy named Dougald. / Who is he, they will ask, and his name will be googled.

There's the member for Point Douglas (Mrs. Smith), whose crass angry tweet / Raised public outcry and caused her to delete.

Team orange seems lost, without purpose, adrift. / Could half of their members be abandoning ship?

Opposition is tough when you're singing the blues / In the face of all of this good Tory news.

Our transformation is working; ER wait times are down, / But the members opposite just grumble and frown.

We hear in this House false assertions of cuts. / Fact is, we're spending more, no ifs, ands or buts.

We'll build our economy; we'll reverse the decline / While the NDP leader declares no new mines.

We'll keep all our promises, our words will be true. / Better wait times, lower taxes, all thanks to team blue.

The opposition is spent; their tone's been aummer. / So let's agree to go home and have a great summer.

It's a great day for Manitoba is a phrase I will borrow. / The only thing better in Manitoba than today is tomorrow.

### **Introduction of Guests**

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

We have seated in the public gallery from St. Andrews School 20 grade 4 students under the direction of Brenda Dewar, and this group is located in the constituency of the honourable Minister of Municipal Relations (Mr. Wharton).

Also seated in the public gallery from Glenboro School, 19 grade 6 students under the direction of Marilyn Cullen, and this group is located in the constituency of the honourable Minister of Crown Services (Mr. Cullen).

And also seated in the public gallery from St. Andrews—oh, that's the same one.

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

## ORAL QUESTIONS

### Highway and Road Repair Infrastructure Budget

**Mr. Wab Kinew (Leader of the Official Opposition):** Well, happy indigenous peoples day to you and a happy first day of summer also. How about that?

So it's summertime in Winnipeg and that means road work, obviously, but it's a core service. You know, fixing roads, potholes, should be at the centre of any government's agenda. People driving to work see the importance of this each and every day.

However, we know that this Premier has cut the infrastructure budget. There are hundreds of millions of dollars less being spent year over year on roads and highways right across the province. He's frozen funding for municipalities for two straight years. He cancelled the fund that guarantees increases to capital projects. He also cut the funding for transit, so if you don't want to drive on a 'pothill' full road it's now more expensive for you to take Winnipeg Transit here in town.

Now, this is all because of the Premier's cuts to transfers and cuts to programs.

Will the Premier reverse his cuts and help fix the roads in Winnipeg and throughout Manitoba?

**Hon. Brian Pallister (Premier):** Well, Madam Speaker, I'd just like to add a brief congratulations on National Indigenous Peoples Day, as well, and say—and a special—especially congratulations to all our high school graduates, and I know that their future will be bright in this province because we have made a commitment to make the largest investment in renewing infrastructure in the history of the province, Madam Speaker.

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

**Mr. Kinew:** Never quite sure what to make of what the Premier has to say here in the Chamber, Madam Speaker, but they—as far as words go, they do say that pictures are worth a thousand words.

So I'll table for the First Minister this photo from a media report of a section of road on Scurfield Boulevard that's heaved up. It's a metre and a half. I'll table this other one—been shared extensively on social media, I'm sure that's where the Health Minister saw it—about the—Portage Avenue right in front of Bell MTS Place, again, heaving up.

Now, instead of listening to Winnipeggers, instead of making—*[interjection]*

**Madam Speaker:** Order.

**Mr. Kinew:** —the investments to fix streets like Scurfield or like Portage, we know that the 'premier'—we know that the Premier has cut hundreds of millions of dollars from the infrastructure budget, hundreds of millions of dollars cut that should be going to fixing roads right here in Winnipeg and across the province.

Will the Premier reverse his cuts and actually invest money to fix our roads?

**Mr. Pallister:** Well, again, Madam Speaker, repeating the misinformation doesn't get it anywhere nearer to the truth, and the member has simply done that.

We have made the largest commitment and will fulfill that commitment to infrastructure in the history of the province. We know that the NDP actually only underspent in one department, grossly overspent in all others, Madam Speaker, and forced us to double our debt as a province, handing that debt to the children in the gallery and others across the province in the future.

But they did manage to underspend in the infrastructure budget, consistently, until just the year before the election, Madam Speaker. A significant investment they made that year was to buy millions of dollars of signs that said steady growth. Very few steady growth signs, in reality, but lots of steady growth signs. That is a clear example of the lack of priority and focus of the previous government.

We'll focus on making infrastructure investments that pay: rebuilding schools; fixing hospitals; playing catch-up, yes, with the neglect of the previous government.

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

**Mr. Kinew:** You know, it was just a month ago that everyone in Manitoba was taking pride at the big Whiteout parties that were happening downtown right at Bell MTS Place, and now there's this huge two-lane hole that opened up in Portage Avenue as a result of the upheaval of the concrete right in front of Bell MTS Place, and what's the Premier's response? He's cutting hundreds of millions of dollars from the infrastructure budget.



When he took office the spending was some \$600 million a year; now it's \$350 million a year. Not only is that a cut year over year over the past two years, but he has also broken his own promise to spend at least half a billion dollars on highway infrastructure each and every year. The cut is obvious; the mistake is plain.

Will the Premier reverse course? Will he instead return with a plan to invest real dollars to help fix the streets both here in Winnipeg and right across Manitoba?

**Mr. Pallister:** Well, Manitobans are excited to see a government get things right, Madam Speaker, because they saw for so many years the NDP government get things wrong.

Just let me give you one example. So, while people were being flooded around Lake Manitoba basin, the previous government was talking about, but not doing anything to fix the situation. At the same time as they were failing to work with our partners in the federal government or to put a shovel in the ground in that area, a massive flood caused a billion dollars of damage and the people's lives were, even more than they had been in the past, put on hold.

While they were doing that, Madam Speaker, they were spending half a billion dollars over on the other side of the lake building 50 miles of road. Now, Madam Speaker, that's not getting things done.

We're getting Freedom Road built; we're getting people back to their communities; we're getting the outlet started and will have it built. We're getting the results the previous government missed out on.

So I appreciate the member raising the topic of getting value for money in infrastructure investments, something they weren't good at and it's something we are.

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

#### **Churchill Rail Line Repair OmniTRAX Compliance**

**Mr. Wab Kinew (Leader of the Official Opposition):** So I think the Premier was making reference to his 'teral'—his total dereliction of responsibility to the people of Churchill.

Now, we know that for more than a year he's gone on and on about how there was absolutely nothing a provincial entity could do to get that rail

line repaired. Then, of course, the Manitoba NDP stepped up. We got an order from the Canadian Transportation Agency to fix the rail line to Churchill.

Next day in question period, what does the Premier say? Of course we're going to fix the rail line and we're going to get the port reopened. It's our No. 1 priority as the government in Manitoba.

Now, I don't begrudge the First Minister changing his tune and getting on the right side of history, but there is a necessary step that he could take to ensure that the rail line gets fixed. He could commit to government resources being used to help guard against the possible appeal of OmniTRAX. What's more, he could also ensure that this matter could be taken to an appeal court and the damages could properly be assessed to benefit the people of Churchill and other communities.

\* (14:00)

Will the Premier commit government resources to ensure that the CTA order to fix the rail line to Churchill stands?

**Hon. Brian Pallister (Premier):** Well, you know, if the NDP hadn't spent so much money fighting this in court to earn the right to tax Manitobans by raising the PST, which they promised they wouldn't, they might have their own money and they wouldn't be asking the taxpayers of Manitoba to foot the bill on what will, of course, be a fruitless court battle.

Madam Speaker, we're interested in getting the rail line built. We're working with our partners to do that. We're interested in reopening the port. We're working with our partners to get that done.

While they failed, Madam Speaker, with their program of tens of millions of dollars of subsidies going to a multinational corporation named OmniTRAX, while they were throwing their money around down south in the United States, we're investing our focus on the people of Churchill and the North.

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

**Mr. Kinew:** So I'll remind the First Minister, we got an order from the CTA to get the rail line to Churchill fixed. And, now, what did it cost us to get this order to have the CTA say that the rail line needs to be fixed? Well, we spent less on getting the CTA order than the Premier has spent in a Nova Scotia

courtroom fighting Nova Scotia teachers—not a great value-for-money proposition, if you ask me.

Now, again, this is a breakaway pass that we're serving up to the Premier. All he has to do is put the puck in the net. All he has to do is say that, yes, he's willing to defend the CTA order to ensure that the rail line to Churchill gets fixed.

It's a very simple question: Will the Premier commit the necessary resources so that the people of Churchill can be reconnected to the rest of the province by land?

**Mr. Pallister:** Well, I appreciate that it was, you know, the NDP bargain hunting that got them where they are with their tremendous claim to victory, Madam Speaker. Nonetheless, it didn't put a shovel in the ground, didn't get a new rail line built, didn't get a port open, hasn't got any results, just show—lots of show, no results.

What we're interested in is getting results for the people in the North. We're working with the federal government, working with the communities up there, working with private partners and we'll get the job done where they failed.

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

**Mr. Kinew:** This should be an easy layup, but the First Minister can't make it. He's been served the ball right there under the net. Make the easy layup. Just say that you'll defend the CTA order and ensure that OmniTRAX fixes the rail line to Churchill.

Again—*[interjection]*

**Madam Speaker:** Order.

**Mr. Kinew:** —we know that the CTA order, it is credible. It will stand if it is defended. However, this is the time for the First Minister—*[interjection]*

**Madam Speaker:** Order.

**Mr. Kinew:** —as leader of the Province, to stand up for the people of Churchill and the other communities who are affected. It's a very simple proposition and it's inexplicable that the Premier refuses to take action.

We know that the rail line will be returned to the hands of the northern ownership group someday, but in the interim we must ensure that OmniTRAX is forced to repair the rail line.

Will the Premier commit the necessary resources to ensure that this CTA order stands and that

OmniTRAX fixes the rail line to connect Churchill and the other communities affected with the rest of the province?

**Mr. Pallister:** Well, while the member's trying to score a Hail Mary here, Madam Speaker, in Colorado fighting with OmniTRAX and he's distracted looking the wrong direction, we're looking the right direction.

We're looking north. We're looking north to get a port open. We're looking north to get a rail line built and we're going to work with our partners to get effective outcomes, not just, you know, get the glory, Madam Speaker, because I know the member's claimed all of that already. *[interjection]*

**Madam Speaker:** Order.

### **Education System Funding Concerns**

**Mr. Matt Wiebe (Concordia):** Madam Speaker, the school year is about to end for thousands of students across the province. Yet, for some schools, students coming back in September will have fewer teachers and less educational resources.

Class sizes are growing across the province for the first time in years and access to a full range of school activities has been compromised. Red River Valley school board chair Shelley Syrota says they can no longer provide universal access to field trips and some high school courses, saying, quote, it becomes a pick and choose as to what you can afford as opposed to accessibility for all.

Madam Speaker, this isn't what Manitobans voted for.

Will the minister change course and ensure accessible education for all?

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

Certainly, we are working very constructively with the school divisions across Manitoba to make sure that they can offer the best range of services. We are reaching the end of the school year and for all of the students that are moving up a level and graduating I'd certainly like to bring them congratulations.

Perhaps the member should talk to the school board trustee a little bit further about the quality of education that under their administration went from middle of the pack to dead last. *[interjection]*

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

**Mr. Wiebe:** I'm still waiting for the minister to explain how he expects better outcomes by cutting funding to school divisions. It makes no sense. He continues to try to distract away from the pain that he's causing the education system and he's convened summits and strategies to do so. Even then, Madam Speaker, he hasn't delivered.

On June 4th when I questioned the minister in the House about why he hasn't delivered his literacy and numeracy strategy, which was due in March, the minister said it would be released very shortly. Yet now the Pallister government is in a blackout. So we know that the strategy will not be released this school year. The only thing this minister has delivered is larger class sizes, an absolute funding cut in dozens of school divisions across this province.

Why is this minister cutting education and not delivering what he promised?

**Mr. Wishart:** And the member knows that in Manitoba we fund on a per student basis at the second highest level of Canada—in Canada. So if your measure is dollars only, which it's not in our case, then we should be the second best in terms of outcomes in Canada. Clearly, there is more to education than just dollars.

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

**Mr. Wiebe:** By this minister's own admission, by this minister's own documents, funding for K-to-12 education is not keeping up with inflation, let alone with a growing enrollment in this province. The minister was happy to take a 20 per cent raise for himself and yet the schools continue to fall further behind. Class sizes are increasing. Accessibility is declining. The most vulnerable children in our province are paying the highest price for this Pallister government's approach to education—*[interjection]*

**Madam Speaker:** Order.

**Mr. Wiebe:** Even the minister's efforts to distract attention away from this have failed. He won't be delivering his literacy and numeracy strategy this school year. It's high time the minister admit the obvious: his first and only priority is underfunding of public education.

Will he do so today?

**Mr. Wishart:** The member should be also prepared in his preambles, which—full of errors, to recognize that under their administration we had the most number of portables we had ever had in the province of Manitoba: nearly 500, which students had to go to school in. And in the meantime, our party and our government has gotten organized and we're building seven schools.

### **Winnipeg Free Press Premier's Legal Action**

**Mr. Andrew Swan (Minto):** The Winnipeg Free Press first reported the details of the Premier's non-disclosure of the value of his Costa Rican property used to determine that country's luxury tax—*[interjection]*

**Madam Speaker:** Order.

**Mr. Swan:** —in early April. Since then it seems the Premier's taken no action to make things right, but instead retained a lawyer to threaten to sue the Winnipeg Free Press for reporting the facts. This was a clear attempt to try to silence the media and cast a chill over questions the media may wish to ask.

The CBC has now learned the Costa Rican government has confirmed the Premier has not disclosed the value of the property for the past 10 years.

I only ask today: Will the Premier confirm he's withdrawing his threat to sue and will he apologize to the Winnipeg Free Press?

**Hon. Brian Pallister (Premier):** Madam Speaker, no and no. I've undertaken to get to the bottom of the allegations first generated in the NDP's inadequately staffed research department and then repeated in certain periodicals, that we, my wife and I, have a house that is two and a half times larger than the actual house we have. These are false allegations.

\* (14:10)

That being said, I take very seriously my integrity and my reputation, so when I am accused of something I make sure that it's not justified. So I have, despite the member's statement today, undertaken to get to the bottom of the accusations, have implored my advisers in that country to get to the bottom of the accusations, and I have told—certainly told members of the media and will tell members of this House that as soon as I get the information—and I will be endeavouring to get it as soon as possible—I'll share it with them. *[interjection]*

**Madam Speaker:** Order. Order.

The honourable member for Minto, on a supplementary question.

**Mr. Swan:** Now, the problem for the Premier is that wasn't the question. The tone must be set at the top, and in a democracy the Premier must respect the right of a free press to pursue the truth without fear or favour. But instead of respecting this fundamental feature of our democracy the Premier went out and hired a lawyer to try and silence the Free Press. Now, other media have confirmed the original information and the Costa Rican government has confirmed the Premier has not followed the rules.

I ask again today: Will this Premier rescind his threat of a lawsuit against the Winnipeg Free Press, and will he apologize to the media?

**Mr. Pallister:** Well, look, I can explain it again to the member but I can't understand it for him. I answered the question, yes, but I've answered fully when he first asked it: no and no.

I only have one way to defend—Madam Speaker, I only have one way to defend my integrity. I have tremendous respect for the free press. The free press has made—the free press, not the Free Press in capital letters—the free press, overall, has an obligation to pursue accuracy in reporting—*[interjection]*

**Madam Speaker:** Order.

**Mr. Pallister:** —and when one's integrity is attacked, as mine has been, one has an obligation to stand and defend their integrity or withdraw. The member has a history of withdrawing from contests he's in. I don't withdraw from an attack on my integrity.

I've accepted the responsibility. I have fully accepted the responsibility to get the facts. I'll pursue the facts. And when I have the facts, I'll share them with the members here and with members of the press as well.

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

**Mr. Swan:** The question the media were following was why the Premier's been unable to get the facts in the last 10 years. When difficult questions are asked—*[interjection]*

**Madam Speaker:** Order.

**Mr. Swan:** —it's incumbent on our leaders to be open and transparent in their answers. But the Premier took a very, very different path for reasons that we

don't understand and rather than respecting the right of the media to ask important questions of our public officials, the Premier had his lawyers threaten to sue—*[interjection]*

**Madam Speaker:** Order.

**Mr. Swan:** —the Winnipeg Free Press. And this is nothing but an attempt to chill speech and stifle debate, and it's the opposite of our democratic tradition and it's the opposite of openness and transparency.

Will the Premier just acknowledge his mistake, rescind his threat of a lawsuit against the Winnipeg Free Press and apologize to the Winnipeg Free Press? *[interjection]*

**Madam Speaker:** Order. I would ask for order on all sides of the House, please.

**Mr. Pallister:** Madam Speaker, I have a 45-year record of paying all my bills on time and in full. I plan to continue to maintain that record.

I've undertaken to act on the information and the research the NDP did. They asserted there was a government source for the information; there was not. They asserted the house was 7,700 square feet; it's 40 per cent that size. They said the valuation done on the house was done on the basis of two photographs shown to a real estate agent, not a qualified appraiser. They also showed the photograph and told the person to estimate the value based on a size of 7,700 square feet, which the house is not, as I repeat.

So, Madam Speaker, these are errors all contained in NDP research and all repeated in the Winnipeg Free Press. I have to stand up and defend my integrity and I'd encourage other members to defend my right to do so.

I'm proud to have stood in this place and I'm proud to have stood throughout my life for lower tax burdens on people, but I've always paid my own, Madam Speaker, and I expect to continue to.

So I'm being forthright with the member opposite and I would encourage him to be forthright in analyzing the situation as I have been. *[interjection]*

**Madam Speaker:** Order. Order.

### **Accessibility for Manitobans Act Timeline for Implementation**

**Ms. Nahanni Fontaine (St. Johns):** The minister has failed to meet the legal requirements of The Accessibility for Manitobans Act. He has failed on three key pieces of this act in the 10-year strategy to make Manitoba an accessible and more inclusive province.

Last night the minister's department held a public consultation to discuss this act and what is really the minister's inaction on this particular file.

Did the minister attend that consultation, and, if so, Madam Speaker, did he apologize for failing miserably to make accessibility a priority for Manitobans?

**Hon. Scott Fielding (Minister of Families):** This government stands with the Manitoba accessibility in terms of providing supports that are in place.

We know the NDP under their legislation said that this needed to be implemented by 2023. In the last election campaign our party committed to introducing the five standards within our first term of office.

We're halfway through with the term and we continue to work on that. We've introduced the first standard. Our second standard will be introduced over the next few months and we anticipate working on the other three to meet the timelines required.

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

**Ms. Fontaine:** Well, really, the minister owes an explanation to Manitobans on—with disabilities.

The problem here is this, Madam Speaker: the deadline to create a compliance plan was 10 months ago. We've seen nothing from the minister. He was supposed to announce funding four months ago. We've still not seen anything from the minister. So the minister has no plan and no money to make a plan happen.

Is the minister actually committed to Manitobans with disabilities or not?

**Mr. Fielding:** We committed to exactly what we said in the election campaign, that we'll be introducing the five standards within our first term of office. That's exactly what we're committed to doing.

Wondering about the NDP, this is the legislation which they introduced. How come they are only committing to do this by 2023, Madam Speaker?

We're working with communities. You know, there's a number of different communities that are a part of this. We want to make sure we're getting it done right. We're working on those standards and that's our commitment to government.

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

**Ms. Fontaine:** It's clear, Madam Speaker, Manitobans with debility—disabilities are simply not a priority for this minister. He even dropped that specific designation from his title in Cabinet.

He's 10 months late on a plan, four months late on a budget and two months late on the employment standard. The Minister of Families has to start earning his 20 per cent salary increase and actually do work on behalf of Manitobans with disabilities.

Why is the minister ignoring his duty to Manitobans with disabilities?

**Hon. Brian Pallister (Premier):** I appreciate the question from the former House leader, Madam Speaker.

And I want to say that the issue of trust is of paramount importance. She's raised it in her preamble, and I would say that, certainly, actions in respect of what our minister has done, what this government has done on this file speak much louder than the words in her preamble.

And so I would like to compliment our minister for his work, for his tremendous efforts on behalf of the disabled in our province and say that I congratulate him. Where the previous administration failed we are going to succeed, thanks to his great efforts.

### **Education Curriculum Indigenous Language Programs**

**Ms. Judy Klassen (Kewatinook):** Along with our inherent right to hunt, trap and fish, we also have the inherent right to our languages.

The Aboriginal Languages Recognition Act recognizes seven languages spoken here in Manitoba which are the Cree, Dene, Ojibwe, Dakota and Oji-Cree, and those spoken by our Metis and Inuit relations.

Thanks to the great work of the Seven Oaks School Division and the Winnipeg School Division we now have Ojibwe and Cree bilingual programs offered there.

When will this minister look at ensuring that more schools offer indigenous bilingual programs?

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

A number of school divisions are in process of developing programs for indigenous languages. I think Park West has already initiated one in western Manitoba. So it is occurring across the province based on the need of the immediate community.

\* (14:20)

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

**Ms. Klassen:** Manitoba could actually become a leader in this respect. To have one's full identity one must know their language. Language needs to be taught at an early age.

Indigenous languages are not yet a vital component of Manitoba's curriculum. Does this province truly want better outcomes for its indigenous populations? Why has it not consulted with our language educators?

When a school does want to make language a part of their agenda there are so many obstacles and the resources aren't there, and yet the federal government has budgeted funds for our languages.

Can the minister tell us of his progress in securing resources to have more indigenous bilingual curriculum across Manitoba's schools?

**Mr. Wishart:** I thank the member for the question.

Our Aboriginal inclusion directorate has been working on a regular basis with number of different First Nations communities and organizations and also with the school divisions. In fact, they just finished a series of round tables with this very specific issue as part of that.

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

**Ms. Klassen:** Currently, only two schools in Winnipeg offer an indigenous bilingual program, one located in Minto and the other in Kildonan. When a student wants to go to a school that offers indigenous language but lives outside the school division, they—

that offers it, they're not provided the busing service like the—they do with the French immersion students.

When will this minister—when this minister is amalgamating the school divisions, will he consider changing this policy?

**Mr. Wishart:** I thank the member for the question.

Certainly when we're doing our consultation on the future of the K-to-12 education system here in Manitoba the member is very much welcome to put forward this idea. We hope to have a very constructive decision. It's the—probably the first time in a—well, it is the first time in a generation that we will talk about what the future of the K-to-12 system will look like here in Manitoba.

### **Manitoba's Finances Credit Rating Improvement**

**Mr. James Teitsma (Radisson):** Madam Speaker, the NDP don't seem interested in asking our Finance Minister any questions at all. Maybe that's because the budget was so good. Maybe it's because they're not sure who should ask the question.

But, Madam Speaker, what the NDP are failing to do, we will get done.

So last week, international credit rating agency, DBRS Ltd., issued a promising assessment of the Manitoba government's financial position. We know that under the NDP government we received downgrade after downgrade, costing Manitobans more in interest costs and providing less for front-line services.

So can the Minister of Finance please share with this House the good news regarding our credit rating?

**Hon. Cameron Friesen (Minister of Finance):** I thank the member for Radisson for the question.

Seventeen years of overspending and mismanagement by the NDP resulted in a debt that had doubled, three credit downgrades and a billion-dollar service charge.

Good news, then, last week, after two years of the PC Party's government, they indicate the outlook for the provincial credit profile is improving. DBRS has observed a shift in the culture and institutions of government and there is an increasing focus on budget results and program outcomes.

Madam Speaker, we are keeping our promises, and as this report shows, we are getting results for all Manitobans.

### Northern Mining Communities Use of Mining Reserve Fund

**Mr. Tom Lindsey (Flin Flon):** Mining communities in northern Manitoba are looking for leadership from their provincial government to address the threat of closures. Communities like Thompson need help now. Communities like Flin Flon need assurance that the Province will be there when they need them in the future.

For decades under multiple governments, mining communities could rely on provincial assistance during times of crisis. This minister's hapless approach is unprecedented, an affront to co-operation that has persisted in Manitoba for generations.

Why is the minister not putting forward a plan to assist the people of Thompson?

**Hon. Blaine Pedersen (Minister of Growth, Enterprise and Trade):** Madam Speaker, apparently the member from Flin Flon missed the press release last week so I'll just quickly review it for him.

We announced our mineral development protocol, which is really a huge step forward, and I want to personally thank Ron Evans, former chief of Norway House, and Jim Downey, for their work. The indigenous communities all across the North have participated in this. The mining industry participated in this. Anybody connected with the mining industry had their feedback listened to from that, and from this mining development protocol we will have new mines developed all across northern Manitoba.

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

**Mr. Lindsey:** The minister said that the mining reserve fund can't be used to help Thompson if it falls below \$10 million. So, after looking at debate around the amendments to this legislation for nearly 50 years, in 1970 when Saul Cherniack introduced this bill, he made it clear that the funds were to be used for communities facing mining disruptions.

When the Conservative David Newman amended the legislation—*[interjection]*

**Madam Speaker:** Order.

**Mr. Lindsey:** —in 1997, he explained that the fund remained in place for communities in need. Any

extra dollars above \$10 million could be used for exploration. Over a 48-year period it is only this minister that believes he can't help mining communities.

Why is the minister misrepresenting his own responsibilities under the act and, more importantly, why is he abandoning the people of Thompson in their time of need?

**Mr. Pedersen:** I guess that's a reflection of the 17 years of NDP government that the member wants to go back to the 1950s. We've progressed way past the 1950s.

This mineral development protocol for many indigenous communities said it's the first time ever they've actually been consulted on what a development on what a protocol should look like. They're excited about the future of mining in Manitoba, as the mining companies are. We will help develop—through this protocol we will help develop mines all across northern Manitoba.

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

**Mr. Lindsey:** Madam Speaker, it's frightening but not really surprising that this minister has mischaracterized this fund that is there to help communities in times of crisis. Saul Cherniack understood what it was for. Previous Conservative ministers understood what it was for. It's only this minister that doesn't seem to understand what it's there for.

Worse yet is that the minister has put forward no plan to support Thompson from any source of funds at all, despite a looming closure, the loss of hundreds of jobs. It's an abdication of duty, an affront to the minister's responsibility.

When will the minister put forward funding and a plan, either or both, to support the people of Thompson? *[interjection]*

**Madam Speaker:** Order.

**Mr. Pedersen:** I can understand the member's confusion. If—the NDP have always been more interested in bailouts rather than building. Just look at OmniTRAX. They gave OmniTRAX \$20 million, and what did that get us? A company that's left-attempting to leave the country and only it—waiting for more money from the NDP.

We will continue to build the mining industry in co-ordination with the mining industry, with the

First Nation communities that are involved in this. We look to great things happening all across the North, including Thompson.

\* (14:30)

### **Highway and Road Repair Infrastructure Budget**

**Mr. Jim Maloway (Elmwood):** It took the Pallister government just two years to cut the highways budget nearly in half. The NDP spent \$628 million in its last year. That was cut to 520, then cut to 430, now it's 350.

Last year the Minister of Infrastructure tried to smooth over the cuts—[*interjection*]

**Madam Speaker:** Order.

**Mr. Maloway:** —promising \$500 million each and every year for the next four years. He said that to the industry; he said it to the media; he said it to the heavy construction industry. In fact, just four days before the budget, the Pallister government even put out a press release pledging \$500 million every year. Budget day became a big betrayal.

Why did the minister break his commitment to Manitobans to fix our roads?

**Hon. Ron Schuler (Minister of Infrastructure):** Madam Speaker, for 60 years people living around Lake Manitoba wanted to have economic opportunities like all other Manitobans and they were given commitments for 60 years that the Lake Manitoba channels would be built.

Madam Speaker, the member who just asked the question, the member for Elmwood, was here for 50 per cent of that time in this Chamber and doing nothing but talking about this.

It took two years of this government, Madam Speaker. We know—have the federal government to commit to paying for half of it. We're going to get the job done. Took us two years what took others 60 years and couldn't get it done. [*interjection*]

**Madam Speaker:** Order. Order.

The honourable member for Elmwood, on a supplementary question.

**Mr. Maloway:** Clearly, the minister doesn't know the difference between highways and channels.

The cuts, Madam Speaker, in highways are real. It means real pain for all of Manitoba. Highway spending went from \$628 million down to

\$352 million in just two years. Provincial Road 391 from Thompson to Lynn Lake is crumbling. Provincial Road 280 to Gillam is crumbling. Highway 39 to Snow Lake is crumbling.

How does the Pallister government expect to grow our North without investments to simply keep our northern highways operational? [*interjection*]

**Madam Speaker:** Order.

**Mr. Schuler:** Madam Speaker, for 17 years the highways budget under the NDP was raid, raid, raid, raid, raid. That was their record. Under our government it's been parade, parade, parade, parade, parade.

Madam Speaker, we'll put our record up against theirs any day.

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

**Mr. Maloway:** The provincial government recently refused the heavy construction industry's freedom of information request for the Province's cost estimates to keep our road system in good condition, this despite the fact that the City of Winnipeg regularly provides this information.

Why is the minister hiding this information, and why is he slashing investments in our roads?

**Hon. Brian Pallister (Premier):** We've taken new strides towards better transparency, Madam Speaker, and that's enabled the member to put false assertions on the record even more.

He was so embarrassed about the NDP record, the failure of the NDP on infrastructure, Madam Speaker, he covered up the name NDP on his election sign. He knew the failure of the previous NDP regime and he ran away from it when he had the chance. He shouldn't run back towards it now.

**Madam Speaker:** The time for oral questions has expired.

Petitions?

### **Point of Order**

**Madam Speaker:** The honourable Official Opposition House Leader—or—pardon me—the Leader of the Official Opposition, on a point of order.

**Some Honourable Members:** Oh, oh.

**Madam Speaker:** Order.



**Mr. Wab Kinew (Leader of the Official Opposition):** My colleagues on the other side will want to pay close attention to this.

So, in—the point of order I'm rising on relates to the First Minister during question period. In response to a question from the member for St. Johns (Ms. Fontaine), the Premier (Mr. Pallister) made a reference to her legislative title, which I'll remind everyone on the government side is the Official Opposition House Leader (Ms. Fontaine).

The Premier intentionally—I'm not sure if they're hearing this in the front bench on the Tory side, so I'll just go ahead and slow down for their benefit.

So, the Premier intentionally—

**Some Honourable Members:** Oh, oh.

**An Honourable Member:** Madam Speaker, it's a point of order.

**Madam Speaker:** Order. Order.

I don't need anybody telling me my job, and I would ask consideration of all members. Today has been a day where I have had to ask for respect of this House on more than one occasion, and it's just not happening. And it's happening on both sides of the House. And I would just urge members that we are here for a purpose, and right now the way I'm having to ask for order does not serve a purpose.

And so I would ask for everybody's co-operation. It is for the respect of this Chair. We have rules for a reason, and right now there is a point of order being raised and we should all be listening very carefully to what the point of order is. So I would ask for everybody's co-operation.

**Mr. Kinew:** Thank you kindly, Madam Speaker.

So, the comment that the Premier made that I believe he needs to be called to order on is that he intentionally misused a false title for the parliamentary—or the legislative title that our colleague from St. Johns has. We know that she is the Official Opposition House Leader; however, the Premier intentionally put a past-tense marker in front of that title, I believe intending to elicit some sort of a response from his side of the House. That response was not forthcoming. However, it is still out of order for the Premier to intentionally misquote somebody's title in this place, whether that be a constituency name or whether it be a legislative title. Members, whether in question period or in debate, are not supposed to purposefully misstate someone's title.

This is an issue that I believe you have pointed out in the past.

I want to, as part of correcting the record and in illustrating this point of order, I want to share with all the government—*[interjection]*

**Madam Speaker:** Order.

**Mr. Kinew:** —members that the member from St. Johns is and will continue to be the House leader for the official opposition. She enjoys the full confidence of our entire team and we're very proud of the work that she is doing on this side of the House.

So, again, because she enjoys the current title as House leader of the official opposition, and because the Premier intentionally broke one of the rules which prevents us from misstating purposefully somebody's title, I would like to ask that you call the Premier to order.

**Madam Speaker:** Is there anybody else to speak to the point of order?

I would indicate that the rule of the House is that members are to be referred to by their proper title names, whether it be the constituency name or whether we're referring to 'people's'—people's different roles in the House.

I do have to indicate that, in this case, if the Premier had been indicating something other than that, then it would technically be a point of order. So I would urge—and I know it's happened a few times in the House where there is a tendency to want to throw other titles into people's names—I would urge some serious caution with that, as the House has been reminded numerous 'casions.' And I do urge members that when we are referring to each other in the House that it be done with proper titles.

## PETITIONS

### Vimy Arena

**Hon. Steven Fletcher (Assiniboia):** I wish to present to—the following petition to the Legislative Assembly.

The background to this petition is as follows:

(1) The residents of St. James and other areas of Manitoba are concerned with the intention expressed by the provincial government to use the Vimy Arena site as a Manitoba Housing project.

(2) The Vimy Arena site is in the middle of a residential area near many schools, churches,

community clubs and senior homes, and neither the provincial government nor the City of Winnipeg considered better suited locations in rural, semi-rural or industrial sites such as the St. Boniface Industrial Park, the 20,000 acres at CentrePort or existing properties such as the Shriners Hospital or the old Children's Hospital on Wellington Crescent.

(3) The provincial government is exempt from any zoning requirements that would have existed if the land was owned by the City of Winnipeg. This exemption bypasses community input and due diligence and ignores better uses for the land which would be consistent with a residential area.

(4)–[interjection]

**Madam Speaker:** Order.

**Mr. Fletcher:** There are no standards that one would expect for a treatment centre. The Minister of Health, Seniors, Active Living has stated that the Department of Health has had no role to play in the land acquisition for the Manitoba Housing project for use as a drug addiction facility.

(5) The Manitoba Housing project initiated by the provincial government changes the fundamental nature of the community, including park and recreation uses. Concerns of the residents of St. James and—regarding public safety, property values and the way of life are not being properly addressed.

(6) The concerns of the residents of St. James are being ignored while obvious other locations in wealthier neighbourhoods, such as Tuxedo and River Heights, have not been considered for the Manitoba Housing project, even though there are hundreds of acres of land available for development at Kapyong Barracks or parks like Heubach Park that share the same zoning as the Vimy Arena site.

(7) The Manitoba Housing project and the operation of a drug treatment centre fall outside the statutory mandate of the Manitoba Housing—[interjection]

**Madam Speaker:** Order.

**Mr. Fletcher:**—renewal corporation.

(8) The provincial government does not have a co-ordinated plan for addictions treatment in Manitoba as it currently underfunds treatment centres which are running far under capacity and potential.

(9) The community has been misled regarding the true intention of the Manitoba Housing, as land is being transferred for a 50-bed facility even though the project is clearly outside of Manitoba Housing responsibility.

We petition the Legislative Assembly of Manitoba as follows:

(1) To urge the provincial government to take the necessary steps to ensure that the Vimy Arena site is not used for an addiction treatment facility.

(2) To urge the provincial government to take the necessary steps to ensure the preservation of park land along Sturgeon Creek for the purposes of park and recreational activities for public use, including being an important component of the Sturgeon Creek Greenway Trail and the Sturgeon Creek ecosystem and the current designation of PR2 for the 255 Hamilton Ave. location at the Vimy Arena site, and to maintain the land to be continued to be designated for parks and recreation, active neighbourhoods and communities.

Madam Speaker, this has been signed by Evelyn Reid, Chuck Reid and Rachele Pascal and many other Manitobans.

**Madam Speaker:** The petition was not read as printed. Is there leave to accept the petition as printed? [Agreed]

*TO THE LEGISLATIVE ASSEMBLY OF MANITOBA:*

*The background to this petition is as follows:*

*1. The residents of St. James and other areas of Manitoba are concerned with the intention expressed by the the Provincial Government to use the Vimy Arena site as a Manitoba Housing project.*

*2. The Vimy Arena site is in the middle of a residential area near many schools, churches, community clubs and senior homes and neither the Provincial Government nor the City of Winnipeg considered better suited locations in rural, semi-rural or industrial locations such as: the St. Boniface industrial park, the 20,000 acres at Centre Port or existing properties such as the Shriner's Hospital or the old Children's Hospital on Wellington Crescent.*

*3. The Provincial Government is exempt from any zoning requirements that would have existed if the land was owned by the City of Winnipeg. This exemption bypasses community input and due*

*diligence and ignores better uses for the land which would be consistent with a residential area.*

*4. There are no standards that one would expect for a treatment centre. The Minister of Health, Seniors and Active Living has stated that the department of Health had no role to play in the land acquisition for this Manitoba Housing project for use as a drug addiction facility.*

*5. The Manitoba Housing project initiated by the Provincial Government changes the fundamental nature of the community. Including park and recreation uses, concerns of the residents of St. James and others regarding public safety, property values, and their way of life are not being properly addressed.*

*6. The concerns of the residents of St. James are being ignored while obvious other locations in wealthier other neighbourhoods, such as Tuxedo and River Heights, have not been considered for this Manitoba Housing project even though there are hundreds of acres of land available for development at Kapyong Barracks or parks like Heubach Park that share the same zoning as the Vimy Arena site.*

*7. The Manitoba Housing project and the operation of a drug treatment centre fall outside the statutory mandate of the Manitoba Housing Renewal Corporation.*

*8. The Provincial Government does not have a coordinated plan for addiction treatment in Manitoba, as it currently underfunds treatment centres which are running far under capacity and potential.*

*9. The community has been misled regarding the true intention of Manitoba Housing, as land is being transferred for a 50 bed facility even though the project is clearly outside of Manitoba Housing's responsibility.*

*We petition the Legislative Assembly of Manitoba as follows:*

*1. To urge the Provincial Government to take the necessary steps to ensure that the Vimy Arena site is not used for an addiction treatment facility.*

*2. To urge the Provincial Government to take the necessary steps to ensure the preservation of public land along Sturgeon Creek for the purposes of park land and recreational activities for public use (including being an important component of the Sturgeon Creek Greenway Trail and the Sturgeon Creek ecosystem) under the current designation of*

*PR2 for the 255 Hamilton Avenue location at the Vimy Arena site, and to maintain the land to continue to be designated for Parks and Recreation Active Neighbourhood/Community.*

**Madam Speaker:** Grievances?

## ORDERS OF THE DAY

*(Continued)*

### GOVERNMENT BUSINESS

**Hon. Cliff Cullen (Government House Leader):** Madam Speaker, would you call concurrence, please?

**Madam Speaker:** It has been announced that the House will consider concurrence this afternoon. The House will now resolve into Committee of Supply.

Mr. Deputy Speaker, please take the Chair.

### COMMITTEE OF SUPPLY

#### Concurrence Motion

**Mr. Chairperson (Doyle Piwniuk):** Will the Committee of Supply please come to order. We have now before us the consideration of a concurrence motion moved by the Government House Leader (Mr. Cullen) on May 28th, 2018.

The Official Opposition House Leader (Ms. Fontaine) previously tabled the following list of ministers to be called for questioning in the debate on the concurrence motion: Health, Seniors and Active Living; Education and Training; Municipal Relations; Finance and Sustainable Development. The ministers are to be questioned concurrently.

And the floor is now open for questions.

**Hon. Jon Gerrard (River Heights):** My question to the Minister of Health: He has recently brought in the transformation report last week. One of the significant questions is why the minister has chosen to include the Health Sciences Centre in with Shared Health. The result of doing this is that he will have, under his ministry, two organizations managing hospitals in Winnipeg.

\* (14:50)

This hardly seems efficient to have two organizations managing hospitals in Winnipeg, and so I ask the minister, you know, why has he included the Health Sciences Centre in—Health Sciences in the Shared Health rather than leaving it within the WRHA?

**Hon. Kelvin Goertzen (Minister of Health, Seniors and Active Living):** Thank the member for River Heights (Mr. Gerrard) for the question.

Shared Health is designed to deal with services that are provincial in nature, so, as an example, EMS is moving under Shared Health as a result of its provincial lens and provincial service delivery. There has been a recommendation by Dr. Rush in the VIRGO report to also move services under addictions, so AFM or a entity like that also under Shared Health because there is a provincial nature to the delivery of those services.

Likewise, the Health Sciences Centre is the provincial trauma centre for Manitoba. You know, essentially, anybody who is undergoing a significant traumatic effect is going to the Health Sciences Centre, regardless of where you are in Manitoba. STARS now flies directly to the Health Sciences Centre with the opening of the helipad 13 or 14 months ago. And so it made sense to recognize Health Sciences for what it is, a provincial hospital operating provincially, and it will be housed in Shared Health for that reason.

**Mr. Gerrard:** There are a variety of provincial services which are not necessarily located, for example, in the Health Sciences Centre. The—St. Boniface is a centre for cardiac issues and has an international reputation in terms of cardiac care and cardiac surgery. Misericordia is a centre for ophthalmology, eye care, and, again, has a reputation in western Canada and internationally for the kind of care that it gives. Concordia has, up until recently—we're not sure what the future is—has been a major centre for orthopedics and hips and knees.

So, clearly, there are other hospitals and health centres which have got, you know, elements which are provincial in nature. Managing a hospital would not appear to be all that different from one to another. And while clearly one wants to be able to make sure that there is some standardization of the delivery province-wide of specialist services, which I believe is what the minister is talking about, it would not appear necessary to put the Health Sciences Centre under Shared Health for that reason alone. And so I would just make the case that there is an alternate point of view. And the minister has put his point of view, and I give him an alternate point of view.

I raised the issue yesterday, and I would like to follow this up—or two days ago—and that is that he has got in his transformation documents some

significant material which deals with what the role of Shared Health is and what it will do. And it's, you know, well written and well put together. And it provides for the development of a clinical services plan, and this is a good concept, a province-wide clinical services plan, but in my view, there needs to be also a province-wide prevention services plan that can focus on prevention services province-wide and make sure that these are also adequately attended to.

So I would ask the minister, you know, why he didn't include the development of a preventive services plan in the outline he provided for the activities that Shared Health will be responsible for.

**Mr. Goertzen:** I appreciate the question from the member for River Heights. He made a number of comments and ended with a question. He made some comments about St. Boniface Hospital and why they weren't included as an entity within Shared Health, referring to the cardiac unit in particular.

He's not wrong in that the cardiac unit is renowned in Canada. In fact, I would point out to the member opposite that there used to be, you know, cardiac services in a variety of hospitals around Winnipeg, including the community hospitals, and the decision was made because it was difficult to get the clinical resources and the expertise within each of those cardiac units, and so there was a decision to consolidate that into St. Boniface, and I think that the wisdom of that decision has proven to—shown itself over the last number of years, Mr. Chairperson. And the result of that is that there's been recognition awards given to the St. Boniface cardiac unit, and I think that proves the point that sometimes consolidation provides a better service.

I know the member opposite has argued against that in the case of Peachey, but I hope he reflects on his own argument on the cardiac unit as rationale why the Peachey report and the consolidation of ER services makes sense.

There was some discussion about, you know, the St. Boniface Hospital. Would it fit properly under Shared Health, and certainly the cardiac unit was part of that discussion, and whether that would be enough of a rationale. Certainly, at this point, the thought was that HSC is the largest hospital in Manitoba. It provides the most expansive trauma and other services for the province of Manitoba. I would argue it is different than other hospitals in Winnipeg and in terms of its status in delivering services for residents beyond the borders of Winnipeg and that status is now recognized in terms of its role in Shared Health.

Beyond that, in terms of the member's question on the clinical services plan and how that relates to a preventative services plan, I'm not in disagreement with the member. I mean, certainly I agree that he, you know, he acknowledges that, you know, a well-laid-out plan, and I'll certainly commend Dr. Brock Wright and his team for the work that they've done on that.

Also recognize the member said that there had never been a clinical plan in Manitoba or at least stress the importance of it, and he's absolutely right there. We have been operating without a clinical services plan in the province of Manitoba for the history of the province of Manitoba, and that's alarming, Mr. Chairperson, but I think that this is a significant improvement.

I have no doubt that within the planning the clinical service plan there will be a number of components, of course, that relate to preventative care and preventative action to ensure that people are using the health-care system as little as possible through some of their own actions that they can take.

I don't doubt that it'll be a significant part of the clinical services plan. Whether that results in a separate plan at some point in the future I would, you know, sort of defer to the advice of those at Shared Health, but no doubt in the initial iteration it'll play a significant role within it.

**Mr. Gerrard:** The minister referred to my opposition to the consolidation at St. Boniface. In fact, the opposite is true. Liberals actually raised that possibility and campaigned on that consolidation of cardiac care at St. Boniface in an election quite a number of years ago, and we were criticized by a number of people at the time, but as the minister is sometimes criticized now. But it has worked out, and we may not have been in government, but we have led the way in pointing out a number of directions for health care.

I will make the point that I think it is essential to have a preventative services plan, and part of the reason for that is that when you have a prevention that is just part of a clinical services plan, then what you tend to have is the acute-care services monopolizing the attention, and the need to dedicate and focus and have effective resources used in prevention really needs there to be a preventive services plan.

\* (15:00)

There is, you know, clearly a variety of things which are important. I would, for the minister's interest, table a document which is a recent study, and this is a finding recently that has been made by Manitoba researchers that there is a very good way of screening for neonatal universal newborn screening for severe combined immune deficiency and that this is an area where, in fact, you can identify early on and—these children and prevent problems later on and be able to deal with them more effectively. And so I would recommend in this area that the minister looks at this, and I think that by having a preventive services plan, proposals like this, when they come forward, could be looked at expeditiously on a cost-benefit basis. The cost of looking after these infants when they're diagnosed later rather than sooner can be extraordinarily high.

One of the things that the minister has referred to earlier on, I think in question period, was the fact that Shared Health would take over the running of the imaging, the radiology, MRI, CT, X-ray services in all the facilities in Manitoba as part of Shared Health. I just would like to see if the minister can expand on that a little bit from his comments during question period.

**Mr. Goertzen:** I appreciate the member sort of recounting political history and the different things that the Liberal Party has run on. I'm not a political historian, but I've been around for a while, so I remember some things, and I acknowledge I didn't remember that part of the former Liberal platform. But if, in fact, that's accurate, and I have no reason to believe that it's not, I would stand in some amount of shock that the member opposite would be opposed to the consolidation plan as laid out by Dr. Peachey when he states himself that he advocated for consolidation for the cardiac program in the past, Madam—or Mr. Chairperson. He, of all people, then, should see the wisdom of it.

That might be part of the reason that there has been some discord within the Liberal Party on the Peachey plan. I know that when it was initially released, the member for Kewatinook (Ms. Klassen) took to social media, to Twitter, to say that she wished that we were taking the Peachey plan and doing the same thing in rural Manitoba. The member for Burrows (Ms. Lamoureux) indicated that she was entirely opposed to the plan. And the member for River Heights (Mr. Gerrard) said we should try it on a test basis and just do it for a little while and see how it goes. So three Liberals and three different positions on the same plan—so that is a little

concerning, obviously, but particularly given what the member has said about his previous support for consolidation and the positive results it's had at St. Boniface at the cardiac unit.

In terms of the report that the member's tabled, I do appreciate that. I mean, there's always new information and new research being done in the area of health. Having had the opportunity to recently attend the BIO conference, I was inundated with new research both from pharmaceutical companies and other biotech companies and the incredible work that they're doing and recognize that a day doesn't go by where there's not new advancements and new research that's being put out there. So I'll provide this research to officials in my department and certainly we'll look at it.

I know that we are a leader in terms of newborn screening, Mr. Chairperson, based on some of the efforts that's been done in—and members in this Chamber. I know the member opposite, the member for River Heights (Mr. Gerrard), advocated for increased newborn screening. I know that the former member for Minnedosa, Leanne Rowat, had a private member's bill on newborn infant hearing screening, and that was passed, and then certainly a legacy of hers. And so I think we're a leader already when it comes to screening for newborns, but that doesn't mean we can't do more. So I appreciate the member tabling that report.

When it comes to diagnostic services in Manitoba, the member will know—or, should know or should remember that the—Shared Health took over the corporate shell—the corporate entity of DSM. We didn't create a new legal entity, Shared Health assumed the legal entity of DSM, which is why—and I think this is a response to a member—a question from the member for Point Douglas (Mrs. Smith) a few weeks ago why it was done so cheaply—because we didn't create a new legal entity, we just essentially transferred over the shell of the corporation to Shared Health. So it was done very cost effectively. Certainly, Shared Health has a plan to do more work when it comes to diagnostic services in Manitoba, to be more engaged in that. I think the member will hear more about that in the future.

I think it does raise the issue, though, of appropriate testing. I have seen reports in Canada that 20 per cent of the diagnostic testing that are—that's done in Canada is unnecessary. And that can, of course, be harmful to a patient when they're

having tests done that aren't necessary. And sometimes that's done because we have standards that aren't the same across Manitoba which can lead to different tests being ordered for essentially the same condition that a patient might be presenting with in a doctor's office.

So there is discussion about how do we ensure that we have more standards when it comes to testing. That would be led by clinicians and would engage—be engaged with clinicians, as it should be, as they're the clinical experts. But that's a long term—that's a longer term goal for where we are with Shared Health right now.

**Mr. Gerrard:** The minister has recently tabled the VIRGO report. Among that—the recommendations is some discussion of a model for governance of mental health and addictions.

I wonder if the minister could provide clarity on what his plans are with regard to the governance of mental health and addictions in Manitoba.

**Mr. Goertzen:** Sorry, I may have—thank you, Mr. Chairperson—may have missed the very first part of that question. I was being heckled from my own side, which sometimes happens in a parliamentary setting.

I think he was asking, though, about the future of AFM or mental health governance.

**Mr. Gerrard:** Let me clarify.

In the VIRGO report, which was brought forward by Dr. Rush, there is a specific discussion of the future of the governance of mental health and addictions province-wide.

What is the vision that the minister has for the governance of mental health and addictions of province-wide?

**Mr. Goertzen:** I thank the member for the question.

And I think for too long—and this was part of the impetus of the VIRGO report and our government's commitment on mental health and addiction, that they've—that these have worked in silos in the past. And I don't think that they were developed that way because people thought it was better for them to work in silos. But I think that there's been a lot of focus in the last 15, 20 years on mental health, a lot of good focus in terms of awareness—far less stigma associated with it, although there's more to do, of course, on that front.

And I think there's a greater recognition that there's a correlation between mental health and

addictions. I think I read somewhere there was 60 per cent or more than that of those who were dealing with a mental health issue had also—were either currently or had dealt with an addictions issue. So there's a strong correlation between the two.

You know, I—we believe that the governance should happen through Shared Health. The exact method of that, I think, has yet to be determined. I would believe that addictions and mental health will be co-ordinated largely through Shared Health, but then delivered at a local level.

I think I shared with the member before—or, maybe with another member in the House, maybe the member for Assiniboia (Mr. Fletcher), that when it comes to addictions, I think we need to look at different models.

\*(15:10)

Certainly, government will always and should always play a role when it comes to the delivery of services in addictions, but I don't think we do enough to tap organizations who are invested and want to invest in doing more treatment, whether that day treatment or longer term treatment, when it comes to addictions.

I recently was in Minnesota and had the opportunity to speak to some folks down there. I know that in the States, they have a good reputation when it comes to the delivery of addiction services. And, to a large extent, their standards exist within the statute in Minnesota, and they measure outcomes against that statute, and they commission services, some within government and many not within government, against that statute.

And one of the challenges that I've found as Minister of Health on this particular part of the file is that we didn't have a method to—if we were commissioning out services, we didn't have a method to judge those who might be applying in to provide services from a non-profit perspective.

And so I think we've essentially developed a method now to be able to—if we decided to do an RFP on certain services, to actually be able to measure that against a standard to ensure that the right service is being provided. And that didn't exist before, because I think the model of care was probably mostly government-centred, and I think we need to move beyond that.

**Mr. Gerrard:** Yes. I would take that a little bit further. In terms of what the minister envisions, is

there going to be, you know, a single individual within Shared Health who's responsible? Is there going to be a committee? Is there going to be a board, or is there—you know, what structure is there going to be in terms of who is responsible for mental health and addictions?

Will the minister be making at some point an announcement about who and what sort of organizational approach the—is going to be taken?

**Mr. Goertzen:** Yes.

**Mr. Gerrard:** That was one of the shortest answers I've had. Good, we will await that.

One of the questions is mental health, or mental and brain health can be narrow or broader. What is the narrowness or the breadth of what is being considered under mental health and addictions?

**Mr. Goertzen:** I don't know that that's been entirely set out, in terms of the scope of it. I do know that the member, I believe, did a report on brain, mental health some time ago and provided it to us in the department. We accepted some recommendations. I think I wrote back to the member and told him that we accepted some of those recommendations and the department was acting on it.

So I don't see this as a particularly partisan issue. You know, I appreciated the work that he did, and we've taken some action on that. I'm sure he would think that there should be more done, and that's fine; that's part of the—this process, right? It's a push and pull in our Westminster democratic system, and that's good.

But there'll be more information in terms of the structure provided when we're able to provide it to him.

**Mr. Gerrard:** We await with interest those announcements.

One of the important issues in Manitoba has been the partnership between the First Nations people, Metis people, the provincial government, Inuit people and the federal government. And there has been some considerable discussion recently of the nature of that partnership in relationship to the building of the Cross Lake hospital.

And it's my understanding that there has been a long-standing agreement in which elements of care are shared between the provincial and federal governments and the First Nation and Metis and Inuit people. And so my question here, there—in the

discussions which have been brought forward, the minister has appeared to be very resistant to partnering at the provincial level with the people of Cross Lake, Pimicikamak, and the federal government with regard to the Cross Lake hospital which, you know, as everybody knows has been planned and needed for quite some time.

So what is the minister's approach going to be going forward?

**Mr. Goertzen:** Well, I would not characterize it as resistance, because I don't think it's been that. I would say that the nature and the way that particular project was brought forward by the federal government wasn't helpful to the project itself.

And so, I mean this goes back almost a couple of years now, but I believe that our department was notified that there would be some kind of an announcement in Cross Lake in about—with about 24 hours notice. We weren't asked to participate in the announcement. We weren't advised what the announcement would be. We weren't told who would be at the announcement. But we were certainly welcome to come if we wanted to, which doesn't constitute much of an invitation in my definition of what an invitation is.

And then, following the announcement, I think at that time it was about \$40 million that the federal government said that they'd be putting into a new hospital. And then there was a clarification that it wasn't really a hospital, it might have been more of a nursing station. And then there was a clarification that, yes, it might be more like a nursing station but we'd like to add services. And then the federal government said, well, we might look at something additional. And then they said, oh, by the way, you know, Province is in as a partner, to which we were somewhat surprised because officials in my department said that had not been the nature of the discussion.

We weren't involved in the announcement. We were happy to provide information, happy to do an analysis, happy to have that discussion. I'm still happy to have the discussion, but, you know, any previous agreement doesn't supersede the need to have a real partnership.

I mean, as much as I might like to, I can't go out tomorrow and say, yes, we're going to build a brand new hospital somewhere, and we're going to put in \$20 million, and, by the way, we expect the federal government to show up and give 80. I'm sure the

federal government would say, well, hang on now; that's not how we do partnerships. And that's essentially what happened in the instance of Cross Lake.

The federal government made an announcement unilaterally. There was, you know, there was questions about the characterization of the announcement. And then after they made the announcement they said, oh, yes, but we didn't actually provide enough money to do what, you know, we kind of said is going to happen, so, but don't worry, the Province will just provide the money, at a time when we're already cutting funding to the provinces in terms of what was expected under the CHT.

So, you know, quite apart from any historical announcements, that doesn't give one level of government the right to make a unilateral announcement and bind another part of government to fulfill a promise that a different part of government made. If the member for River Heights (Mr. Gerrard) is suggesting that I'm going to be making a whole bunch of announcements after the blackout that I'll be hoping the federal government will pay for, but that just isn't how it works.

So we're more than happy to continue the discussion with Cross Lake. We've been at the table in terms of providing information and data, you know; we're hoping to continue those discussions. But in terms of how the federal government made this announcement, it wasn't made in a way that was helpful to the community of Cross Lake, in my estimation.

**Mr. Gerrard:** Yes, part of the reason for asking this is that my colleague, the MLA for Kewatinook, has been working with her communities in the Island Lake area, St. Theresa Point, Garden Hill, Wasagamack, in particular, but it could relate also to adjacent communities like Red Sucker Lake, perhaps even, you know, other communities. But the proposal which I understand has been under discussions for some decades is for a hospital in the Island Lake area. The nature of that hospital—my understanding—is yet to be developed.

\* (15:20)

And so, you know, the minister has said that, you know, he wants to be involved at the earliest possible stage, and can I pass on to my colleague, the MLA for Kewatinook, that his department would be ready at the earliest stage to at least begin the



planning and discussion, knowing that such a venture may take a number of years before it would come to completion?

**Mr. Goertzen:** We're always open to having a dialogue with all Manitobans when it comes to what they feel are their health-care priorities. There's nothing wrong—in fact, it's only helpful at times to have 'dialogue.' That doesn't presuppose the outcome of the dialogue, but I don't think there's anything wrong with having the dialogue.

**Mr. Gerrard:** I thank the member for his answer, and I will certainly pass that on to the MLA for Kewatinook, and I'm sure that she'd be ready to be passing that on and be talking to individuals in the Island Lake area, including the chiefs and councils and those involved in the health delivery in that area.

One of the parts that was on the KPMG report that has been raising concerns and people have been communicating with me about is the cutbacks that are suggested, and I will list one of them. This is in personal audiology equipment, specifically children's hearing aids, bone-anchored hearing-implant processors and FM transmitters.

Now, as the minister knows, and we've already talked earlier on, we now have a universal newborn hearing screening program. And, you know, it is really, really important that the kids who are identified as having hearing deficiencies can get those hearing deficiencies addressed, and that includes making sure that these equipments, including children's hearing aids and so on, are available and that these are going to be supported.

I mean, the fact is that the development of a child's brain is such that if a child can be helped to hear properly early on, they can learn language, their brain can develop, they can do well in school. But all too often in the past, children who were missed, that—they didn't develop language properly, they developed learning problems, and they have had, you know, lifelong difficulties as a result.

So we're talking about something that can make a lifetime difference for a child, and that lifetime difference is not only for that child. The extra expense of, you know, helping a child who has—whose hearing problem has developed into a learning disability is very substantial. And that extra expense deals with the—you know, the support that may be necessary in schools. The school costs as well as health-care costs could impact Justice costs and so on.

So what I'm asking for from the minister is an update on what his plans are with regard to the KPMG recommendation that the support for personal audiology equipment, specifically children's hearing aids, bone-anchored hearing-implant processors—implant processors and FM transmitters, would be reduced. Is he going to follow the KPMG recommendations, or is he going to reject this recommendation and make sure that children in this province are properly supported?

**Mr. Chairperson:** The honourable minister for Health, Seniors and Active Living.

**Mr. Goertzen:** Thank—Madam—or Mr. Chairperson. Sorry.

One of the challenges with being the most transparent government in Canada and releasing, you know, all these—the different reports is exactly this, of course. You know, so, within any report, you won't always accept everything, and I think that there probably isn't a government around that has accepted every recommendation of every report that they've ever received in government.

But the KPMG report, of course, has many different suggestions and ideas and recommendations. A great number of them we've acted on, many of which we won't act on. And I think he's seen the priority that we've taken in terms of the things we will act on in terms of the structural changes around Shared Health, which he's had questions about already this afternoon.

And those have been the priority for the government. We won't act on every recommendation. I don't really intend to go through, you know, recommendation by recommendation other than to say we got a lot of recommendations, we've acted on many of them, so you've already seen what—our priorities.

I think you could look to the history of this government in terms of supporting newborn hearing. In fact, I had the opportunity not too long ago to celebrate with a very young Manitoban who was the youngest Manitoban to ever receive a cochlear implant. Her name was Ireland and—her name is Ireland. And it was quite something to interact with the parents and see the video of when she first was able to hear. And I think that that's a demonstration of our support for newborn hearing and hearing in general.

And certainly, when it comes to the KPMG report, as helpful as it was in terms of looking at us

compared to other provinces, we won't accept every recommendation within the report.

**Mr. Gerrard:** I'll just talk about a—you know, briefly about another couple of recommendations.

That recommendation for reducing the support for orthopedic shoes for children—this is a—you know, pretty important in terms of children being active, getting the exercise that we know that is so important for many things, including brain development and activity, including the prevention of diabetes, including reducing the risk of heart attacks. So developing good ability to walk, to move, to run and to make sure that all children have that opportunity seems to me pretty important. So I would just ask the minister, you know, about that program.

And I would ask him also about the program which is eyeglasses for seniors, having looked and watched firsthand in terms of the importance of seniors being able to maintain their sight to the extent that they can, be able to have that sight to prevent them falling, which can be a major problem in seniors, to have that sight to be able to keep involved and avoid the loneliness that can certainly be a major problem for seniors and has been identified as such. So I would ask, maybe not the minister to comment on every program, but at least to give a brief comment on the orthopedic shoes for children and the eyeglasses for seniors programs.

**Mr. Goertzen:** Just for context for those who are listening or might be reading Hansard, I—you know, the—I think the eyeglasses for seniors program provides a subsidy. It doesn't pay for the entire glasses. It's in the range of \$50. I imagine that there's probably many Manitobans who don't even know that the program exists.

But to hearken back to the earlier comment, there's a number of recommendations within KPMG, you know, many of which we've already acted on. There are many others which we will not act on. I think he or someone else asked about the oral cancer drug program. There was a recommendation to change it in there. We said we're not going to change it.

\*(15:30)

So I think we've demonstrated where our priorities are in terms of both the innovation and sustainability. That's been demonstrated in actions, and not all of the recommendations within the report will be accepted.

**Mr. Gerrard:** Yes, thank you. There is a concern also—and I'll just mention them without necessarily asking the question—about the orthotics funding being reduced, the—what's called a telecommunication subsidy in health care being reduced, but I'd like to come back now to one of the things that I did talk about earlier on, and that is a provincial preventive services plan.

And the area that I would like to discuss is the area of diabetes, which is a major issue. We have far too many people who are developing diabetes in Manitoba. We have had—in the late 1990s there was a lot of effort put into a plan to address the diabetes epidemic, as it was declared, in 1996, I believe.

But the number of people with diabetes in Manitoba has continued to go up and up. And I think that part of the problem has been the focus has wandered, that the—was even a central unit within the department related to diabetes was disbanded, and so I have a lot of concern about, you know, where the government, you know, may or may not go.

And part of the reason for needing a preventive services plan is that there be people within—if it's a Shared Health responsibility—within Shared Health who are focused on developing this preventive services plan, including preventing conditions like diabetes and having—getting the results, measuring the outcomes, making sure that we know what works, what doesn't work and that we're measuring results.

So I would ask the minister, what is going to be his approach with regard to a major, expensive, disabling condition like diabetes?

**Mr. Goertzen:** No question that Manitoba disproportionately has a challenge when it comes to diabetes. It's one of the issues that the Premier (Mr. Pallister), I think, led when it came to discussions around the health funding negotiations, led that as a specific desire to get additional support when it came to diabetes in Manitoba. We had some success, but I think overall, of course, we're disappointed in the response from the federal government when it came to that particular issue around chronic disease and diabetes. The—quite apart from my disappointment in the federal government's willingness to engage in this.

And I'm sure that the member opposite, the member for River Heights (Mr. Gerrard), has written to the federal government, has given specific correspondence to his colleague in Manitoba, the

federal minister. I haven't seen any of it, but I'm sure that it exists, and I'm—I'd be happy if he would share it with me. I'd love to read it.

But in Manitoba, certainly, we—despite the fact that the federal government has kind of vacated the field in that support more generally when it comes to health-care funding in Manitoba, we've taken a number of specific initiatives.

Great research that's being—at Seven Oaks hospital. Met with a number of doctors of there in terms of their research, not the least of which was Dr. Paul Komenda, who I've had a number of different discussions with on the Manitoba renal team, and as—got some, you know, really strong ideas in terms of how we can continue to be a leader in research and in action—him and a number of doctors, a number of young and tremendously talented and gifted individuals doing work there.

Part of that work is to look more towards home hemodialysis, which I know is more responsive than it is proactive, but nonetheless, we have a situation today that requires a great deal of dialysis when it comes to those who are dealing with end-stage kidney failure. And so the home hemodialysis program continued to work to ensure that there are people who can train individuals who are eligible for home hemodialysis, who would be a good fit for it.

That means also training doctors to try to promote that as an option. Obviously people are often risk-averse when given an option between doing something, you know, within an institution or doing something at home. They might just default to doing it with an institution, not thinking that they might be able to do the home hemodialysis, but where that training and support is available, and we're doing more to provide that training and support—it is almost universally, although entirely universally—but when we talk to people who've done home hemodialysis, they prefer it over having to drive to an institution and being in a facility for a number of hours going through their dialysis. They'd much sooner do it at home. And the outcomes are as good, and certainly for the patient it's better.

So, there are a number of things happening on the preventative side, you know, looking at the research that's happening within Manitoba and being really one of the leaders, I think, in the world for that. We're talking about—or not talking about, we're actioning more work on the home hemodialysis side of the equation. And I spoke with the former minister of Health, Minister Philpott, after the summit in—on

opiates in Ottawa, where I think some good action came out of that.

That—we should do more of those kinds of summits because, you know, to be able to just bring in experts and talk about a particular issue in health for a couple of days isn't always afforded to Health ministers because we're off dealing with a number of different issues at times, but to concentrate solely on a particular issue, I found it to be particularly helpful, and I suggested at the time we'd be happy to see that kind of a summit hosted by the federal government on diabetes in Manitoba. And I still think that that would be a great idea, if he would like to speak to the new minister, Petitpas Taylor, I'm happy to add my voice to that again.

But that would be something, I think, that would be a great learning experience for not just us but all provinces.

**Mr. Gerrard:** One of the problems, clearly, has been that, when we're looking outcomes, as the minister has often talked about looking at results, that the results with diabetes has been a steadily increasing number of people with diabetes from the late 1990s when there was about 50,000 to something well over 100,000 people with diabetes now in Manitoba.

And so this focus, which is needed, needs to look at, you know, not just where the dollars, or what dollars are available, but at the—how, in fact, things are going to be organized so that we will be evaluating, looking at results and moving forward, changing the direction of the curve from one that goes up to one that starts to come down in terms of the number of people with diabetes.

So, you know, that, I think, is a particularly important aspect. And I would offer the minister an opportunity to comment on this question of, you know, outcomes and results when it comes to something which is a preventive approach or preventive need.

What are his plans in that respect?

**Mr. Goertzen:** And certainly the member is not wrong when it comes to diabetes and variety of lifestyle changes that can either better the outcome for those who are dealing with diabetes or prevent it from happening—and certainly when it comes to type 2 diabetes.

But—and I'm not one to give a lot of lectures when it comes to healthy lifestyles, and so I won't

give a lot of lectures in the House on that. But I do know that, you know, there's been strong efforts, both provincially and to some extent nationally, in terms of, you know, looking at how we can provide a younger generation more understanding when it comes to the lifestyle that they have and the potential outcomes of that. And so whether that is issues around packaging or healthy eating, a lot of those efforts have happened, and sometimes, they can take years to see the result of.

\* (15:40)

There's, you know, obviously, different areas of responsibility. There's responsibility for parents, of course, in raising their own children, but there's responsibility on the federal government's side as well. And the member will know that on-reserve, that is, you know, an effort that could be undertaken more strongly by the federal government, and I think that they have an understanding of that, and I hope that they'll be taking additional action.

So it's no doubt an effort that is happening in Manitoba. I expect it'll be happening at the federal level where they have jurisdiction as well. And I think that there has been a lot of action taken when it comes to trying to promote a healthy lifestyle, often of which you don't see the results of for many years, of course, because you're sometimes speaking to a younger generation and hoping that the outcomes come from that.

So, difficult challenges, not ones that aren't being taken on at the provincial and federal levels to some extent, but often those results take some years to see.

**Mr. Gerrard:** I thank the minister, and—but I would point the minister to an article which I tabled in a recent question period demonstrating that preventive approaches can have remarkably short timelines, under some circumstances, in having impacts. And so I think that the minister may talk about things being very, very long term, but there is an opportunity to begin thinking about shorter time frames for preventing conditions like diabetes and having an impact, and there's a need to do that.

Now, I—there are many other areas of health care where prevention is important. One of those is in terms of mental health and addictions. And so I would ask the minister what his plans are with regard to prevention of mental health and addictions.

**Mr. Goertzen:** So we spoke a little bit about this a little earlier this afternoon. No question, the

co-ordination between mental health and addictions is a priority of the government. He's seen that with the release of the VIRGO report, which indicated that for many years, decades, that there's been poor co-ordination between the mental health and addictions system in Manitoba. And so I think if he's looking for our plans when it comes to those two areas, he could certainly look at the VIRGO report for guidance. We expect an implementation plan to be provided by the department in fall of this year.

**Mr. Gerrard:** I'm, I must say, still a little bit disappointed that the implementation plan will not come before fall of this year. That's going to be a full two and a half years after the minister became Health Minister, and progress has been—*[interjection]*—it's been taking a long time, and one would've hoped for, you know, more quicker action on something that's as important as that.

My next question relates to something which I know is a big concern of the minister's, and that is the meth epidemic for the large number of people in Manitoba, an increasing number of people, often young people, in Manitoba, who are caught up taking and addicted to meth. We've had a lot of discussions and questions over the course of the last couple of years for the minister on this subject, but the approach to the epidemic needs to go beyond just an educational approach and hoping that will reduce it.

I've spoken on a number of occasions about the activities that have happened, as an example, at Morberg House in St. Boniface, and I would hope that the minister would have an opportunity to visit and see the results. The minister's interested in outcomes of what's happening at Morberg House, and a number of these results were discussed on CBC several weeks ago.

And the fascinating thing about Morberg House is that you've got a non-profit organization which has come to the fore in terms of trying to help people who are homeless, as in the course of that process realized that a high proportion of the people who are homeless have got problems with meth addiction and with mental health issues. And the proportion I'm told that they've seen in terms of meth addiction is about 90 per cent meth addiction and about 10 per cent opioid addiction. So it's a big issue.

The remarkable results have been that a high proportion of the people who come in there with a meth addiction, after about a month or so are no longer taking the meth anymore. The family-friendly environment where people can feel

more comfortable, The ability to, in an interesting way, transition people who come in and are helped to other housing opportunities so that they're able to address the homelessness as well as, interestingly, the mental health and addictions problems.

There was a fascinating study which I heard, which was actually not in people but was in mice, that they had two groups of mice who were given meth and became, quote, meth addicted, and one was given an enriched environment, and, after a certain period of time, the mice no longer craved the meth and they drank water. And there was another group that were given impoverished environment, and in that impoverished environment, the mice continued to crave the meth.

*Mr. Dennis Smook, Acting Chairperson, in the Chair*

And there seems to be an aspect of meth addiction which people like Marion Lewis [*phonetic*] are starting to understand and being able to help people. And we as a, you know, as legislators need to learn from people who are having some success. So I pass that on for the minister to comment on.

**Mr. Goertzen:** I don't know the study that the member is referring to; it does sound very interesting. And so if he has it, I'm happy to read it; if not, I'll look it up. I'm sure there's not that many studies on mice and meth. But I can take a look at, I'd be happy to look at that.

You know, to go back to maybe what he was talking about earlier on about, you know, he feels that we're not moving fast enough on the issue of sort of changing the addiction side. Maybe that's the luxury of opposition, having spent there some time myself. But, on one hand, he feels we're moving way too fast on health reforms, generally in the health-care system. On the other hand, he feels we're going way too slowly on changing of other parts of the health-care system. So it's hard to know sometimes if the member wants us to speed up or slow down, or if it just depends on the day.

But I do think, you know, this has to be done in a way—we needed to wait for the VIRGO report, obviously. Why commission a report if you're not going to wait and act on it? And so we've got that report. We've taken—we took some action prior to VIRGO of course, when it comes to Suboxone and having that as a front-line treatment when it comes to opiate replacement. We took some action on the RAAM clinics, the rapid access to addictions and

medication clinics, you know, knowing that that was something that was important and that was verified by the VIRGO report.

So there has certainly been action that's been taken quite quickly where we've seen that there's evidence to do that. Yes, there's more to be done, and I share the member's concern when it comes to methamphetamine and the impact that it's having in Winnipeg. It's, of course, many components to that. There are Family Services components to it, there are Justice components to it and, of course, there are Health components to it. So it really is a whole-of-government approach when you're looking at something like methamphetamine, what it's doing within a community.

\* (15:50)

I can report to the member that, you know, we have been looking for different ways to get support. The federal government announced in their last budget that they would have a fund available on a per capita basis per provinces for support to treat opiates. We engaged with the federal government to see if we could have some flexibility on that—knowing of course, opiates is the problem, but in Manitoba methamphetamine is at least an equal problem—and, based on vital statistics the member was quoting, perhaps a greater problem.

Of course, when a family is dealing, whether it's with alcohol addiction, that is the greatest problem. When it—they're dealing with methamphetamine, that is the greatest problem. When they're dealing with opiates, that's the greatest problem. Whatever a family is dealing with is the greatest problem to them, of course. But purely on a statistical basis, you know, we asked the federal government if we could have some flexibility in that program to use some of the funding for methamphetamine-related treatments. It's a matching funding program, so there'd be a provincial share in that. The—I spoke with Minister Petipas Taylor a couple of evenings ago. She indicated that that flexibility will be granted. And so I think that that's important. So we're looking at a—ways to be able to utilize that matching funding program. So that's under way.

When it comes to the bilateral agreement that we have with the federal government that involves both home care or long-term care and areas of addiction, I think we're very close to finalizing that bilateral. Of course, you know, this would not be the time to announce such a thing, but we're getting close, I think, in terms of the finalization of that. And so

there's—there are a lot of initiatives that are—been—have taken place on a purely provincial level. I'd cite the RAAM clinic's Suboxone treatment additional support at AFM, more beds for women in particular dealing with addiction through the Addictions Foundation of Manitoba.

And then, in terms of our co-operation with the federal government, we're pleased to see that we'll have flexibility on the fund that was announced in the last budget. So it will be—we can also use some of it for meth-related treatments. And, you know, I hope that at some point, when it's the appropriate time, we can announce specifics around a bilateral agreement, as well, that will touch on issues around addiction.

**Mr. Gerrard:** I'm going to pass this momentarily over to my colleagues to ask some further questions. I'll just make one sort of closing comment about this.

We were talking earlier on about a preventive services plan. It is in part precisely because when you're talking preventive services that you have, in fact, do much more than delivering clinical care, work with other departments and across departments that you need that ability to focus in on the preventive services. And I take that the—you know, the minister had commented some time ago that he was going to fix acute-care services before he got around to preventive services. I think that preventive services are really an integral part of what is needed in terms of addressing health care in this province, and I would urge him to look at and move forward on a provincial preventive services plan.

So, thank you, and I'll pass this on to the member for Minto (Mr. Swan).

**Mr. Goertzen:** Just in terms of clarification, because I'm sure the member from River Heights has inadvertently mischaracterized something that I've said in the past—and I know he wouldn't do that purposely—but my characterization of the importance of getting acute-care services right wasn't because you can't do one thing without the other.

Of course, we're doing many things in Health. He's been very critical at times that we were doing too many things at once in Health, and sometimes he thinks we're going too fast, and sometimes he thinks we're going too slow, and—but regardless of that, the issue of getting acute-care services right is that there's no question that, within the health-care system, acute-care services are the most costly services that you provide.

And so, jurisdictions that have moved the needle when it comes to long-term and preventative care and looking at those long-term community supports, they've moved that needle by ensuring that they get their acute-care services done properly—not perfectly, because nothing's ever perfect in life or in health. But if you can get it done better, then you can take those savings that are realized by a better functioning acute-care service system and investing those into community care where you really move the dial when it comes to long-term health care. I think, to some extent, we've seen that experience in British Columbia and we've seen it in other jurisdictions that aren't Canadian jurisdictions.

So my comments on the long-term effect of getting acute-care services done better weren't to suggest you can't do preventative services at the same time, but it—but there's no question that you move the needle more dramatically in terms of providing better care in communities when you're not focusing all of your attention and funnelling all of your resources into an acute-care system that isn't working well, which, arguably, and backed up by reports such as Dr. Peachey's, ours wasn't.

So, that—I know the member wasn't trying to mischaracterize what I was saying, but I wanted to clarify that before either the member for Minto or the member for—

**An Honourable Member:** Concordia.

**Mr. Goertzen:** —Concordia moved to further questions.

**Mr. Matt Wiebe (Concordia):** My question is for the Minister of Education. Can he give us an update on Manitoba's four-year bachelor of midwifery program?

**Hon. Ian Wishart (Minister of Education and Training):** We've certainly been working very diligently to make sure that we will be in a position to move forward. Some of that involves discussions, of course, with the Department of Health, based on their projected needs moving into the future. We also are looking at other jurisdictions as to what they have experienced in terms of their need and how that's evolving. But we continue to have discussions, both with the University of Manitoba and McMaster, and we anticipate having something in place in time for the next school year.

**Mr. Wiebe:** So how many midwives have enrolled in midwifery education programs this past year?

**Mr. Wishart:** I believe the current number is there's 13 people participating in this particular group.

**Mr. Wiebe:** And how many new midwives graduated in Manitoba this year?

**Mr. Wishart:** If I have my years correct, the graduation for that particular group that we put a program together for would be next year. So there were no graduates this year.

**Mr. Wiebe:** Does the Minister of Education have some information to share with the House on the need for midwifery services, how much that's expected to grow over the next few years? Specifically, maybe he wants to talk about rural areas, about the North and some of the needs there.

**Mr. Goertzen:** Just because that seems to be more specific on the services side and less on the training side, we've certainly engaged Shared Health on a number of different things for a relatively new entity. One of the things is to look at the scope of practice for the variety of different service providers, clinicians and allied health professionals that we have in the province of Manitoba.

So what we haven't done well in the province, I would suggest, is to look at where we have service gaps as exist in Winnipeg or in rural Manitoba and to see the kinds of professionals that can fill those service gaps. And so, you know, classic example that's sometimes used is Nova Scotia using paramedics in a more robust way to provide services in areas that were otherwise underserved. That's just one example, but it's an example of how you can look at a scope of practice for a particular profession and look to expand it in an underserved area.

\* (16:00)

So Shared Health is going to be working on that sort of analysis, because it hasn't been done in the province, to see where there are gaps within deliveries—services in the province and then to overlay that with the kinds of professionals that can provide certain services. No doubt midwives would be part of that analysis and that would inform where some of the demand is in the time ahead.

**Mr. Wiebe:** Well, it seems like work is definitely needed and, you know, the Minister of Education has gone on record saying that, you know, they were committed to seeing this cohort through, but, you know, once that cohort of students have gone through, you know, we want to establish what the target might be with the Department of Health to put

the additional programs in place, so this is a really a—it sounds like a very time-sensitive undertaking and something that I would imagine, you know, that sort of data would be absolutely vital to get to the Minister of Education.

So, again, to the Minister of Education, can he indicate what kind of targets he's setting to—what sorts of targets the Minister of Education is setting with regards to meeting those needs that the Minister of Health, I guess, will inform the Minister of Education about?

**Mr. Goertzen:** No question that the Department of Health works closely with all the departments in which health touches upon, education being certainly one of those, and officials within the two departments will continue to work together on the various training and needs as they relate to the Department of Health, but the member's right that that type of analysis that Shared Health is doing is sorely needed. It hasn't been done in the province in the past. Obviously, had it been done in the last 20 years, we could have relied upon that data and moved more quickly, but it didn't exist, and so that's the situation we've inherited.

Not to complain about it, it is what it is, but we're now putting together, through Shared Health, that type of analysis and that will inform the needs when it comes to particular health providers and where they need to be deployed more robustly or in a different way, and certainly we would then be working closely with providing that information to the Department of Education.

**Mr. Wiebe:** So, again, my question was to the Minister of Education, and I do want to get his perspective on this because it sounds to me like the need is out there. There's no disagreement from any member in the House that there is a need and lots of opportunity to expand the midwifery program. I understand that the Minister of Health is, you know, wanting to get that data to the Minister of Education about what the specific program needs are, where those midwives are needed, how many are needed; but I would imagine that the Minister of Education also has his own targets and his own timelines that he's trying to meet in order to get this program rolling.

As I said, he's been very vocal in the media, and in the House, elsewhere, about the need to get this program rolling and get the next iteration of it out the door. So I just wanted to get a sense from him what the timeline would be.

**Mr. Wishart:** Well, certainly, we've been working very closely with the Department of Health and the minister in regards to this. We depend very heavily on their assessment of the needs. I think they're far better in position to determine that the size and scope and nature of that need than we are; however, we have continued to work with those that might be in a position to supply the training that is necessary so that we have some options available and I know we have a number of options that are still under consideration and with these different options come different timelines, in all honesty.

So, if we wanted to do something like the previous government did in terms of grow at home, that requires longer timelines. If we want to do as we were able to do to help with that particular cohort, which just happened to another university's experience in this. That can happen relatively quickly, as we have demonstrated with that particular cohort. And I think the member probably appreciates the fact that there are conflicting—to some degree—recommendations as to the number we might need. And there are also varying opinions on the different programs that are out there. Certainly, we're pleased to be working with the University of Manitoba and McMaster University on that. The vast majority of midwives that are practising in this province actually got their training through McMaster, at one of three sites that they have where they do training in Ontario. So it—clearly, it's one that the Manitoban people are used to getting that level of service from. So that is one that we're certainly valuing highly.

But we are looking at some other options. There's a different program that is run out of BC, and it has some strengths at different areas; one of which is—it is perhaps a little more designed for rural and remote communities. And accordingly, we have some interest in that because that, in some ways, describes some of our areas of need. And so we are in touch with them and I've talked to them about the type of services that they could provide and what costs might be associated with that and whether there's any capacity in their system to do more, as well.

So we have a number of options on the table. We are working very closely with Health to determine the nature of the needs, and then we will be in a position to do the follow-up.

**Mr. Wiebe:** Well, so—I mean—you know, I'm trying to think back to my days in university. And, you know, this time of year—

**An Honourable Member:** Couple of years ago.

**Mr. Wiebe:** —it wasn't that long ago, that's—the Minister of Health points that out correctly—but, you know, this time of year I think students are maybe taking a bit of a deep breath—those who, you know, have just completed their studies for the year.

But always in the back of your mind is thinking about what's next and thinking about enrolling, what programs you're going to be in in the fall and what the next steps are to achieve your goals. And so, again, the concern becomes—the minister's confirmed there've been no new midwives graduated in the province of Manitoba this year and there's a cohort that is on its way through the program now that will be graduating next year.

And so I guess the concern becomes that, you know, we're—as I said, students are already starting to think about what they want to do. For those high school graduates who are coming out of school and maybe this is a career path that they're looking at choosing, they're already going to start thinking about what that looks like in the future.

And so this isn't something that can be just, you know, popped up overnight—can't be created overnight. A program can't be dropped and, you know, the minister expect it to be full—whatever that number ends up being that the Minister of Health determines that there is a need for. But, you know, I mean, in my experience in talking to people of my—in my age group, I guess I can say, and younger who are starting families, midwives are absolutely essential. And they are considered, you know, just the absolute right level of care for somebody who's entering a pregnancy. And I know that in my experience, you know, we desperately wanted a midwife and weren't lucky enough to have access to one, whereas for, you know, other friends of mine did have that access and had nothing but amazing things to say.

As I said, this is our experience as people living in the city who have access to a plethora of health options. So this speaks nothing of those who are in rural Manitoba or northern Manitoba who want to access these services. I would say there's no question that there's a need. I know we certainly heard from midwives a couple years ago and throughout the last two years here in the legislature who have come out and made their case, made sure that we understood as legislators how important they are in terms of the health-care system.



*Mr. Chairperson in the Chair*

So we certainly support more midwives, but if we're not even at the point of saying what the program will look like or the minister can't give us a timeline for when that information will be released, I think it's certainly challenging. And, you know, that's the concern that I'm hearing out there, that we—we're just kind of in the dark and that's not a great place to be.

\* (16:10)

Can the minister maybe shed some light on the—whether the midwifery program was included in his college review that his department commissioned this past year?

**Mr. Wishart:** Thank you very much for the question. Certainly, I'll just touch briefly on some of the issues that the member brought up regarding midwifery. It was touched on in the colleges review, mostly regarding the role of University College of the North during the number of years that it attempted to run a midwifery program.

And it did touch a little bit on some of the problems that were engaged in that, and we have learned from that experience. And that's valuable information. But, as the Minister of Health pointed out, it isn't really him that employs the midwives; it's actually the regional health authorities. And so we work through the minister's office to be in touch with them to determine the ongoing needs.

And, as students are thinking about their futures, and I certainly always encourage them to think about the nature of their futures, they also have to not only think about what training options are 'availallem' but what the job market might be at the end. And, of course, the employer for most midwives is the regional health authorities. So we certainly have to work hand in hand with the regional health authorities as well to make sure.

There are some mixed messages that come down through regulations and that—in terms of services provided in the regional health authorities, where some regional health authorities are keener than others, in regards to the presence of midwives and the working relationship between midwives and other medical personnel within the region. So we have to be aware of that as well.

So we are working very closely, as I have already outlined to the member—we're not just looking at the option that we're operating now but, in

fact, looking at other options that are out there that students might be trained in.

And some of them have capacity within their existing system already. So, if was determined the best way forward was to use an existing program, there are other places that students could go, if they so chose, to follow that career path. But, that said, we are looking very seriously at the needs and the size of the need here in Manitoba. It has to be an economic option.

Here in Manitoba, as the member probably remembers, number of years the University College of the North worked initially on its own and then with the University of Manitoba. During that time, actually, only, I believe, eight people graduated as midwives and at a cost of over \$9 million for that program. So that would be rated as a very expensive option.

And we—we're looking for ones that are much more cost-effective, both to the Province of Manitoba and the taxpayers of Manitoba, but also to the students. We have to be very much aware—we are providing an additional level of support to the cohort that's there now, because there is some higher tuition costs with the McMaster University course than was the case here in Manitoba. So we're—we will continue to pay attention to that.

But we will weigh the options and move forward at the—once we have some clear information as to how—what the need might be moving into the future.

**Mr. Wiebe:** My apologies to the minister. There was a bit of noise here in the Chamber, and I may have missed it. Can he just clearly state, did he—was midwifery included in the college review his department commissioned last year?

**Mr. Wishart:** As you referenced, it was touched on in the report, talking about some of the experiences that were learned during the University College of the North, when they—both when they tried to run the program themselves, and then there was a—I believe it was a three-year period when they were working with the University of Manitoba on the delivery.

And they're different experiences in both those situations, and there was something to be learned from them both. We are certainly very aware of what happened in those situations, and we'll be looking at that as we move forward. And it'll probably be—at least some of the material that's under consideration, in terms of the options for the future.

But we do need to have a very good third-party or arm's-length assessment of the need here in Manitoba, and we depend very much on the regional health authorities to help us in regards to that.

**Mr. Wiebe:** And the minister may have touched on this or already answered this question as well, but has the minister's department conducted any labour market studies in terms of both supply and demand across the province, outside of the work that's being done in the Department of Health, have they done that work any time since 2016?

**Mr. Wishart:** Well, thank you very much for the question. We are attempting in all sectors, actually, to have a lot more current labour market information than was the case previously. And so, though it's not specific to midwives, it is specific to health-care professionals as to the needs. And we are always in a position where we depend on the sector information in regards to that.

And much of that actually does come to us, not from the Department of Health but from—more from the regional health authorities as to what their needs were, and we depend on that in terms of determining class size for health-care aides, which is on—in an ongoing demand, for nurses at the different levels, other professionals in regards to that, the lab technicians; the list is very lengthy in regards to that. That is actually one of the more challenging features in terms of balancing the training needs with the labour market needs is to try and get a fair assessment of what the labour market needs are.

And as we move as a province to modernize our health-care system, there are some changes that we see on—in that regard. And some of it is driven by technology. There was a time when the number of lab techs that could do chemistry on all of the tests was quite a large number; now, with automation, that, actually, is an area where there's been a slight reduction in demand. But the nature of the training for those individuals has risen quite a lot with technology moving into that area quite a bit. They've spent very little time with chemistry and pipettes as they used to, and much more time with high-tech machinery. So things do continue to evolve.

And we have to make that we have in Manitoba all of the skill sets that we need. Doesn't do us a lot of good, I'm sure the Minister of Health would agree, to have the best of technology if we don't have the people that are trained to run it. And the numbers have to match up very well. So we have to pay a lot of attention to that as they move forward, and

technology in the health-care industry is moving a very rapid pace; it is one of the things we have to look at, too.

And it was touched on a fair little bit in the colleges review where it emphasized that we do kind of have a system in Manitoba when it comes to balancing the training needs in the different sectors, not just health care but many others, but that it isn't really—hadn't really happened by design; it happened more by chance. And that's perhaps not the best way to do it; it has led to some duplication of courses in different institutions. Sometimes, that's a good thing; competition's always a good thing to some degree, but if you're not getting the right balance or not getting enough of one and too many of another, then you have to pay attention to that.

So we're certainly endeavouring as we work on our recommendations for the colleges review to get a little more control on that.

**Mr. Wiebe:** Does the minister have any plans to make principals a separate bargaining unit?

**Mr. Wishart:** Well, I thank the member for the question. We have never brought that issue to the table with MTS or with the School Boards Association. The only ones who have brought that issue up are, in fact, MTS themselves. They've done that on a number of occasions, I'm not sure what their motivation is in regards to that. But it is not something we have brought to any bargaining table or any set of discussions anywhere in Manitoba at any time.

**Ms. Nahanni Fontaine (St. Johns):** Is the Minister of Health concerned that there are no funded midwifery programs in the Interlake-Eastern RHA?

\* (16:20)

**Mr. Goertzen:** Well, certainly the RHAs, you know, make their decisions when it comes to the staff that they have. The vast majority of those staff are hired and are employed by the regional health authorities themselves. And so, you know, as we look at the different—not just models of care, but scope of care for different health-care practices in Manitoba, I think that the RHAs, you know, themselves will be involved in some of those discussions, and they will then be able to take that information and apply it to their own individual circumstances. But, of course we rely on the regional health authorities to make decisions when it comes to employment within their individual regions.

**Ms. Fontaine:** But has there been any discussion with the Minister of Health and the Interlake-Eastern RHA in respect of, you know, funded midwifery programs?

**Mr. Goertzen:** I mean, there are always discussions that are ongoing with the regional health authorities about a variety of things when it comes to health care and employment. At the end of the day, the regional health authorities make their own decisions when it comes to employment of individuals based on their individual needs. I don't think anybody would argue or dispute that midwives can certainly play an important role, and do play an important role, within the health-care system, particularly, I think, you know, the model of care in rural areas where midwifery and those services were largely created to fill gaps in care and to help mothers give birth. I think that continues to be an important service, but we rely specifically on the regional health authorities when it comes to the employment that they have under their individual contracts.

**Ms. Fontaine:** And I thank the minister for his response. And I do get that it—what the minister is inferring, that it is in—you know, up in—to the Interlake-Eastern RHA to make their own decisions based on their needs, but I think that it's been clear that there's some concerns that there's not access to kind of robust midwifery across Manitoba, but certainly there's no funded ones here.

And so I guess my question again is: Is the minister concerned with this, and has he actively sought out those discussions with the Interlake-Eastern RHA to look at what's happening with midwifery, those midwifery positions?

**Mr. Goertzen:** There are always discussions that are ongoing with the different regional health authorities regarding different programs that they have, regarding different models of care that they might be looking at, regarding training that they might be—that may be happening or that they may wish to happen in their areas, but those are really discussions that get driven by the needs of the individual regional health authority. As well, there is a great deal of planning that we're looking to move towards provincially, and that'll be a specific role of Shared Health. The delivery of health-care system, of course, is provided at the local level through the regional health authorities.

**Ms. Fontaine:** Okay, well, I didn't really hear from the minister whether or not it is a concern from him, so I'll move on just in respect of if the minister would

be able to provide an update in respect of some of the doula—we know that there's doula training, and I know that it's also a question for the Minister of Education; I get that—but where we are in Manitoba in respect of doulas and actively training and utilizing doulas.

**Mr. Goertzen:** Yes, certainly, you know, doulas are also a part of the ability for those who are looking for alternative experiences when it comes to giving birth, those who would rather not rely specifically on institutional care, which I think is an important option to have in the province, the ability to make those decisions who—when it comes to giving birth is critical, because, you know, for those who want to have a different experience or an experience that they're more aligned to in terms of comfort and other reasons why they might choose to have a midwife or a doula involved, that is certainly important and we continue to consider it important.

But when it comes to the overall accessibility and numbers and the provision of care in the province, whether it's specific to doulas or to midwives or to the variety of other service providers in the province, Shared Health is actively working to identify where gaps of service exist within the province and what's the best way to fill the gaps that currently exist.

**Ms. Fontaine:** Does the Minister of Health know actually how many doulas are currently employed in the health-care system across Manitoba? And I'm just curious because I actually don't know, so I'm just wondering what those numbers would look like and what that particular service would like in Manitoba. As well, I suppose if the minister knows like geographically where those positions would be, or where those doulas would be positioned out of.

**Mr. Goertzen:** When it comes to the employment of the vast majority of individuals within the health-care system, the employment doesn't exist as a contractual relationship between the Department of Health and those individuals, it exists between the regional health authorities and the individuals. So if the member's looking for specific numbers, whether it's doulas, nurses, midwives or whatever, that the RHAs are employing, I'm certainly open to getting that information for her.

**Ms. Fontaine:** Yes, if the minister wouldn't mind, I would really like to kind of know where some of those resources for women are kind of positioned across Manitoba. I think that that would be a

much appreciated—and I would really appreciate that information. So miigwech for that.

So I guess as well, you know, does the minister plan on ensuring that there are more midwifery positions in Manitoba than last year?

**Mr. Goertzen:** As I mentioned, the individual decisions when it comes to the hiring of employees generally is done by the regional health authorities, of course there are some employees within the Department of Health, but they're not usually direct-line service providers. There are some exceptions, Selkirk Mental Health being the most notable exception although there are plans to devolve services from Selkirk Mental Health into another entity that isn't the Department of Health.

But, you know, we're relying on Shared Health to do the review on the services that are currently provided in Manitoba to identify the gaps, and then to come forward with a plan on the best way to fill those gaps by looking at the scope of practice of many different service providers within the health-care field.

**Mr. Jim Maloway (Elmwood):** The minister has kept the people of northeast Winnipeg on pins and needles now since he made his initial announcement a year ago, and he's already I guess 12, 13, 14 months behind schedule. Now he's announced that he's going to make the closure a year from now, so that's essentially two years and a couple of months before the closure and he's going to replace it with a walk-in clinic. Why does he think that this is going to be any more acceptable to the people of the area, when clearly the message has been given to him that nothing short of keeping the ER fully operational is acceptable?

**Mr. Goertzen:** Well, the member seems to be critical of the fact that the timeline has slowed, which is exactly, of course, what he asked for. The Leader of the Opposition stands up in this House on a not-infrequent basis and has been asking us to slow the conversion, both at Concordia and at Seven Oaks, and to listen to the wait times task force report, which is of course is exactly what we did. We listened to the wait times task force report, they expressed concerns about capacity at St. Boniface Hospital, wanted us to do the conversion of St. Boniface Hospital, the ER, prior to changes both at Concordia, at Seven Oaks. And so we listened to that report and chose to delay the conversion until the renovations specific to the ER were done at St. Boniface. So now the member is critical that

we're listening to the report while his opposition leader demanded that we listen to the report. He should attend more caucus meetings and they can figure this out between the two of them.

\* (16:30)

**Mr. Maloway:** The fact of the matter is that people are not happy at all, including a lot of his own former supporters up in that area, and I really don't see how he's going to be able to sell a big walk-in clinic as a proper substitution for this area.

I'd like to ask him how many square footage—or what's the square footage of the area right now, of the ER? And how much of it is going to be turned into this walk-in clinic? And how much is going to be left for this unannounced usage that he is planning to make—

**An Honourable Member:** Repurpose.

**Mr. Maloway:** Yes, repurpose, yes.

**Mr. Goertzen:** Well, I would refer the member opposite—I know he says that everyone is unhappy about the Connected Care Clinic. That's certainly not the feedback I've been hearing. I've certainly heard from many, many residents within that quadrant of Winnipeg who are quite pleased that the government has listened to ensure that there is a place to present at Concordia with specific health concerns. It'll be open from 9 a.m. to 9 p.m. In fact, it was Valerie Wiebe, the chief executive officer at Concordia Hospital who said, we are very excited to define Concordia's new role in Winnipeg's evolving health-care landscape with the opening of the Connected Care Clinic.

And, further, I would quote Dr. Ainslie Mihalchuk, who is the chief medical officer of the Concordia Hospital and the president of the Manitoba College of Family Physicians, who says access to same-day primary health services, like the walk-in Connected Care Clinic, which is going into Concordia, is an important element of community health services.

So he's taking great exception with the health-care professionals at Concordia. He may want to fight with those health-care professionals. He may think he knows better than those health-care professionals, but I think when somebody with a long and distinguished career of—as Valerie Wiebe has, when it comes to being the CEO at Concordia, and also Dr. Ainslie Mihalchuk, who I've only gotten to know more recently, but young doctor in

Manitoba who has a very tremendous amount of ideas in terms of innovation, has studied a lot in terms of innovation in the health-care system—he may feel he knows more than both of those individuals, and I would say that he's incorrect.

So, they are excited by the announcement, and if the member opposite does not share in that excitement, I'll leave him to his pessimism, but I know that not only are members representing that area excited, but residents of the area, I think, will find that the clinic is well suited to many of the needs of those who are presenting at the Concordia ER now.

**Mr. Maloway:** The fact of the matter is that the ER currently is open 24 hours a day for the purposes of serving roughly 30,000 people a year who attend at that—at the ER. And what is going to happen there next year will be a walk-in clinic that's only going to be open 12 hours a day, 9 a.m. to 9 p.m. So now what is going to happen to all those people who get sick after the—after 9 p.m. in the evening? Are you—is he telling them they better get sick from 9 in the morning 'til 9 at night and otherwise just wait 'til the next day?

**Mr. Goertzen:** Well, and these are the same sort of scare tactics that we heard prior to the phase 1 conversion. I remember—it may have been the member opposite; I can't remember, but it was certainly a member of his caucus who sat in this House and said, oh, you know, ambulances are going to be stuck on Pembina Highway and nobody's going to be able to get down to St. Boniface or to the Health Sciences Centre. It's going to be a catastrophe. And then I heard about that there were dozens and dozens and dozens, well over a hundred individuals at the Misericordia who were using the ER or the urgent care centre as a primary-care centre, and they wouldn't be connected to doctors when that facility converted. So we asked for the names of those individuals so that we could connect them in with doctors, because there are many, many options for care within the area. It turned out there were less than 30, and of the less than 30, more than half of those were already connected to a doctor.

So, you know, I know that the opposition feels that these sorts of fear tactics are helpful, but what we've found with the conversion of phase 1 is that they're not truthful. That when you rely on the evidence and you follow the evidence, that just throwing out a bunch of fears about ambulances stuck on Pembina Highway, which, of course, wasn't

a fear of those who were actually running the ambulances, wasn't true.

Now the member opposite seems to think that having an emergency room open 24 hours, where you have to wait nine hours to get service is somehow helpful. Showing up at an ER at midnight and having to wait to 9 a.m. until you get service isn't particularly helpful. And that is what the entire change around the consolidation is intended to address.

We've already seen a reduction of wait times in the last many months. We continue to expect to see improvement. Now it's a not a month-to-month analysis; it really is a trend. Some months will be different for different reasons. Of course, we saw the impact of flu. Although those within the system would say that because of the changes within the system in phase 1, we were better able to handle a flu that was longer, a deeper, more extensive than past flus in the last few years. And to someone who's had more than a few episodes with illness in the last few months, I can attest to the strength of that flu.

The—you know, I think the changes are working. And the member can continue with his line of fear mongering. We'll continue to follow the evidence, because none of the fear mongering that he's put forward in the past has actually come to fruition.

**Mr. Maloway:** The minister might recall last year, I ask him how the complex was going to be designated as per signage and—you know, the member knows that the city has a lot of signs up indicating, you know, which directions to follow to get to a hospital.

And the question is: what—how is this facility going to be designated once the ER disappears? I did ask him, does he plan to climb up the side of the building with his heavy equipment? You know, like, climb up the side there and start ripping that big sign down, and, you know, if and when that was actually going to happen. I want to know whether that big H on that hospital is going to stay up there, or is it going to come down, and is he planning to rip it down?

**Mr. Goertzen:** And, if there's any advice that I ever needed when it comes to signs, I will go to the member for Elmwood (Mr. Maloway). Unfortunately, when it comes to his aptitude with signs, it's mostly false advertising. And the question is really false advertising as well.

As I indicated to him last year, Concordia Hospital remains a hospital. It continues to have

an H. It will continue to have an H, because it's a hospital. And I will repeat what I said last year, and I think it's, you know, going to be borne out in evidence that Concordia will have, I believe, as important a role in the health-care system going forward as it does today.

But I'd go further than that to say with its new specialized role as a centre of excellence in the work that it's doing, and now having that continued ability for the community to access directly the hospital, it will have an even more important role in the health-care system in the future.

There are future announcements that are going to happen when it comes to the space that's available at Concordia as a result of the changes. And I know in talking to those who are involved at Concordia, they're very excited about the possibilities that are going to be happening with future announcements. And we look forward to making those when we're able to.

**Mr. Maloway:** The fact of the matter is this minister is not communicating very well with the thousands of people who live in the northeast, because they are very, very angry at what this government is doing, at least what they think this government is doing, and that is closing down their ER at a time when the population up there is expanding tremendously.

\*(16:40)

And there seems to be a disconnect here between what the minister is trying to explain to us here in the Legislature and what the public out there is understanding is being done.

And I have to believe the public, and they are none too happy with this government and this minister, and the member for Concordia (Mr. Wiebe) will back me up on that, too, because we're the people that get the phone calls on this issue. I invite the minister just to come on out with us one day and knock on some doors, if he'd like—if he'd like to. You know, come and visit your uncle. Come and visit your uncle out there. He'd be just dying to run into you. He's a very friendly guy. But, seriously, you have a big problem out here communicating what it is you're doing and people do not like it.

**Mr. Chairperson:** The honourable minister for senior and—Health, Seniors and Active Living.

**Mr. Goertzen:** Whatever it is, yes. The member has, you know—the member's right in one thing, that there

has been a significant problem when it comes to health care, and if he believes that residents of Winnipeg or Manitoba at large were happy with the way that the health-care system was working, then he's being disingenuous about the election results two years ago.

I think there's a reason why he had to cover up the term NDP on his signs—going back to the topic of signs—is because he knew how angry—he knew how angry Manitobans were with the NDP for a lot of different reasons, I grant you, but certainly, one of the reasons was because of the mismanagement of the health-care system and the fact that if you went to Concordia at midnight, it wouldn't be unusual for you to be waiting for nine hours to be seen.

Now, there's been some improvement when it comes to the health-care system in Manitoba through the consolidation. We expect to see more of that because that's been the experience in virtually every other city the size of Winnipeg. If you visit Vancouver, they have four emergency rooms, a city that is more than twice the size of Winnipeg. If you visit Calgary, you'll find that there is four emergency rooms.

In fact, I visited Calgary not long ago at the Foothills Medical Centre to speak to them about the stroke unit that they have, and after we were done talking about the stroke unit, we got to talking about emergency rooms, and one of the doctors said, well how, you know, how are things going in Manitoba, and I explained we were going through this consolidation process. And he says, well that must be really hard, and I said, well, it's not the easiest thing I've ever done in my life. And he said, how many ERs do you have, and I said, we have six. And he looked at me with some stunned bewilderment and said, how do you operate six emergency rooms in a city the size of Winnipeg when we're having a difficult time operating four in a city the size of Calgary? And I said, well, we don't do it particularly well, and that's why we're making the change.

So, the member opposite can go and he can try to spread fear and misinformation and he can pound up false advertising in a variety of yards in his region, but ultimately, I think we're going to see, not unlike what we've seen with the Victoria hospital. I mean, I can tell you that despite members of his caucus trying to put forward every unimaginable scenario of doom and gloom with the conversion at the Vic, we've had some very good reports of those

who are reporting to the urgent-care centre at the Victoria.

And when it comes to the walk-in connected-care clinic at Concordia, those who are reporting with CTAS 4s and 5s, who make up almost the majority of those who are going to the emergency room now, will be well served, and I would suggest, better served, by what they have. And, of course, there'll be further announcements at Concordia that will strengthen the future of the hospital and I think that that is why someone like the CEO of Concordia, Valerie Wiebe, and while someone with the pedigree of Dr. Ainslie Mihalchuk, the chief medical officer and president of The Manitoba College of Family Physicians, is so excited about the announcement, and I hope that the member opposite would bring some of that excitement to his community instead of just the doom and gloom which he seems to be peddling.

**Mr. Andrew Swan (Minto):** We know that cannabis, that it becomes legalized in Canada on October 17. We've seen some of the television advertisements that MPI has put on, but I don't believe I've seen any advertisements from any department of government.

What is the Minister of Health's plan to put more information in the hands of Manitobans before October 17?

**Mr. Goertzen:** Well, it's certainly one of the discussions we'll be having with Health ministers at the end of this month. In fact, they're coming to Winnipeg Thursday and Friday of next week. The federal Health Minister will be joining us for the second part of that meeting, and, you know, that is one of the discussions we'll have. As the member mentions, there is some advertising that is happening within Manitoba now. But the federal government made a significant commitment, as it is their law that they are changing, to provide a national scope of information when it comes to the change that there is consistent messaging across Canada and that they take that responsibility seriously as a result of their change.

I would argue, and I hope the member from Minto would join me, that it's not been what, I think, the federal government promised that it would be. And, certainly, I'll be re-emphasizing that message with the federal minister on Friday of next week.

**Mr. Swan:** So, just to be clear, aside from the MPI advertisements that I talked about, the Province of

Manitoba hasn't actually prepared any of its own materials or prepared any of its own advertisements or other information. Is that right?

**Mr. Goertzen:** Well, as I indicated, there is advertising happening in the province of Manitoba. The Crown corporation MPI is still part of Manitoba. So, yes, they're advertising to Manitobans. But I re-emphasize the disappointment that we have with the federal government, who is changing the law and, as such, indicated that they would take significant responsibility for a national advertising program that provided consistent information for Canadians across Canada. Not that there hasn't been some effort and some work done at the federal level, but I would express my disappointment at the level of advertising that's been done and the level of information that's provided by the federal government, and will continue to express that.

**Mr. Swan:** Is there any money budgeted within the Department of Health for an advertising or information campaign, or is it the minister's position that this is solely the responsibility of the federal government?

**Mr. Goertzen:** The member, I think, will know that the government has talked about, not unlike, say, liquor that they'll be a social impact component to the sale of cannabis so that as a result of the sale of the product, they'll be revenue generated that will be used in a social impact way, which, of course, could include advertising. And that's not unlike the scheme that exists now with the sale of liquor in Manitoba.

**Mr. Swan:** Okay, so just so I've got the minister's position clear: we're going to have to wait to see what the revenue generate is going to be to determine how much will then be allocated towards advertising to try to stop people from any unsafe or improper use of cannabis? Is that right?

**Mr. Goertzen:** Well, no, we've indicated there's already been some advertising that's under way in Manitoba. You know, there is information that exists with the Department of Health on the negative use of marijuana. There will be continued efforts with the federal government, and those efforts—well, they started some time ago. They were emphasized in Edmonton at our meetings last October. Now that we're meeting in Winnipeg next week, we'll re-emphasize that. I think it's a common position of provinces in Canada that the federal government should be taking a more robust effort in this, considering they are changing the law. And we've already indicated that they'll be a social impact

component to the sale of cannabis, not unlike there is to alcohol.

And so there is a number of different efforts that are under way. I share the concern of the member opposite when it comes to the effect of marijuana on people but particularly young people. I'm shocked that he's going down this line of questioning considering his leader and his party have now advocated publicly in this House to reduce the age when it comes to those who can access marijuana—reduce it from 19 to 18.

So it seems that the member opposite seems to be internally conflicted. On the one hand, he feels that there is medical concerns that can exist with the use of cannabis—and I would share that concern. On the other hand, he wants to lower the age of marijuana in Manitoba so that more people can be impacted by that negative effect.

**Mr. Swan:** Oh no, the real difficulty we have understanding is how we have a government that on one hand is saying that cannabis is a horribly negative thing yet, at the same time, is prepared to have it sold privately for profit across Manitoba.

I guess, then, I'll ask the minister, if he has so many concerns about that, what is his plan to deal with edibles that people are going to be able to prepare in their own homes when they go and buy their cannabis from a private store stating October 17th?

\*(16:50)

**Mr. Goertzen:** There's no question that edibles is a particular challenge, and all provinces are dealing with that. I just, in fact—you know, looking at different provinces in the last little while, and it really is a hodgepodge in terms of how provinces are dealing with it.

You know, there isn't a consensus across Canada about how edibles can be properly dealt with. We are undertaking that review, again, more specifically in Manitoba. Of course, it's not a combustible product generally, so it's not a—it doesn't naturally fit under smoking or vaping because it's not a second-hand smoke issue. There are specific enforcement issues that are concerning because the ability to determine whether or not somebody who is consuming something that may be an edible cannabis product is quite different than somebody who is smoking or vaping in a public place. And so every province is struggling with that.

There is no consistency across the provinces where we—and some provinces still haven't decided how they can deal with it. So we continue to be engaged with provinces on that. That is a specific item for discussion when it comes to the cannabis file with provincial health ministers next week. And then we'll be able to make a better determination of how Manitoba can move forward, I think, after some of those discussions and looking at what the national framework is.

There seems to be much more consistency in how to deal with the smoking and vaping of marijuana across Canada, although not uniformity, but certainly more consistency than there is when it comes to edible products which bring a whole level of problems when it comes to enforcement and the legislative framework for them.

**Mr. Swan:** We passed a number of bills dealing with cannabis just a couple of weeks ago.

Does the minister believe from the Health standpoint that there's sufficient regulation-making authority under those bills or does the minister anticipate we'll have to come back in October and deal with a new piece of legislation from this government?

**Mr. Goertzen:** I think it depends on the direction on edibles more specifically, and I don't think that that determination has been made. It's being informed with the discussions that we're having with other provinces in terms of trying to find some consistency of how edibles are being dealt with across Canada.

There is not consistency now. We have everything from provinces saying they don't intend to have any sort of legislative or restrictive framework in to some who are saying there'll be a complete ban on edibles, and others who are saying they don't know yet which direction they're going to go. So that will be a specific part of the discussion that we have next week in Manitoba.

I'm not sure that I'll be able to speak about it or not, depending on the rules around the blackout, but—at least, speak publicly about it—but we're going to have those discussions with health ministers at least in the meetings that we have. But, you know, I—there's no question that that's a significant challenge, not just from a legislative perspective but from an enforcement perspective. And there are a number of questions about the enforceability of it and there are a number of questions about, you know, where it fits best legislatively, as it's not a combustible product



generally. And so it doesn't fit naturally under the second-hand smoke provisions that are—that exist within the Department of Health.

But those discussions will be informed, I'm sure, by the discussions we have as health ministers next week.

**Ms. Nahanni Fontaine (Official Opposition House Leader):** Deputy Chairperson, just on House business.

**Mr. Chairperson:** Opposition House Leader.

**Ms. Fontaine:** Yes, I would just like to continue on with the list—the current list for concurrence.

**Mr. Chairperson:** Thank you very much for your—for the—*[interjection]* yes. So we want to thank the member for saint—faint—the member for St. Johns (Ms. Fontaine) for giving that list. Thank you.

**Mr. Swan:** The Minister of Health has put on the record that there's an intention to use a certain percentage of revenue from the sale of cannabis for social responsibility. We support that.

Can the Finance Minister then indicate what are the most current estimates for revenue from the sale of cannabis that are expected by the provincial government and by Manitoba Liquor & Lotteries?

**Hon. Cameron Friesen (Minister of Finance):** Thank the member for the question.

He and I had discussions in the Estimates process on this same issue. Manitoba's view of course, when it comes to cannabis legalization, that we stand on the side of safety. We understand as—and all provinces agree that it is provinces who will incur a majority of the costs when it comes to the legalization of cannabis.

We've had a federal partner that was at first rigid, refusing to acknowledge the real and significant challenges of standing up an entire system, a retail system, justice supports and a taxation framework, that would be—that would allow for the legalization of cannabis. We see now, as recently as yesterday, the federal government blinking and agreeing right now to back up the implementation date toward October 17th.

We continue to suggest, from Manitoba's perspective, that while this is a step in the right direction, obviously a large acknowledgement on the part of the federal government that the previous implementation date was completely unworkable and unreasonable. Nevertheless, even now big questions

remain as to why the federal government would even pass legislation in advance of being able to ascertain with any degree of accuracy whether there will be roadside sobriety tests available to be able to support the legalization.

The member's question is specifically is on revenue. I continue to say that that member it is exactly with the preamble I gave about the uncertainty, even around implementation dates, that remains. It's the reason why Manitoba put no number on a sheet of paper as to revenue derived from cannabis.

That member should understand. He had asked six months ago, or four months ago, for a number to be written on a sheet of paper to say, well, when will—what can you tell us about cannabis revenue? However, that member for Minto (Mr. Swan) knows very well had I provided a number at that time, and I don't know exactly know what he was suggesting we would do, maybe hold a thumb up and, you know, and just take a shot at it. While that might be the way the NDP party would have gone about it, he would have been the first to criticize me. He would have been the first to criticize me now about an estimate that he would now say, aha, I got you; your estimate is not accurate.

And he would have been right to do so because an estimate that would have been attempted at four months ago when we brought a budget, we had no way of knowing what revenues might have been derived.

Even now, there is no certainty, especially with the sliding back now by the federal government to a new trigger date for cannabis legalization that is three months later than previously anticipated. How can we even say in advance of the important meetings that will take place this summer what should be the appropriate number to put on paper for revenue?

So we believe that we've taken the appropriate view as a provincial government by simply taking an evidence-based approach and saying one thing we know, we will incur the costs. And we know those costs will be incurred in areas like justice, education, roadside enforcement, incarceration will have real and demonstrable increases. We know there'll be costs pertaining to Liquor & Lotteries in that regulation of the industry.

In a year's time, we will know better what revenues, what profits, if any, come from cannabis.

But in the meantime, in terms of the federal government's most recent now demonstrations that they will back up cannabis implementation another almost three months, what's to say that with the interactions that will take place at the council of federations this summer—I have a federal-provincial-territorial finance minister's meeting next week in Ottawa—what's to say that the federal government won't indicate that they will now be willing again to push back that implementation time?

So I don't know what it is the member wants. It seems to me that what he's asking for is guesswork. We will not give guesswork. Instead, what we are saying to all Manitobans is that it's important that we get it right, that's why this Justice Minister, the Minister for Growth, Enterprise and Trade

(Mr. Pedersen) and myself, as Finance Minister, are working hard to make sure that we do get it right, engaging with the federal government, standing on the side of safety, and the Health Minister as well, standing on the side of safety on behalf of all Manitobans.

**Mr. Chairperson:** The honourable minister's time is up.

The hour being 5 p.m., committee rise.

Call in the Speaker.

#### IN SESSION

**Madam Speaker:** The hour being 5 p.m., the House is adjourned and stands adjourned until 1:30 p.m. on Monday.

**LEGISLATIVE ASSEMBLY OF MANITOBA**

**Thursday, June 21, 2018**

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