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Legislative Assembly of Manitoba
DEBATES
and
PROCEEDINGS
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MANITOBA LEGISLATIVE ASSEMBLY
Forty-Second Legislature

Member	Constituency	Political Affiliation
AL TOMARE, Nello	Transcona	NDP
ASAGWARA, Uzoma	Union Station	NDP
BRAR, Diljeet	Burrows	NDP
BUSHIE, Ian	Keewatinook	NDP
CLARKE, Eileen, Hon.	Agassiz	PC
COX, Cathy	Kildonan-River East	PC
CULLEN, Cliff, Hon.	Spruce Woods	PC
DRIEDGER, Myrna, Hon.	Roblin	PC
EICHLER, Ralph	Lakeside	PC
EWASKO, Wayne, Hon.	Lac du Bonnet	PC
FONTAINE, Nahanni	St. Johns	NDP
GERRARD, Jon, Hon.	River Heights	Lib.
GOERTZEN, Kelvin, Hon.	Steinbach	PC
GORDON, Audrey, Hon.	Southdale	PC
GUENTER, Josh	Borderland	PC
GUILLEMARD, Sarah, Hon.	Fort Richmond	PC
HELWER, Reg	Brandon West	PC
ISLEIFSON, Len	Brandon East	PC
JOHNSON, Derek, Hon.	Interlake-Gimli	PC
JOHNSTON, Scott, Hon.	Assiniboia	PC
KHAN, Obby, Hon.	Fort Whyte	PC
KINEW, Wab	Fort Rouge	NDP
KLEIN, Kevin E., Hon.	Kirkfield Park	PC
LAGASSÉ, Bob	Dawson Trail	PC
LAGIMODIERE, Alan	Selkirk	PC
LAMONT, Dougald	St. Boniface	Lib.
LAMOUREUX, Cindy	Tyndall Park	Lib.
LATHLIN, Amanda	The Pas-Kameesak	NDP
LINDSEY, Tom	Flin Flon	NDP
MALOWAY, Jim	Elmwood	NDP
MARCELINO, Malaya	Notre Dame	NDP
MARTIN, Shannon	McPhillips	PC
MICHALESKI, Brad	Dauphin	PC
MICKLEFIELD, Andrew	Rossmere	PC
MORLEY-LECOMTE, Janice, Hon.	Seine River	PC
MOSES, Jamie	St. Vital	NDP
NAYLOR, Lisa	Wolseley	NDP
NESBITT, Greg, Hon.	Riding Mountain	PC
PEDERSEN, Blaine	Midland	PC
PIWNIUK, Doyle, Hon.	Turtle Mountain	PC
REDHEAD, Eric	Thompson	NDP
REYES, Jon, Hon.	Waverley	PC
SALA, Adrien	St. James	NDP
SANDHU, Mintu	The Maples	NDP
SCHULER, Ron	Springfield-Ritchot	PC
SMITH, Andrew, Hon.	Lagimodière	PC
SMITH, Bernadette	Point Douglas	NDP
SMOOK, Dennis	La Vérendrye	PC
SQUIRES, Rochelle, Hon.	Riel	PC
STEFANSON, Heather, Hon.	Tuxedo	PC
TEITSMA, James, Hon.	Radisson	PC
WASYLIW, Mark	Fort Garry	NDP
WHARTON, Jeff, Hon.	Red River North	PC
WIEBE, Matt	Concordia	NDP
WISHART, Ian	Portage la Prairie	PC
WOWCHUK, Rick	Swan River	PC
<i>Vacant</i>	Morden-Winkler	

LEGISLATIVE ASSEMBLY OF MANITOBA

Thursday, March 2, 2023

The House met at 10. a.m.

Deputy Clerk (Mr. Rick Yarish): It is my duty to inform the House that the Speaker is unavoidably absent. Therefore, in accordance with the statutes, I would ask the Deputy Speaker to please take the Chair.

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

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

Good morning, everybody. Please be seated.

ORDERS OF THE DAY

PRIVATE MEMBERS' BUSINESS

MLA Nahanni Fontaine (Official Opposition House Leader): Good morning, Deputy Speaker. Would you call Bill 205, The Restricting Mandatory Overtime for Nurses Act, for second reading debate this morning?

Mr. Deputy Speaker: It has been announced that this morning, we will consider Bill 205, The Restricting Mandatory Overtime for Nurses Act.

SECOND READINGS—PUBLIC BILLS

Bill 205—The Restricting Mandatory Overtime for Nurses Act (Various Acts Amended)

MLA Uzoma Asagwara (Union Station): I move, seconded by the MLA for Burrows, that Bill 205, The

Restricting Mandatory Overtime for Nurses Act, be now read a second time and referred to a committee of this House.

Mr. Deputy Speaker: It has been moved by the honourable member for Union Station, seconded by the honourable member for Burrows (Mr. Brar), that Bill 205 be now—let me get the—that Bill 205, The Restricting Mandatory Overtime for Nurses Act (Various Acts Amended)—thank you—be now read a second time and be referred to a committee of this House.

MLA Asagwara: I'm, you know I would say I'm grateful to put some words on the record in regards to this bill, but I'll be honest and say that, you know, given the state of things in health care in Manitoba right now, and as it's been the last several months and years under this government, I'm disappointed that I actually have to bring this forward again in the Legislature and ask this government to do the right thing and implement a law that would prevent mandatory overtime to be used quite frankly as a staffing tool. And that's what we're seeing in our health-care system.

It's disappointing that at this stage of things in our health-care system, we are seeing record numbers—no, record hours of overtime, mandated overtime, being worked by nurses in our health-care system. We have all seen, over the past several weeks, several months, some very heartbreaking and devastating stories coming out of our hospitals and different aspects of our health-care system in regards to what nurses are facing.

We all heard just yesterday the tragic story, the tragic outcome, of a patient being found dead in a hallway at Health Sciences Centre.

If you talk to those nurses, and I've talked to those nurses, and I talk with those nurses on a pretty regular basis, they would have told you many, many, many months ago that that outcome has been their fear. That these nurses who are working obscene, obscene amounts of mandatory overtime, who are frequently working short-staffed, who are having to close different beds, be it in the ER or different parts of hospitals because there aren't enough staff to actually work those beds and provide bedside care to Manitobans.

You know, those folks have been telling us for a long time that the mandated overtime they're working, the ways in which they're working on units, is not sustainable. And is resulting in Manitobans not receiving the quality care they depend on and they deserve. And it's resulting in nurses in our health-care system fleeing their jobs, fleeing the careers that they've worked so hard to establish, because they can no longer sustain the workloads that they're expected to.

Mr. Deputy Speaker, this is unacceptable. It is unacceptable that we are in a place in our health-care system where nurses are leaving their careers. Nurses are taking a lot of time off of work because they're emotionally or physically very sick from the amounts of mandated overtime that they're being expected to work. Their work-life balance has been decimated by the pressures and the strains of the workload at their jobs and not seeing their families.

You know, going into work one day and then realizing that you're not going to be able to go home and put your kids to bed, or go home and take your kids to school in the morning, because yet again you're working another mandated overtime shift.

The purpose of this bill, Deputy Speaker, is to ensure that nurses are not obligated to work mandatory overtime in non-urgent circumstances. There isn't a nurse you'll find across our health-care system who isn't willing to work overtime if the situations depend on that. If care to patients, you know, are absolutely dependent on that in urgent circumstances. But that's not what we're seeing in our health-care system.

We are seeing nurses consistently being mandated to work overtime as a staffing measure. And as a result of this government absolutely refusing to do what's necessary to fill vacancies across our province. As a result of this government driving nurses in droves out of our health-care system and to other jurisdictions, like Saskatchewan, like British Columbia, like Ontario—in some cases, even the United States. Nurses are leaving our health-care system to go work anywhere else, because the conditions here in Manitoba, as a result of this government's cuts and mistreatment, are untenable for these health-care workers.

Deputy Speaker, this act, this bill, would also ensure that there are amendments made to different acts, various acts, so that nurses will not be reprimanded, or them not working mandated overtime won't be deemed an issue of professional misconduct.

* (10:10)

And that's a really important detail. It's incredibly important that nurses know their licences are protected. That is actually another reason why we're seeing nurses leave their jobs here in Manitoba: because the conditions that they're working in are so unsafe. They're so concerned about, you know, what if I make a mistake on the job? What if I make a medication error on the job that is the direct result of me working three back-to-back mandated overtime shifts and I'm exhausted?

And the 10 rights to give a medication—which not everybody in this House will understand, but there's something called rights that nurses have to adhere to when they administer medication. What if I'm so tired as a nurse I don't do all my checks properly and I make a medication error that has a significant impact on that person's well-being? Am I going to lose my licence?

What if I show up to work, I'm mandated to stay, I can barely keep my eyes open and I miss that check on my overnights because this person needs to be checked every hour, turned every two hours. What if I make an error that results in this person having a bad health outcome? That's a nurse's No. 1 concern, is making sure their patients have the best care.

Imagine carrying the weight of that into every single shift. Mr. Deputy Speaker, it is unfair and unreasonable that this government has failed nurses to the point where they're going into their shifts with this on their minds and these concerns weighing on them, and are being faced with the decision as to whether or not they carry on doing that work, or they—and they risk, at the same time, their licences.

And so, a part of this bill we're bringing forward would put measures in place through various acts to ensure that nurses can be protected in terms of professional misconduct and they will have to—they won't have to worry so much about their licences being on the line.

Mr. Deputy Speaker, I think it is so important for all of us to not only thank nurses—and I know we've been doing this for years, certainly since the COVID-19 pandemic started. We've been thanking nurses, all kinds of things that happened to acknowledge the work that nurses are doing. But thanks are not enough.

This government has gotten up many times and thanked nurses, while at the same time they've refused to provide them PPE on time, wouldn't let nurses decide how to use that PPE, they would—they refused

to pay nurses what they're worth and go to the bargaining table with nurses.

At the same time, they were thanking these nurses, they had nurses in situations where they're in unsafe nurse-to-patient ratios in the health-care system.

Deputy Speaker, they've underfunded—this government has underfunded the very same health-care system that they're going out, it seems like almost every other week, making different announcements claiming that they're investing in our health-care system, when in fact they're not.

And nurses are smarter than what this government thinks they are. Nurses see these announcements and they don't trust this government. They know this government doesn't have their backs, which is why they're depending on a strong—for right now—opposition to bring forward pieces of legislation that if this government recognises, truly, the value of our nurses, they'll support, so that nurses aren't going to have to show up for work not knowing if they're going to go home and see their families and be able to, you know, like I said earlier, put their kids to bed, take them to school, go home and get a proper eight or nine hours of sleep after being run off their feet at work and not taking breaks.

They don't trust this government to ensure that where they work and how they work is an environment that's conducive to Manitobans having good health outcomes and nurses wanting to stay and practise in Manitoba.

Nurses do trust, however, that our NDP team is going to continue to advocate for them, bring forward pieces of legislation like this bill, to try to make sure that they have working conditions that support them being in our province and a part of our health-care system.

The nurses that I talk to—and I know many members of our caucus talk to—trust that we're actually going to listen to their expertise, that we're actually going to listen to what they have to say and work in partnership and in collaboration to strengthen our public health-care system.

The nurses I talk to know that we understand, on this side of the House, that privatization of our health-care services and in our health-care system does not improve the health outcomes of Manitobans and continues to undermine the health-care system that everybody in this Chamber and our families depend on being there for them.

And so I bring this forward again, today, Bill 205, in the hopes that this government will finally wake up to the realities that nurses are facing, support this bill and make sure that our nurses are no longer having to work ridiculous amounts of mandated overtime.

But in the event that they do not, nurses can trust that, on this side of the House, we have their backs, we'll continue to fight for them, and in 2023—

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

Questions

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

Mr. Reg Helwer (Brandon West): Can the member tell me, banning overtime entirely would obviously cause inadequate staffing levels in hospitals at times. This imperils the quality of care that patients receive.

At a time when hospitals are struggling for staff and in light of the tragic death in a Winnipeg ER this week, can the member opposite speak to how banning overtime for nurses is an appropriate response to the health care in—issues that we're facing today with staff that we need to work, Mr. Deputy Speaker. [interjection]

Mr. Deputy Speaker: Order, please.

MLA Uzoma Asagwara (Union Station): I apologize, I actually missed part of his question. Can he speak up a little bit so that I can hear him?

Mr. Helwer: Shall I repeat the question? Is that the request? [interjection] Thank you.

So, banning overtime entirely would cause inadequate staffing levels in hospitals at times. We know this. This imperils the quality of care that Manitobans expect to receive.

At a time when hospitals are struggling for staff and in light of the tragic death in a Winnipeg ER this week, can the member opposite please speak to how banning overtime for nurses is an appropriate response in light of the shortage that we are seeing in health care at this time?

MLA Asagwara: I actually apologize that I asked the member to stand up and repeat such a terrible

and offensive question. It is under his government and due to his government's cuts and mistreatment of nurses and health-care workers that they are running short-staffed and without the resources they need in the very emergency room that tragically, tragically a Manitoban was found deceased in the hallway.

Those nurses are traumatized, traumatized, and have been traumatized because they've been working without the staffing they need because this government has failed them since 2016. Shame on that member for that disgusting question.

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

Can the member elaborate on how this measure will be implemented in rural settings, which often grapples with the lack of staffing?

MLA Asagwara: I thank the member for Tyndall Park for that question. It's a very important question. We know that the staffing shortage we see in terms of nursing in the city are even more exacerbated in rural and northern communities.

It is important that we recognize that rural nurses also deserve to be able to have a good work-life balance, and this bill would ensure that they are able to do just that. Working in partnership with those nurses, listening to the ways in which we can ensure they're not working mandated overtime hours the way that they are now, but also making sure that our staffing needs are addressed is important, and also filling the vacancies that this government has refused to in rural settings.

Mr. Diljeet Brar (Burrows): I would like to thank my colleague, member from Union Station, to bring this will on the floor, which they said they had to because of the wrong choices of this government.

I would like to ask, how does mandatory overtime affect nurses?

MLA Asagwara: I thank my colleague for that really important question. I've talked a little bit about already the challenges in terms of work-life balance, the nurses who are working mandated overtime, and they're truly exhausted. And it puts them at risk when they're on the job in terms of making decisions in really critical moments when some cases where people's lives depend on those decisions being made.

And so, you know, it impacts their work-life balance; it impacts their ability to deliver quality care consistently in our health-care settings. And overall,

it's a true detriment to the actual health—the personal health of those nurses who are working, in many cases, throughout the week, several times, several incidents of mandated overtime hours.

* (10:20)

I can tell you, as somebody who has had to do that, in health care, working overtime—

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

Mr. Rick Wowchuk (Swan River): Can the member opposite describe how they think the arrival of new nurses from the Philippines will positively impact the Manitoba health-care system?

MLA Asagwara: I'm not sure if this member who asked the question knew something we don't know, and all those nurses are somehow here already, if they were brought—if they came back on the trip, and they're working in our health-care system. To my knowledge, they're not. To my knowledge, actually, we have a challenge even having the folks who are educated in Manitoba being able to work in our health-care system here.

So, I think what the focus needs to be is filling the vacancies that exist right now, retaining the staff in Manitoba who are leaving our health-care system in droves, and, you know, the member is asking a question that his side of the House doesn't have an answer to. They've refused to fill those vacancies. The vacancies are growing. We have the stats from their government that prove it. And quite frankly, to stand up and ask a question about that on that side of the House is embarrassing.

An Honourable Member: You have the wrong stats.

MLA Asagwara: They're your stats.

An Honourable Member: Right here.

MLA Asagwara: Yes, they're yours. Vacancies are increasing—[interjection]—vacancies are increasing, and you know that.

Mr. Deputy Speaker: Are there any other questions?

Mr. Brad Michaleski (Dauphin): For years, Manitoba has endured a broken health-care system that's featured long wait times and the longest in the country, this despite spending more money per capita than most other provinces. And this is a tribute to the NDP's record of health care, which was a failure. Especially in rural and northern Manitoba, the NDP has most certainly failed in—to provide real, sincere help for our nurses.

Can the member opposite detail why now is the right time to be adding further administrative burden to nurses and the health-care system at large?

MLA Asagwara: Mr. Deputy Speaker, I thank the member for that question. It's almost as though his government hasn't been in power since 2016, if you were to listen to that question. It's almost as though they want Manitobans to just ignore the fact that they've been cutting health care since 2016 and that the crisis in our health-care system today is a direct result of their cuts, their mistreatment of nurses that range from firing hundreds of nurses and forcing them into tunnels in hospitals to go and look for what jobs they're going to compete with against their colleagues who they're standing shoulder to shoulder with, who also had their positions deleted.

Mr. Deputy Speaker, the issue in our health-care system right now is that the PCs don't know how to run a health-care system—

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

Mr. Brar: I would like my colleague to share with the House that after the cuts PCs have made to health care, do they think Manitobans trust the PC government to fix our nursing shortage and end mandatory overtime?

MLA Asagwara: I thank my colleague for that question. It's an important question.

It's pretty clear, I think, to everybody in this House that Manitobans absolutely do not trust the PCs with their health care. They have watched this government, since 2016, make the absolute worst decisions, close emergency rooms, make decisions that have decimated home care, which used to be a gold standard set here in Manitoba.

So, no, Manitobans do not trust this government with their health care. They don't trust this government to fix the damage that they have caused. And this year, I think, Manitobans are going to send a clear message to this government that they failed them; they know it, and they want a change.

Mr. Len Isleifson (Brandon East): There are so many holes in that member's presentation today that I could just go on and on. But I want a serious question here. And I would like to ask a serious, legitimate question on how the member opposite feels that if this bill passes, what do those changes mean to the wait times in health?

MLA Asagwara: I thank the member for that question. I think the question is a bit odd, though, because

currently, wait times are the highest they've ever been. Currently, we have backlogs that were growing before the pandemic that continue to grow.

So it's very obvious that what is happening under this government is not only not working, it's an abject failure. The approach this government is taking, which, by his own admission in that question, this member thinks it's appropriate for nurses in our health-care system to work obscene amounts of mandated overtime. What they're doing isn't working and nurses are fleeing our health-care system as a result.

I think it's quite shameful, quite frankly, that that member and that—*[interjection]*

Mr. Deputy Speaker: Order.

MLA Asagwara: —caucus thinks that nurses should have to continue to work obscene amounts of mandated overtime and they think that's a solution. It's embarrassing.

Mr. Brar: I would like—*[interjection]*

Mr. Deputy Speaker: Order, please.

Mr. Brar: —to ask my colleague—*[interjection]*

Mr. Deputy Speaker: Order. Order. Order. I am calling the honourable Opposition House Leader to order.

Mr. Brar: I would like to ask my colleague: How would restricting mandatory overtime for nurses help with recruitment and the retention?

MLA Asagwara: I thank my colleague for that really important question.

Right now, Manitoba is failing to compete with almost every other jurisdiction in order to retain and recruit the nurses we have here. Telling nurses in Manitoba who are still in our health-care system that we're not going to force them to work obscene amounts of mandated overtime tells them that staying and working in Manitoba is going to allow them to have a good work-life balance. It's going to signal to other nurses here in our province, maybe those who have left, certainly those who we'd like to see come to Manitoba, that they can have a good work-life balance here in our province and make Manitoba's health-care system their home.

It's an important tool, it's an important message, and it's one that this government needs to get behind.

Mr. Deputy Speaker: Time for questions has expired.

Debate

Mr. Deputy Speaker: The floor is open for debate.

Mr. Reg Helwer (Brandon West): I'm pleased to rise to speak to this particular bill today.

And obviously the member opposite has not been keeping in touch with what's happening in the health-care system. I know they think they are, but we've already moved to end mandating overtime by adding the 2,000 doctors, nurses, paramedics and allied health-care professionals with the investment of \$200 million.

We recently had the Minister of Labour and Immigration (Mr. Reyes) travel to the Philippines with a delegation from Shared Health and others to talk to potential nurses from the Philippines coming over to Canada and to Manitoba. Was a very successful venture, Mr. Deputy Speaker. I know we're quite pleased with the uptake and the interest from the Philippines.

I'm sure everybody that has had experience in the health-care system has had—*[interjection]*

Obviously, they don't want me to talk. The NDP wants to silence people in Manitoba. We understand that.

But we—as we experience the health-care system, we work with all the professionals in there and the nurses—I'm sure you may have experienced working with a Philippine nurse and the experience you've had on that. So, I'm very pleased that the minister had great success there along with Shared Health. We will see what the outcomes of that is in Manitoba.

But there are other opportunities as well for Manitoba to venture out and to see where we can recruit health-care professionals from across the world. And, of course, in North America here we are competing with other provinces, with the United States, with Mexico. This is a competition worldwide, Mr. Deputy Speaker, that the member opposite doesn't seem to understand.

I'm quite interested, though, that this is a party opposite that seems to present to Manitobans that they think that they will form a government, or they hope to form a government, or they represent that they are able to govern. And everything in this bill breaks the collective agreements that we have in place in Manitoba, Mr. Deputy Speaker.

We have collective agreements that we negotiate with a variety of unions, either as government or as

the employer in Shared Health, and those collective agreements are settled upon through negotiation. What the member opposite is asking is that we break and throw all those collective agreements away, that we disregard everything that has been negotiated in those collective agreements, Mr. Deputy Speaker, especially over time.

Mr. Deputy Speaker, these negotiations take time. They have been long-standing standards in Manitoba on how we proceed to have a collective agreement that governs workplaces. Obviously, the members opposite don't understand anything about hiring people, human resources, managing people. They continue to talk about what they would do here, but they have no concept of what it takes to actually do this in the workplace. *[interjection]*

* (10:30)

Obviously, again, they want to shout me down. They don't like people talking in Manitoba, they don't like other opinions. We know that's what the NDP talks about all the time. It's only their opinion that's important. They don't want any dissent. *[interjection]*

Again, the member opposite's trying to shout me down. We hear this all the time, Mr. Deputy Speaker. They don't want to hear any dissent—*[interjection]*

Mr. Deputy Speaker: Order.

Mr. Helwer: —to their ideas in Manitoba. Thank you, Mr. Deputy Speaker.

Obviously, we have the opportunity in Manitoba to speak freely and especially in this Chamber. I would appreciate if the members opposite would allow us to do that, but they don't seem to like that to happen in Manitoba.

And, again—*[interjection]*—well, again shouting me down, that's what we see happen here with these members opposite. So, you know, this is a very serious issue, Mr. Deputy Speaker. The individuals across the floor would not have to go with—should this bill pass, members across the floor would not go with the individuals to talk to the public in Manitoba to say, well, we have no nurses available, so your surgery is cancelled.

Are they the ones that are going to do that? No, they have no responsibility for that, Mr. Deputy Speaker. That's not their concern. Someone is going to have to do that. Someone is—has to go to that individual and say, because the NDP passed this bill, it gets rid of mandated overtime at this time, gets rid

of overtime at this time—we can't supply nurses for your surgery, so your surgery's cancelled.

Is that the NDP's fault, Mr. Deputy Speaker? They never take responsibility for anything. They don't know how to manage. We know that from their past history in health care. When we came into power in Manitoba, it was an absolute disaster, what was happening in Manitoba.

The health-care sector was just at a loss, Mr. Deputy Speaker, and we knew this, and changes had to be made. We've worked with many people in health care to make those changes. Some of them are working very well. Some of them we need to manage again, and make those changes again. 'Negotiating'—*[interjection]*

Mr. Deputy Speaker: Order, please.

Mr. Helwer: —was something that we went through, Mr. Deputy Speaker. That was something that nurses were engaged in. They went through the negotiation. They got, in my estimation, a very good contract with Shared Health, and that set the stage for many other contracts that were agreed to by the various unions in health care.

Almost all of health care now is under contract, Mr. Deputy Speaker. Very pleased to see that. It was hard work by the union negotiators. It's hard work for the Shared Health negotiators. They came to a collective agreement that everybody agreed upon and proceeded with. Again, what the member opposite is asking us to do is tear up all that hard work that those negotiators did on behalf of nurses, on behalf of allied health services, on behalf of everyone that works in health care.

That's what they're asking us to do, Mr. Deputy Speaker. Ignore all those collective agreements. I don't agree that that's the place that we should take this. When you negotiate, you negotiate in good faith, but, obviously, the members opposite want to get rid of that good faith. They have no faith in the collective bargaining system. They've questioned in the past, asking the government to intervene in collective bargaining when there's role—no role for government to collectively—to intervene in the collective bargaining process.

They've asked for the government not to intervene in the collective bargaining process. Again, we understand that they have no concept of how this works, Mr. Deputy Speaker. But that's what they're trying to present to Manitobans, that they have a better idea than anyone else. *[interjection]*

Mr. Deputy Speaker: Order, please

Mr. Helwer: We know, obviously, that that is not the case, Mr. Deputy Speaker. *[interjection]*

Mr. Deputy Speaker: Order.

Mr. Helwer: They will not take responsibility for their actions. They never have, and we see this decorum in the Chamber, Mr. Deputy Speaker. When they're called to term, when you call them to task, they sometimes ignore your direction. I'm very disappointed in that.

We depend on your direction in this Chamber and we abide by it. And it is something that we try to make sure that we have the decorum here that is necessary. Obviously, members opposite don't agree with that. They challenge the Speaker at all times that I see. But that is your role, Mr. Deputy Speaker, to call them to order.

So, in terms of where we're going, Mr. Deputy Speaker, lots of things are changing in health care throughout the world. The pandemic made this happen. It directed a lot of things that we had to change. Many things changed for the better. Some things we have to find a new way to manage.

As you well know, our family has had a great deal of interaction with the health-care system. Through illnesses and through kidney transplants and those types of things. I can't speak highly enough about those interactions, Mr. Deputy Speaker, that we have experienced in health care.

My own time in health care with cancer is something that—it is unbelievable to me how active and interactive, and how much response the health-care system is—has in that opportunity, how well treated I was. And, of course, the outcome. We're still—I'm in that period right now where they still test me every once in a while and make sure everything's good. And we'll find out what happens later this week, or next week, those types of things. But everything looks good.

Everybody that I've talked to in CancerCare, and survivors and that type of thing, can't say enough about the system, Mr. Deputy Speaker. And that speaks to the nurses that are involved, that speaks to the doctors that are involved, that speaks to all of allied health.

The compassion of the individuals that work in this place is something that I can't say enough about, and can't thank people enough for. It is really just something that is—as I said, I can't say enough, and

I can't thank people enough on how much work they do in this environment.

Thank you, Mr. Deputy Speaker.

Mr. Nello Altomare (Transcona): It's always an honour to get up, a privilege to represent the people, the constituents of Transcona here in this House. To put important words on a record.

Many of my constituents, people from Transcona, are part of the health-care system. Our nurses reach out on a regular basis, providing their important service to Manitoba. How are they treated by this government? Well, with years of delayed contract negotiations that directly impacted their morale.

But despite the challenges, Deputy Speaker, they're still there to do the important work that they do. And part of that—and part of the important pieces that we have to remember, is that, when you're—when you have a professional designation, it's important that you maintain that professional designation. How do you do that? You do that by having the opportunity to seek out professional development. To maintain your status as either an ER nurse, an ICU nurse, a psychiatric nurse.

But due to the crippling levels of mandated overtime that have been forced by the mismanagement of this government of our health care, our nurses are unable to find the time necessary to maintain their professional—their very important professional status. Something that they worked for for years. Very much a part of a person's identity, Deputy Speaker.

I know that when I talk to teachers, they're so proud to say that they're teachers. When I talk to nurses, they're so proud to say that they're nurses. Why? Not because it's about them, but because of the service that they're providing to Manitobans. And what they need—what they needed is a government that respected them right from the get-go. Instead, it made them line up in the basement of HSC after they were fired to reapply for their jobs.

How—is that how you treat a professional, Deputy Speaker? That is shameful. So what do we have to do on this side of the House? We have to bring forth bills like this in order to protect the people that we have providing these very necessary, important services to Manitobans.

This is what it's gotten to right now, Deputy Speaker. And it's absolutely shameful that we have to be here on this side of the House, bring forth bills to protect Manitobans from their decision making.

Because it's directly impacted our ability to maintain our workforce here in Manitoba and to be proud of the job that they're doing.

* (10:40)

That's what we've reached here. And I want to thank the member for Union Station (MLA Asagwara) for bringing forth this very important bill because this needs to be debated. We have to look in this Chamber here and make this very important decision right now, today. Pass this bill to ensure that we maintain our very professionally highly trained nurses and keep them here in Manitoba, instead of seeing them leave and flee in droves to other jurisdictions where they'll be respected for their—not only their professional status but also respected for the work that they're doing for the people that they'll have to look after in different jurisdictions.

And that's the piece here that we're debating today, and I want to thank the member for Union Station for bringing forth this bill.

Thank you, Deputy Speaker. I'll just end my comments at that.

Mr. Deputy Speaker: Were there any further speakers? There are.

Mr. Rick Wowchuk (Swan River): I want to thank the nurses during these challenging times, and our government is working very, very hard with them and I will put a few records forth that will just say exactly what our government is doing.

And, you know, our government has begun the hard work required to repair the damage, the damage that was done by the previous government with not having an insight into what was going to—*[interjection]*

Mr. Deputy Speaker: Order.

Mr. Wowchuk: —happen. A 2009—*[interjection]*

Mr. Deputy Speaker: Order.

Mr. Wowchuk: —report. I know it hurts the member from—*[interjection]*

Mr. Deputy Speaker: Order.

Mr. Wowchuk: —Concordia to go ahead and see some of the truth being put on, but a 2009 report—*[interjection]*

Mr. Deputy Speaker: Order.

Mr. Wowchuk: —by the Canadian Nursing Association predicted that Canada would be short

60,000 RNs by 2022. Members opposite want—*[interjection]*

Mr. Deputy Speaker: Order.

Mr. Wowchuk: —to pretend that the nurse vacancies are a result of this government, instead of it or what was forecast. The NDP had taken the training initiatives that we had, over 2,400 more nurses would be working in Manitoba today and that is very significant.

The health and human resources action plan demonstrates our commitment to taking concrete steps in ending mandated overtime. The NDP made—*[interjection]*—sorry about that—the NDP made politically motivated quick fixes that resulted in unsustainable spending growth and massive debt. It is really tough from the constituency where I come from where a person from Swan River will be two hours into a trip to Winnipeg and only to find that their surgery has been cancelled. So these quick fixes—it takes a lot of time, it takes energy, it takes foresight, it takes thought into making sure—*[interjection]*

Mr. Deputy Speaker: Order.

Mr. Wowchuk: —things are done right. And again, the member—*[interjection]*

Mr. Deputy Speaker: Order.

Mr. Wowchuk: —from Concordia continues to sit there, walking around—*[interjection]*

Mr. Deputy Speaker: Order, please. Order.

Members, respect the individual speaking. You will all have your turn. You know who you are. I will call people out if—as I already have, on any side of the House—if it continues.

The honourable member for Swan River has the floor.

Mr. Wowchuk: And reducing mandatory overtime for nurses is a goal we will accomplish as we continue to improve the health-care system, both for patients and front-line clinical staff. However, banning is entirely—or banning entirely would cause inadequate staffing levels in hospitals, units at times, imperilling the quality of care patients receive. Emergency and urgent care departments could also be closed intermittently without notice, with patients needing help finding closed doors instead under the NDP plan. Under the NDP, we consistently threw money at the health-care system despite the lack of results.

And our government is committed to reducing these wait times for patients, improving the flow of patients throughout the treatment and ensuring staff are able to work to the full extent of their abilities and scope of practice. The health human resources action plan is the largest single investment to our public health-care system in the history of our province, thanks to our government.

Our government is already moving to ending mandating overtime by adding 2,000 doctors, nurses, paramedics and allied heart—or health professionals with an investment of \$200 million. This is to retain, to train, to recruit health-care staff across the province, and to bring supports to the nearly 50,000 staff currently in our health-care system.

We're strengthening our public system by building capacity and listening to the needs of our front-line health-care professionals. We've worked to help extend the hours of primary-care clinics in order to make them more accessible, convenient and timely.

On Monday, February 27th, 2023, we announced a \$2.1-million funding for the nursing program in Neepawa to help keep graduates in the community. And just recently, last year, an additional 20 nurses annually will be hired, practical nurses under the mandated—or under UCN in the Swan River area.

This will see—or in addition, we'll see 25 nurse graduates to the—or add—and adds to the larger goal of adding 2,000 health-care providers in this province. We're delivering a health-care funding guarantee. And we continue to give Manitobans more of what they've asked for; more doctors, more nurses, more paramedics, expanded and upgraded hospitals and centres.

And I just want to focus on some of the things are within the plan. Our investment of \$200 million with the commitment to add 2,000 health-care professionals into the system. And the action plan is based on three pillars: train, retain, recruit.

It includes weekend premiums to staff during our busiest shifts; mental health and wellness benefits to address burnout; reimbursing licensing fees for the next two years; hiring more peace officers to keep staff and patients safe; incentives for physicians to keep their practices open longer to take burden off of hospitals; incentives for working in remote sites, to staff in our rural and northern communities; increasing the intake for doctor education; undergraduate nurse employee programs, expansion to

include returning nurses from retirement and internationally educated nurses.

One of the highlights that we've had on the \$123-million investment for the following incentives: a new hourly premium for nurses who work weekend hours. An annual payment up to \$10,000 for nurses who hold the equivalent of a full-time position as this helps to build more stability in the workforce. Mr. Deputy Speaker, \$8.4 million for reimbursing the cost of nurses' professional licensing fees. Up to \$10,000 for nurses are eligible to retire but choose to remain in the workforce for up to an additional two years, to retain valued expertise and build capacity as new nurses are recruited into the workforce.

An incentive for nurses who previously left the profession, but choose to return to the workplace. A provincial float pool to support nurse staffing needs across the province. A travel nurse incentive, which will provide an additional hourly premium for nurses. And a wellness incentive which adds additional funds to the health spending accounts of full- and part-time nurses to help cover the costs of eligible expenses.

And just recently, our minister went on a trip to the Philippines on a recruiting mission. And a Manitoba delegation took part in this recruitment drive to pave the way for hundreds of qualified internationally educated nurses, and other health-care providers to move and work here.

The mission had an overall positive reception and will help bring in qualified professionals to add our—to add to our health-care system. Approximately 350 letters of intent to already trained health-care professionals, 190 nurses, registered nurses, 50 licensed practical nurse equivalents, 110 health-care aides recruited from Manila, Cebu and Iloilo over the five days on the trip.

So this is just showing the things we are doing to address our shortage, which was predicted, unfortunately. You know, we've—we were able—we are working toward getting this as rapidly as we can. And if the former government would have made those efforts and took note of some of these shortages that were going to occur, we wouldn't be in the dilemma we are today.

* (10:50)

The implement—also, I'd like to just highlight a few more things in my last minute, but recent health-care highlight: \$7.2 billion total for health care in Budget 2022.

That is the most significant health-care investment in the history of our province—\$1 billion more than the previous government ever invested in health care, Mr. Deputy Speaker. We've also put \$30 million to add 28 additional beds to our intensive care units, raising our bed baseline up to 100 from the previous 72.

And \$2.3 billion in our targeted health-care capital plan for projects. Mr. Deputy Speaker, I could go on and on and on about the things we are doing to correct this system that was neglected by previous governments, and we're here to make a difference and to provide a service to Manitobans that is well needed.

Thank you.

Hon. Jon Gerrard (River Heights): This bill, which addresses the issue of mandatory overtime, is one that we will certainly support. I have got some questions and some issues with the bill and exactly how this would be implemented, but I think there's no question that it is important that we send a signal to nurses, that as a Province, we are going to drastically reduce and hopefully almost eliminate the use of mandatory overtime.

It is important for a whole variety of reasons. There's been a fair bit of debate about how we got here. The Conservatives have said this is an NDP problem, that there wasn't enough training spaces started when the NDP were in government. There's certainly some truth to this.

But the fact is, that the NDP have now been in government for six and a half years. And six and a half years—[interjection]—I mean, the Conservatives have been in government for six and a half years, I apologize. The Conservatives, in those six and a half years, have had plenty of opportunity in their first year to recognize this as a major issue, to address it and to get things rolling.

And instead of addressing it early on, the Conservatives made sweeping, disruptive changes to the system, closing emergency rooms, making changes which would, during the COVID pandemic, lead to much more in the way of problems as a result of the sweeping changes that the Conservatives made.

Thus, it is only in the last few months, perhaps, if you're generous, within the last year, that the Conservatives have been talking about increasing the number of training spots for nurses and recruiting and bringing back nurses.

One of the fundamental conditions, really that is important for having nurses here, working happily and well and doing an excellent job, is moving to end mandatory overtime. Right now, there is very little trust by people who work in the health-care system toward the Conservative government. The government has talked a lot but done very little in terms of correcting the problem.

The government is finding itself in a desperate situation, and is trying to do all sorts of things at once to correct the problems that, to a large extent, the Conservatives created with the initial enlarged changes they made and by not focusing on critical issues, like supporting nurses right from the start.

This mandatory overtime, why is it important? When a nurse has worked a full shift, often under stressful circumstances, it is important that the nurse then have time off after a very stressful shift. That's important for balance in life, it's important for recovery from the stress and it is important to avoid burnout. It is important to have a system which is working well.

When you mandate a nurse at the end of a shift and tell her that, okay, 15 minutes from the end of your shift, we've—we need to have you stay and we're mandating you to stay for a second shift, you've got a nurse who's already tired, who's worked through a lot of stressful hours, looking after patients in an ICU or an emergency room. These can be incredibly stressful shifts, and even on wards or various other places, the demands, particularly at the moment—even in personal-care homes, long-term-care facilities, the demands on nurses are extraordinary. And with a shortage of nurses, they've often been required to work double.

So, you have a nurse who's doing double in terms of what she normally would do during a shift, and now all of a sudden, you're mandating that she work another full shift, through another very stressful period. That nurse is tired. We know that when nurses are tired, when they don't have balance in their lives, that you are set up for making mistakes, even as good as you may be, even as high quality as a nurse as you may be.

As a physician, there were periods in training where we worked extraordinary long periods and it's been recognized that health professionals, whether it be nurses or doctors or allied health professionals, that if you're going to do your best, you need to have the security of knowing that yes, you will be on a stressful

shift, but when it ends, then you will have the time to recover and relax a little bit before you go at it again.

So, the kind of approach which has been taken—and incidentally, the mandating of nurses was done when the NDP were in government for 17 years. So, it is not new, but it has been drastically overused and very problematically used under the Conservatives. And so, it is a problem which has originated both from what the NDP did in government and what the PCs are doing in government now, and it has to be addressed.

Addressing it is not so simple, because it means much better managing of staff, much better training programs. Are there enough nurses being trained in ICUs at the moment? Are there enough nurses being trained to work in emergency rooms at the moment? These are critical questions, and they are critical questions because if we're going to end mandating of nurses as we need to do, then we need to make sure that we have the alternative solution, that we have the health care covered, that we have the emergency rooms and the ICUs and the many other places our nurses work, covered, and so that patients are not put in danger.

So, Mr. Speaker, I—we support this bill. We hope it will pass. We hope that there will be found a meaningful way and a useful way to manage this so we can indeed bring an end to this misuse and overuse of mandatory overtime.

Thank you.

Mr. Brad Michaleski (Dauphin): It's a privilege to get up and put a few words regarding this bill.

And I'm going to lead off by really echoing the words from the member from Brandon West, who spoke very highly of the health-care system, of the experiences he had in the health-care system for himself and his family.

And I can say that because, of course, I'm not immune and I've had my own experiences with health care, too, and I have to say, the care—

Mr. Deputy Speaker: Order, please.

* (11:00)

The time being 11 o'clock, when this matter is again before the House, the honourable member for Dauphin (Mr. Michaleski) will have nine minutes remaining.

RESOLUTIONS

Res. 3—Calling on the Provincial Government to Stop Breaking Its Promises and Provide Better Support for Sexual Assault Survivors through the Sexual Assault Nurse Examiner Program

Mr. Deputy Speaker: We will now move to private members' resolutions. As previously announced, the resolution before the House for this hour is resolution No. 1, calling on provincial government to stop breaking its promises and provide better support for sexual assault survivors through the Sexual Assault Nurse Examiner Program.

I just need to clarify an error in the script that I received. It is resolution No. 3, not No. 1. Everything else is accurate.

Ms. Amanda Lathlin (The Pas-Kameesak): I move, seconded by the member for St. Johns (MLA Fontaine), that the Legislative Assembly of Manitoba urges the provincial government to stop breaking its promises to nurses and to provide better supports for sexual assault survivors—[interjection] What?

Therefore, be it resolved that—

Mr. Deputy Speaker: The honourable member for The Pas-Kameesak, sorry for the slight mix-up there. Why don't we start from the top, as directed by the helpful clerks.

Ms. Lathlin: Thank you.

I move, seconded by the member for St. Johns,

WHEREAS in 2018 Manitoba had a rate of more than 113 sexual assault cases for every 100,000 people, which is significantly higher than the national rate; and

WHEREAS this number is likely much higher as the majority of sexual assault cases aren't reported to the police; and

WHEREAS timely access to quality care after a sexual assault is key for survivors to get the support they need and for evidence to be collected so justice can be served; and

WHEREAS the Sexual Assault Nurse Examiner (SANE) program, run out of the Health Sciences Centre in Winnipeg, provides critical support to sexual assault survivors and helps collect evidence for potential prosecution; and

WHEREAS the SANE program only has one full-time nurse and just over a dozen others who are on call to conduct sexual assault examinations in their off hours; and

WHEREAS demand is rising for the SANE program, with 764 sexual assault survivors receiving treatment from April 2022 to January 2023, a nearly 50% increase since 2017-18; and

WHEREAS in April 2022 the Provincial Government promised to spend \$640,000 annually to support the SANE program, hire five additional nurses and a provincial coordinator; and

WHEREAS the Provincial Government has broken all of these promises, thereby contributing to the current staffing crisis and is failing to support sexual assault survivors and SANE nurses; and

WHEREAS the Provincial Government has also failed to provide adequate supports for sexual assault survivors in Northern and rural Manitoba, including children; and

WHEREAS SANE program staffing shortages has resulted in at least 14 sexual assault survivors being sent home with the instruction to not shower or wipe themselves until they return when staff are available to treat them; and

WHEREAS urgent action is needed to fix the SANE program staffing shortage and to ensure that sexual assault survivors are supported with timely access to care; and

WHEREAS the SANE program's staffing shortage is just one example of how the Provincial Government's cuts to Manitoba's healthcare system and frontline health care workers is causing Manitobans harm.

THEREFORE BE IT RESOLVED that the Legislative Assembly of Manitoba urges the provincial government to stop breaking its promises to nurses and to provide better supports for sexual assault survivors by expanding support for the Sexual Assault Nurse Examiner Program by ensuring it is properly staffed.

Mr. Deputy Speaker: Thank you.

Motion presented.

Mr. Deputy Speaker: The motion is in order.

Ms. Lathlin: When I first heard about the shortage of staff at SANE, I was quite shocked as to this is now happening to our adult sexual assault victims. I, in May, with the help of my team and the whole House, if you will, we passed bill 213 which was to ensure that children do have the same services and are provided, in northern and rural Manitoba, with sexual assault examinations.

But now we're dealing with adult assault victims—sexual assault victims where they're being turned away as well, and being told to go home as well, when there's no nurse there to provide this vital service, and every second that goes by, every second that goes away for justice when we have to gather very important DNA. And that should be a no-brainer in establishing why this is such a concern and why I'm on my feet today, seconded by my colleague, member for St. Johns (MLA Fontaine), that this should be fixed immediately.

Imagine a woman being sexually assaulted and then imagine coming up with that courage to actually make that phone call and get rid of that guilt. Was it my fault? Am I going to be blamed? Did I get too drunk? Did I ask for this? Imagine getting through that and then making that phone call to the police and reporting that sexual assault, okay? First thing a person wants to do is to shower, get rid of that filth. But you can't.

And I know this from experience within my own family. And imagine with a child being told that: You can't shower. So, imagine this woman, on the phone, now, with the police, having to give her statement up to four times. You've got to talk to this person. Oh, wrong detachment. Now you got to talk to this person. Oh, Winnipeg, now. Third time, fourth time; a victim has to relive and rehash this gross treatment of this person.

And so, once that hard task of retelling your story to police, male police, if you will, about what happened to you, and still getting rid of that guilt, you know, was it your fault? Was it my fault? I should've stayed home. Things like that, I hear victims. Things like that I heard my own family members say.

So, once we get that pretty much long, heart-wrenching process of reporting this assault, now you've got to get examined. And imagine being, you know, a child—like I said, I've shared my story many times—being flown here to Winnipeg. Now, imagine just going maybe to the next neighbourhood, to the Health Sciences Centre to have this examination done. In Winnipeg, we're supposed to have more access to health-care services compared to what we do in The Pas and Flin Flon.

And then being told, no, there's nobody here to take care of this very sensitive and delicate situation of gathering this evidence, you know. And then told—telling the woman: try not to shower, try not to change your clothes until we sort this out.

You know, so, what I want to know, like—how many women have come back? You know, probably women said, screw it, you know, this is disgusting, I want to shower. And done. That justice, gone. And this affects another era—area here: justice. When a woman is told to go home and not shower, well, shoot. Most likely, that person is most likely going to shower. DNA's gone. Predator will get away. And again, and again, and again.

And I could tell you right now, while we're standing here trying to sort this out, every minute, you know, there's probably a woman being sexually assaulted right now, and having to go through that process, and then getting to SANE and being told to go home.

I just cannot imagine, you know, coming up with that courage to do that again. To come back and rehash again what happened to you. I've been in that clinic before, SANE. It was fully staffed when I was there. Great, great nurses. They were so incredible with my young family member, so incredible.

In fact, while I was sitting there, waiting for my young family member to be examined, who is a minor, I had a discussion with the nurse there that this service should be provided in northern Manitoba, in rural Manitoba. And we—that's when we started this conversation.

Yes, we are in this position here today as legislators where we can do that. So I'm asking the whole House here to stand with me on this, and the member for St. Johns, to ensure that this service is provided.

You know, start figuring out or sorting out, why do we only have one nurse working at this vital service? It just—it's just going to revictimize our sexual assault victims. Revictimize. That's what we're doing, when this is not being done. So I'm asking this government to fix this today, so we can stop revictimizing our sexual assault victims.

Just every day, every day that they have to deal with this is a form of revictimizing. Also, too, with supports in northern and rural Manitoba, there's really none for sexual assault survivors, especially for children. There's a great place called Snowflake near Portage and Main, where they provide those services.

* (11:10)

And at the end of your first session, after you get—after you're done—seen at the SANE clinic program, you're—you get sent to Snowflake. And it's again, amazing, amazing staff working with my young

family member. She was getting counselled. I slept on the couch because I was up all night in the ER, up all night waiting for these services. And when we were done, it was a beautiful gesture how they provided each child with a homemade quilt made by women all across to provide some sort of comfort. And even mom got one.

So, to this day, when I look at those two quilts, it reminds me of our journey. We used those same two quilts to cover ourselves when we bused it back home from Winnipeg to The Pas. And that's why I think it's incredible. It's very crucial that we have this clinic properly staffed, so we can stop revictimizing our sexual assault victims.

And we can get those predators. Get them. Get them where they belong. Get them prosecuting, get them in jail where they will no longer do this to other people. And I just want to ask the government, too, regarding bill 213. It was passed in 2021, but it still has to be—it just begs the question, you know, to proclaim this act.

I'm not sure how this bill has been supported by this government. Was it just all words, no action? That's what I'm starting to feel. So if they're failing our children, well, they're failing our women as well. Not just women, but persons. And that's why I'm here, to work with this government to ensure that this no longer happens, because maybe the whole 10 minutes I was standing here bringing this to the government's attention while we've been—another victim that has went by.

So we've got to stop doing this out of respect for our families, as well, who are going through this as well. So that's—those are my words on record.

Ekosi.

Questions

Mr. Deputy Speaker: A question period of up to 10 minutes will be held. Questions may be addressed in the following sequence: first question may be asked by a member from another party; any subsequent questions must follow a rotation between parties; each independent member may ask one question. And no question or answer shall exceed 45 seconds.

The floor is open for questions.

The honourable member for—forgive me here, I've just got to get a list together—McPhillips.

Mr. Shannon Martin (McPhillips): I want to thank my colleague very much for bringing forth this resolution and sharing her story with us this morning. Now, I am aware that the member, and rightly so, sees forensic nurses as being a critical component in dealing with the situation into properly addressing individuals who are sexual assault victims and to ensure that justice is done.

But the member touched on the idea of shame, obviously, and the internalized component for sexual assault victims. I'm wondering if the member can outline anything else that she feels that we as legislators or we as Manitobans can do to help address and deal with that part of the stigma of individuals as a roadblock to justice and towards their own healing.

Ms. Amanda Lathlin (The Pas-Kameesak): I think other supports can be, to get rid of that stigma, is to start educating that, you know, that shame is going to be a common thing that's going to be there. But it's like an education; it's got to be educated somehow in a delicate way where it is known to people that it's not—never your fault. No one ever asks to be—have their bodies disrespected like that. And there's got to be more in-tuning, if you will, with both sides. That's all I could say about that—

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

MLA Nahanni Fontaine (St. Johns): I want to say miigwech to our colleague from The Pas-Kameesak for bringing forward a really important resolution this morning, and obviously is very timely and actually quite critical

And so, I would ask her, you know, that we've heard from folks in the same program that at least 14 sexual assault survivors have been turned away from the program due to staffing shortages.

Can she explain how this is wholly unacceptable?

Ms. Lathlin: What I was trying to answer before is that mental health supports are crucially needed for our victims and to—that's relatable to the member for St. Johns' (MLA Fontaine) question as well.

Imagine those 14 individuals being turned away. Imagine the stigma. That's how the stigma sticks when they're not treated, when they're not counselled, given those mental health supports. That's where we're feeding that stigma. So mental health supports are very crucially needed for these 14 individuals and I really hope that they all get help.

Ekosi.

Hon. Jon Gerrard (River Heights): I thank the MLA for The Pas-Kameesak for bringing this forward. It's an important issue.

It's my understanding that women with disabilities, particularly developmental disabilities, are particularly at risk of being sexually assaulted. I've seen rates of sexual assault for those who've developmental disabilities as high as 80 per cent or more of women.

I wonder what the member for The Pas-Kameesak (Ms. Lathlin) is doing, considering as a preventative action to prevent such sexual assaults, particularly in people with developmental disabilities?

Ms. Lathlin: What the member for River Heights brought up is absolutely shameful and regardless of who we are, where we are, we should all have access to that type of service. And we only hope that folks that vulnerable are protected by someone, somehow. We only hope that.

How do we ensure that? I'm not even sure. That's an absolutely horrific situation that you brought up and it does happen. So we all got to work together on this.

Ekosi.

Mr. Len Isleifson (Brandon East): I also want to thank the member across the aisle for bringing this important topic to the floor today. I know, as in the case, you know, being a rural MLA, when we look at health care, regardless of what government is in power, there's always been challenges of our constituents having to come into Winnipeg for care, for service.

And I know some of the things, you know, we are looking at changing some of those to make it easier for people to get care at home, but in particular to the same program, I want to give the member an opportunity so to put on record the challenges that rural people, especially those in the northern Manitoba, have in having to come to Winnipeg to the Health Sciences Centre where the program is, and maybe some ideas that—

Deputy Speaker: The member's time has expired.

Ms. Lathlin: That could be easily resolved by passing this today and furthering—supporting bill 213. And also too, there's many, many things that we do not have access to besides a program such as SANE. You know, I have to come here for eye doctor appointments. No wonder our diabetics are going blind up north. Do we have enough money to come here?

So there are many, many things that we lack in northern Manitoba, including a program such as SANE.

MLA Fontaine: Again, the member for The Pas-Kameesak, you know, is putting a lot of important information on the record this morning.

I would ask her if she could talk a little bit about the kind of impact sexual assault survivors, what that impact would look like and feel like, being turned away when they are coming to seek that forensic support.

Ms. Lathlin: The word is revictimized. I know for a fact how hard it is to come forward to report a sexual assault, and especially by a family member. I know for a fact the stigma that is there, that it's the woman's fault. You know, shoot, you get—I recall reading about a judge calling a man a clumsy Casanova. What was she wearing?

* (11:20)

And that stigma even further victimizes a sexual assault victim. And the mental health—imagine thoughts of suicide too.

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

Mrs. Cathy Cox (Kildonan-River East): Well, I would like to thank my colleague and member opposite from Kameesak for, you know, bringing this to our attention and having the opportunity to speak today.

As a woman, a mom and a grandmother, you know, I can't imagine anyone having to, you know, go through this process. And we are indeed fortunate to have these nurses and this program available, so that women who do feel stigmatized by having to, you know, go through this examination at least have individuals there who are compassionate and caring.

So again, thank you so much for doing this. It really speaks to me and to my heart.

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

Are there any—sorry, the honourable member for The Pas-Kameesak (Ms. Lathlin), please.

Ms. Lathlin: I will take that as a comment and I always get along with our member across. What we can do today is to pass this and to also work harder on bill 213.

Ekosi.

Mrs. Cox: Thank you again to the member. I appreciate your comments.

And I'm just looking to you for more information on, you know, how we can do better. How we can improve. How we can ensure that, you know, this program benefits more women in—not only in the North, but, you know, in all areas of our province from, you know, corner to corner to corner.

Is there, you know, some specific opportunity for us to ensure that women are better served in this province?

Ms. Lathlin: The opportunity is right now to support this resolution and to work together regarding—regardless of what our party colours are. And also, support even further bill 213, as well, and hire more staff at SANE. That's the solution.

Ekosi.

Mr. Deputy Speaker: The time for questions is over.

Debate

Mr. Deputy Speaker: The floor is open for debate.

Hon. Rochelle Squires (Minister of Families): I just want to start my comments by addressing the 14 survivors who did not receive service when they had presented at the SANE clinic. And I want to say my heartfelt apologies to those survivors.

And for—I want to commend them for the bravery that they showed in going forward to the sexual assault clinic to receive an examination. And I understand that nine of them were able to receive service later that day. And that some of them did not receive service. And I just want to say to them that they are seen, they are heard and their stories matter. And I encourage them and I hope that they would find their path towards the journey of healing from sexual assault in some way, shape or form.

And our resolve as a government is to do better. We must do better for our sexual assault survivors.

Doing better means ensuring that this program is running efficiently and effectively, and to the best of the ability that the people who envisioned this program initially had intended it to be. And my understanding is, is that Shared Health—from Shared Health, is that six of those seven nursing positions have been filled, and that three of them are in training, and that three are working and that there's one recruitment still under way.

And that the manager is also—been filled. And so, to those who have stepped up and are going to be doing this work, we say thank you. And to the nurses who have been working in this program, historically and currently, we also offer our gratitude for the work that they do.

We know that when a sexual assault survivor presents at SANE, that might be the first time that they are in receipt of the message that they need to hear so badly, which is that it is not your fault. And that what happened to you is horrendous and there are trauma-informed ways that we can go about to better serve you to get you on your path to journey so that we don't revictimize you. And I know that those SANE nurses do that each and every day when they are encountering their survivors that they're working with.

And it is vital that when someone has the courage to come to the clinic to receive services that they are seen. We know, in 10—in a 10-month period there were 764 patients—764 patients. That's almost three a day, three a day, who are sexually assaulted and are going to the hospital to receive treatment.

That doesn't take into account the number of sexual assault survivors who don't go, because we know that sexual assault is one of the most underreported, untreated, horrendous, devastating impacts in our society. It is a scourge in our society. And I think about the statistics that we know, of the number of survivors who don't come forward to receive supports and healing.

And that that trauma is manifested in their life in a way that continuously perpetuates a cycle that isn't broken until they receive that trauma-informed support. And so, I commend the 764 survivors who came forward in a 10-month period to receive that support. And I commend the member for The Pas-Kameesak for sharing her story and being brave enough to share that story to bring about change.

And she brought a bill to this Legislature that we unanimously passed. And that bill did result in a commitment to offer these services throughout this province. And I understand that two nurses from Thompson recently received the training. And I thank them for taking that training and I thank them for coming down to Winnipeg to receive that training, so that they can go back into their community, so that they can offer that vital service in their community, so that we don't have to have survivors getting on an airplane to come down to the city of Winnipeg, which

is—which was the only course of action, I know, when situations had happened, when rapes had happened in the past.

When the member for The Pas-Kameesak (Ms. Lathlin) had talked about that personal incident, there was a situation where they had to wait to get on an airplane to come down here, and they were told not to shower and clean themselves. And the member's absolutely right; there's nothing, nothing that a survivor wants more than to just clean themselves of the memories of the filthy rape that had just occurred. They deserve that dignity.

And the most dignified thing that can happen in the wake of an assault is being met by a trained nurse who has the trauma-informed approach to administer the rape kit, to collect the forensic evidence, so that if the survivor does decide that they want to move forward with prosecution, that the evidence has been protected for them to pursue that avenue if they want to.

And so, again, I just reiterate that, to all the sexual assault survivors, we must do better as a society and we must do better collectively to support survivors.

* (11:30)

And we also must do everything we can to turn away from the culture of rape that exists; the culture that has perpetuated for years the silence and the shame that has—that—the culture that has perpetuated the silence and the shame, and one in which we do not encourage our survivors to come out and seek a trauma-informed approach.

We must continue down this path of raising awareness, building the services, building the supports. And, so that every survivor in the province of Manitoba, whether they seek treatment or not, whether they seek prosecution or not, that these survivors know that it is not their fault and that they are not alone.

Thank you, Mr. Deputy Speaker.

MLA Nahanni Fontaine (St. Johns): First and foremost again, let me just say miigwech to the member for The Pas-Kameesak for bringing forward this important private member's resolution this morning.

The truth of the matter is, we shouldn't even be debating this here this morning. We shouldn't even be getting up in the Chamber, begging, imploring the PC government to do what's right. We shouldn't be having this debate.

And yet, here we are. We're having a debate about the lack of supports and staff to have an effective, responsive sexual assault nurse examiner program here in Manitoba.

And let me remind folks in this House: we are asking and begging and imploring that this government actually start to do its job. In a province that has some of the highest levels of gender-based violence against women, girls and two-spirited across Canada. We have the highest levels of gender-based violence against our citizens. Which includes, Deputy Speaker, sexual assault.

And here we are in 2023. We are getting up in this House, asking these folks opposite, to actually do their job.

And let me say this: I find it particularly offensive, and actually confusing, when you have the member for Kildonan-River East (Mrs. Cox), who says, you know, as a woman, as a mother, as all of these things, that she is, you know, concerned about this, and then goes on to ask the member for The Pas-Kameesak what they can do.

They're government, Deputy Speaker. They are the government. If the government can't figure out what it can do in respect of providing the resources to ensure that we have a program to support sexual assault victims, who can?

All of these folks opposite, they have access to Treasury Board. They have access to that power and privilege to effect change in Manitoba. Not us on this side. Not victims of sexual assault. But each and every one of these PC members, who are on their cells, who can't be bothered to listen.

You're asking us what to do about sexual assault, what to do about the program that supports ensuring that folks, Manitoba citizens, who have been sexually assaulted get the supports and resources that they need, that we actually put the infrastructure in place so that we can charge individuals for sexual assault, for rape. You're asking us?

We know what to do on this side: hire the nurses, hire the specialized forensic nurses to do the job. Quit chattering over there and listen to what we're saying in this House. We shouldn't be debating this. There is no debate. Hire the people that we need, those expertise that we need to support that program. It's as simple as that.

I find it so incredibly frustrating to sit in here, day in and day out, for the last seven years while these

folks opposite—now they're, like, jumping ship. They don't care. All they care about is their own personal lives and are fleeing the sinking boat. I find it so frustrating that they're—they do nothing. All they offer Manitobans is empty promises and empty words and expressed breath with no commitment behind it.

And yet, when you have folks that get up into the Chamber and say, I'm so sorry to those 14 Manitobans that were turned away, that's your fault. It's nobody's fault but folks opposite and I know that they don't want to hear it. I know that they put their blinders on into how incompetent they are in respect of our health-care system. Full stop.

Every single level of our health-care system, including what we're debating when we shouldn't be debating this at all. I am incredibly frustrated and I am so sorry. I am so sorry for Manitobans who have to navigate this horrendous system that they have created. I am so sorry for Manitobans who are so committed in the health-care system to support Manitobans who have been sexually assaulted. I am so sorry that they are exhausted, that they're frustrated, that they sometimes don't even go home because they know that if they go home, there's going to be nobody there.

If a citizen comes and needs that examination, that is heart-wrenching. That is heart-wrenching because I know and members opposite and the member for The Pas-Kameesak (Ms. Lathlin) knows full well that the people that we do have, that are working, that have that expertise, are committed individuals, dedicated Manitobans, dedicated, and we know that they are heartbroken. We know that they are frustrated. We know that they just want to ensure that the same program has the resources that it needs to be able to affect and do the job that they're doing.

I want to share this, as well, that, you know, this sheer incompetence of members opposite. We have been seeing it for years and years. There has been an attack on women's reproductive health, on women's health care, and it's part and parcel, part of all this stuff that we've seen starting from 2016, and I've said it many, many times in this House.

Why have we seen these things? Because members opposite only care about money. That's the only thing that they care about. They don't care about Manitobans' health. They don't care about anything else other than trying to save a buck and austerity and cuts. And so, over the years, we've seen them make significant cuts to health care that supports Manitobans.

We saw that they cut lactation consultants. We know that they closed the mature women's health centre, which again, we had nurses that worked in the women's health-care system—health-care centre, that had a level of expertise that is not anywhere else in the province. God knows where those folks are.

We know, and again, you know sometimes when you review these things, you're like, how did these people sleep at night? They cut funding levels for healthy baby prenatal benefits. They cut healthy baby milk program, and they—the budgets for community-based parent-child coalitions.

So, the same people that are asking the member for The Pas-Kameesak what can they do on sexual assault, these are the same people that have cut supports for when women—for babies and for Manitobans who need those extra supports.

This is the same government, these are the same folks that have gotten up in this House many, many times—too many times to count—to vote against an abortion buffer zone act to protect Manitobans.

So, you know, when we say on this side of the House that nobody—Manitobans don't trust members opposite, it's because Manitobans haven't forgotten and live with the consequences of all of the cuts that members opposite have done since the time they took office in 2016 until this now—this time now.

* (11:40)

And, you know, now we see members opposite, like, you know, all these, you know, announcements for money. Like, Manitobans aren't going to be fooled. Nobody believes them, what they say. Nobody trusts what they say. And here's a perfect example when we're talking about a program that is so important. It's so important to Manitobans who have been sexually assaulted. It's so important to the justice system to ensure that we get those perpetrators off the streets. Basically, what they've done is they've given them a free-for-all.

If this government cannot get their act together—not in a couple of months, but tomorrow—get their act together, so that we don't have to be sitting here debating this again. This is not a debatable issue. Do your job, get the supports in place, hire the people and ensure that Manitobans who are victims of sexual assault have the supports they need.

Deputy Speaker: The member's time has expired.

Hon. Janice Morley-Lecomte (Minister of Mental Health and Community Wellness): I want to begin by thanking the member opposite for bringing forward this resolution. And to also offer my support for individuals who have suffered as a result of being victimized by another person.

I am glad to have the opportunity for this resolution, which brings—sorry—which raises awareness of an issue that impacts far too many in our province. We recognize sexual assault is far too prevalent in our society and know that my colleagues, the Minister of Justice (Mr. Goertzen) and the Minister responsible for the Status of Women (Ms. Squires) are doing excellent work to combat these horrendous crimes in our communities. These cases are extremely difficult, traumatic experiences for victims and we know more needs to be done to support those who have been subjected to this type of violence.

Our hearts go out to all individuals who have experienced this type of violence and, in particular, those that have come forward for treatment have been turned away and for those who have had to endure long wait times while seeking medical support.

The courage it takes to come forward is immense and the delays in service for those willing to do so are unacceptable. That is exactly why our government created the forensic nurse examiner program last year. We understand the importance of programs that will assess need and provide enhanced services to victims, which is why we are making an annual investment in this program. We recognized a gap and our government took action to do the right thing for victims of sexual assault. We will not play politics with patient care.

And just to remind members opposite, additional supports that will be provided by the new forensic nurse examiner program include greater regional access to medical care, counselling services and increased community resources. This program builds on the existing Sexual Assault Nurse Examiner Program located at the Health Sciences Centre. This existing program has done excellent work, but it needed urgent attention and expansion to better serve the needs of Manitobans who have experienced sexual violence, both in Winnipeg and across this province.

With the new expanded forensic nurse examiner program, I am pleased to say that in addition to the services provided at Health Sciences Centre, satellite service delivery will be offered in Brandon, The Pas and Thompson. Ensuring access to this service is not limited to the city of Winnipeg. As a top priority

for this—oh, sorry—and is a top priority for this government, an additional training for these satellite locations [*inaudible*] again.

No individual who has experienced sexual violence should be turned away from seeking help and the ability to hold their abuser to account. As a government, we are listening to front-line workers, health-care professionals and communities and responding to their needs. In the initial announcement, it was noted that this program would commence operation by late 2022 or early 2023. We are meeting that target.

Since its approval and announcement, Shared Health has filled six of the seven positions for this program in addition to a manager beginning work just this week. They continue to work diligently to fill the remaining position as soon as possible. This is necessary work and I thank all those who are now working in this critical field.

Both the hiring and training process for this program is rigorous. Our government strongly believes sexual assault victims deserve the best care possible and we are building a program that will deliver it. The program includes the training to ensure staff have the appropriate skills to deliver these services to some of our most vulnerable citizens. And that training takes time.

We took immediate action to get this program established upon hearing of the gaps in the system. And I know professionals in our health system are working diligently to ensure these new staff are appropriately trained in the most expeditious manner possible.

This should not be a partisan issue. No one wants to see individuals waiting or turned away from service. These are heartbreaking circumstances and we know we must do more. Our government has reached out and consulted with the front-line workers on the challenges and difficulties that they face. It is our government that reached out to hear from front-line staff and it is our government that has taken action to improve the quality of services delivered.

Members opposite did little during their time in office to inquire about the successes or shortcoming of services delivered to victims of sexual assault. Indeed, members opposite are criticizing the program they themselves ran and never changed, while our government has taken concrete action to expand services and deliver better results through the forensic

nurse examiner program. Victims and families deserve no less.

Our training is complete and this new program implemented. I am hopeful we will see an improvement in the level of service offered. We must do better for victims of sexual violence in this province. We, on this side of the House, will continue to consult with victims, their families and front-line workers. We will learn from their feedback and experiences, and continue to implement solutions that result in better access to services for all victims of sexual assault across Manitoba.

Before concluding today, I want to offer sincere condolences to all who have experienced this type of violence in our province. Acts of sexual violence are a stain on our society and are far too prevalent. As the Minister of Mental Health and Community Wellness, I will continue to work every day to ensure appropriate, high quality services are delivered to support all victims of these terrible crimes.

Our government is committed to this effort. Every victim deserves to have the most dignified care possible and we will not rest until these programs are fully implemented and improvements are realized.

Thank you.

Hon. Jon Gerrard (River Heights): Yes, Mr. Speaker, I rise to support this resolution and support the MLA for The Pas-Kameesak who has brought it forward. It is a vital health-care service that is being provided through the Sexual Assault Nurse Examiner Program. It is essential and it is critical that the accessibility to this program is there when people need it, not sometime later, and that it is there for people without having to travel very long distances, as has been the case in the past.

I want to, first of all, pay tribute to those who are nurses and others who work in this program. My understanding is that they have an amazing group of people and that they do incredible work. And, first of all, I think we should say a thank-you to them for their efforts.

There has been a major problem, recently, in the management of this program in that a number of individuals who are sexual assault survivors were sent home with instructions to not shower or wipe themselves until they return when 'starf'—staff are available to see them. This is not acceptable. It is another in one of a very long list of poor management examples when we're looking at how the present government is running the health-care system.

This is not the fault of the nurses who work in the program; they're doing incredible work. This is the fault of the management of the program and the management of making sure that there are enough nurses there who can do the job and who can do it when it is needed and where it is needed.

* (11:50)

I want to comment on the fact that Manitoba has a very high rate of sexual assaults. Police-reported sexual assaults in this resolution: the number of 113 sexual assaults per 100,000 people is quoted. And I have verified that that is the number for 2018, that in that year, there were 1,528 police-reported sexual assaults in Manitoba.

What is very concerning, what is very troubling, is the fact that that number is much, much higher than the similar number for Canada. When I looked, the similar number that I got for Canada was 33 per 100,000. They weren't from exactly the same chart, so I'm not sure that that's a hundred per cent comparable, but the number for Canada as a whole is very, very much lower than in Manitoba.

We have, as legislators, a job to do. The government has a job to do to put forward an approach which will prevent this—call it an epidemic, if you like. It's a very, very high level of sexual assaults in Manitoba. We need to take measures that will reduce this high level of sexual assault.

And I asked a question in the question period about individuals with developmental disabilities who have particularly high levels. And we need to have individuals who can do the proper analysis and understand the risk factors and understand what programs have worked to reduce sexual assaults.

And we need to put in place such programs here in Manitoba. We need to monitor them and find out if they are indeed working here or if we have to modify them. But we cannot stand still. We cannot keep going with this extraordinary high rate of sexual assaults in Manitoba.

We have to address the prevention of these sexual assaults, of these violent crimes. And we have a high rate, not just of sexual assaults, but of a variety of other violent crimes. And we haven't seen a definitive program under either the former government or the current government to prevent this high level of violent crime and the high level of sexual assaults in Manitoba.

We need such a program and it needs to be put in place urgently. And we need to test and make sure that it's being effective and that it's working, because this is outrageous that we stand out in Canada as one of the provinces with the very highest rates of sexual assaults.

Manitobans are not the worst people in Canada. We just have to make sure that we have a government which is better and which can help us, as a province, improve the way we address this and make sure that we're not the sort of outlying province that the statistics show at the moment.

Sexual assaults are extraordinarily important. I think everybody knows that it's important to prevent them. It is important to be able to address them. It is important to have the Sexual Assault Nurse Examiner Program working well, managed well.

Once again, I stand up and salute those who work in this program for the excellent work they are doing, but at the same time, we need the government to get its act in order and make sure this program is managed on an ongoing basis so that we haven't had the gaps that we've seen in recent weeks.

Thank you.

Hon. Eileen Clarke (Minister of Indigenous Reconciliation and Northern Relations): Before I speak to this resolution, I do want to acknowledge how tremendously difficult this is for anyone who has experienced trauma of this nature and reiterates our government's commitment to ensuring that there is supports in place for these individuals.

I also want to thank my colleagues who spoke to this, putting their words on the record. I know it's not easy to talk about this, but we must. Sexual assault is not easy for anyone. We think of the horror that goes through when this terrible situation occurs, and there's so many different types of sexual assault. Victims of sexual assault occur in all genders and all ages, and I also want to acknowledge that there are never—so many that are never investigated or reported at all, even though there are family members who know that this has happened.

So, I do believe there is much need for moving forward on this. It's only within recent years that people have started speaking on their sexual assault trauma. It's difficult to even hear these stories and I deeply empathize with all these victims.

However, I support each and every single person who comes forward with these stories. In terms of sexual assault, Manitoba has significantly higher rates than the national rate, as the resolution mentioned, and it is scary because it is affecting people that we know, that I know.

These people are our friends. They're family and they're neighbours and colleagues. All political parties need to work together to stop sexual assault. Programs like Sexual Assault Nurse Examiner Program, also known as SANE, are very important and they are needed. However, overall, MLAs need to work 'collaborately' and in a non-partisan way to stop sexual assault and educate people about it.

It affects one's mental as well as physical health. That trauma lives on as they try to navigate through life afterwards. It really hit home to me when these statistics came out, and also talking to people that I know that have gone through this. These numbers are way too high.

Our government knows this is such an important topic, and it's near and dear to everyone in this Legislature, which is why we have taken the initiative in implementing programs and helping victims. I believe that this resolution was brought forward in the context that all members of this Assembly have the same goal of providing the necessary support for all sexual survivors.

Our government heard from Shared Health that there was a need for changes to the Sexual Assault Nurse Examiner Program and, Deputy Minister, we acted. We facilitated dialogue with the individuals working in the existing program to inquire about what the difficulties and challenges were that they were facing.

Although this program is needed and it's very important, our government recognized that this program was not receiving the support it needed in order to provide quick access to the quality care for victims of sexual assault. This was with the help of Shared Health and dialogue between all involved groups.

In order to enhance programs around sexual assault programs, in April 2022, our government announced a forensic nurse examiner program as a response to what we had heard from those front-line workers and health-care professionals.

This program aims at providing access to medical care, counselling services, community resources, and if chosen, potential prosecution. The FNE program

was developed with financial support from this government investing \$640,000 annually in recognition of the importance of these programs.

Prior to the implementation of the FNE program, our government had committed \$700,000 to the Sexual Assault Nurse Examiner Program to help address shortages and create more stable and sustainable staffing models.

We understand the importance of such programs in providing timely access to quality care for sexual assault survivors and continue to be committed to the funding of these programs.

Our government estimated that the FNE program would be up and running in late 2022 or early 2023. To date, Shared Health has filled six of the seven positions and Shared Health has filled the manager role for the program.

The FNE program has also begun offering training to nurses, and we welcomed nurses from the Northern Health Region last year and we are looking forward to doing the same for nurses from Prairie Mountain Health in the coming weeks and months.

The Health Sciences Centre will become the hub for the program, and satellite locations will be established in Brandon, The Pas and Thompson. Due to ensuring all—

Mr. Deputy Speaker: The hour being 12 o'clock, when this matter is again before the House, the honourable Minister of Indigenous Reconciliation and Northern Relations (Ms. Clarke) will have five minutes remaining.

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

LEGISLATIVE ASSEMBLY OF MANITOBA

Thursday, March 2, 2023

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