

**First Session – Forty-Third Legislature**  
of the  
**Legislative Assembly of Manitoba**  
**DEBATES**  
and  
**PROCEEDINGS**

**Official Report**  
**(Hansard)**

*Published under the  
authority of  
The Honourable Tom Lindsey  
Speaker*

**MANITOBA LEGISLATIVE ASSEMBLY**  
**Forty-Third Legislature**

<b>Member</b>	<b>Constituency</b>	<b>Political Affiliation</b>
ALTOMARE, Nello, Hon.	Transcona	NDP
ASAGWARA, Uzoma, Hon.	Union Station	NDP
BALCAEN, Wayne	Brandon West	PC
BEREZA, Jeff	Portage la Prairie	PC
BLASHKO, Tyler	Lagimodière	NDP
BRAR, Diljeet	Burrows	NDP
BUSHIE, Ian, Hon.	Keewatinook	NDP
BYRAM, Jodie	Agassiz	PC
CABLE, Renée, Hon.	Southdale	NDP
CHEN, Jennifer	Fort Richmond	NDP
COMPTON, Carla	Tuxedo	NDP
COOK, Kathleen	Roblin	PC
CROSS, Billie	Seine River	NDP
DELA CRUZ, Jelynn	Radisson	NDP
DEVGAN, JD	McPhillips	NDP
EWASKO, Wayne	Lac du Bonnet	PC
FONTAINE, Nahanni, Hon.	St. Johns	NDP
GOERTZEN, Kelvin	Steinbach	PC
GUENTER, Josh	Borderland	PC
HIEBERT, Carrie	Morden-Winkler	PC
JACKSON, Grant	Spruce Woods	PC
JOHNSON, Derek	Interlake-Gimli	PC
KENNEDY, Nellie	Assiniboia	NDP
KHAN, Obby	Fort Whyte	PC
KINEW, Wab, Hon.	Fort Rouge	NDP
KING, Trevor	Lakeside	PC
KOSTYSHYN, Ron, Hon.	Dauphin	NDP
LAGASSÉ, Bob	Dawson Trail	PC
LAMOUREUX, Cindy	Tyndall Park	Lib.
LATHLIN, Amanda	The Pas-Kameesak	NDP
LINDSEY, Tom, Hon.	Flin Flon	NDP
LOISELLE, Robert	St. Boniface	NDP
MALOWAY, Jim	Elmwood	NDP
MARCELINO, Malaya, Hon.	Notre Dame	NDP
MOROZ, Mike	River Heights	NDP
MOSES, Jamie, Hon.	St. Vital	NDP
MOYES, Mike	Riel	NDP
NARTH, Konrad	La Vérendrye	PC
NAYLOR, Lisa, Hon.	Wolseley	NDP
NESBITT, Greg	Riding Mountain	PC
OXENHAM, Logan	Kirkfield Park	NDP
PANKRATZ, David	Waverley	NDP
PERCHOTTE, Richard	Selkirk	PC
PIWNIUK, Doyle	Turtle Mountain	PC
REDHEAD, Eric	Thompson	NDP
SALA, Adrien, Hon.	St. James	NDP
SANDHU, Mintu	The Maples	NDP
SCHMIDT, Tracy, Hon.	Rossmere	NDP
SCHOTT, Rachelle	Kildonan-River East	NDP
SCHULER, Ron	Springfield-Ritchot	PC
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SMITH, Bernadette, Hon.	Point Douglas	NDP
STONE, Lauren	Midland	PC
WASYLIW, Mark	Fort Garry	Ind.
WHARTON, Jeff	Red River North	PC
WIEBE, Matt, Hon.	Concordia	NDP
WOWCHUK, Rick	Swan River	PC

## LEGISLATIVE ASSEMBLY OF MANITOBA

Thursday, October 10, 2024

### *The House met at 10 a.m.*

**The Speaker:** O Eternal and Almighty God, from Whom all power and wisdom come, we are assembled here before Thee to frame such laws as may tend to the welfare and prosperity of our province. Grant, O merciful God, we pray Thee, that we may desire only that which is in accordance with Thy will, that we may seek it with wisdom, 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 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.

Please be seated.

### ORDERS OF THE DAY

#### PRIVATE MEMBERS' BUSINESS

**The Speaker:** As previously announced, I received a letter from the Opposition House Leader indicating that the opposition caucus has identified Bill 221, The Earlier Screening for Breast Cancer Act, as their second selected bill for this session. In accordance with this letter and rule 25, Bill 221 will be considered this morning as follows—in accordance with this letter and rule 25, bill—will be considered this morning as follows: Second reading debate will begin immediately after this statement. The question will be put on the second reading motion at 10:55 a.m.

I will now call for second reading of 221, The Earlier Screening for Breast Cancer Act.

#### SECOND READINGS—PUBLIC BILLS

##### Bill 221—The Earlier Screening for Breast Cancer Act

**Mrs. Kathleen Cook (Roblin):** I move, seconded by the member for Agassiz (Ms. Byram), that Bill 221,

The Earlier Screening for Breast Cancer Act, be now read a second time and be referred to a committee of this House.

#### *Motion presented.*

**Mrs. Cook:** My neighbour, who had just had a baby, a teacher at my kid's school and my son's best friend's mother—these are just three of the women in my own life, under the age of 50, who have been diagnosed with breast cancer in the last year alone.

The statistics are scary. One in eight Canadian women will be diagnosed with it; 84 Canadian women will be diagnosed with breast cancer today. And today, 15 women in Canada will die from it.

But I think for a lot of us the statistics don't really hit home until it touches us personally. I didn't know that an acquaintance of mine, my age, had breast cancer until one day when I complimented her on her new pixie haircut and told her how it suited her, and she broke down in tears and told me: I have cancer, I start treatment next week.

It was devastating, and I knew in that moment that I wanted to do something about it. In our roles as legislators, we have a duty and a responsibility and an incredible opportunity to try and effect real positive change. And I made a commitment to her that I would do everything I could to try and make an impact.

And I think we all know anecdotally that breast cancer is on the rise in younger women, and that is actually borne out in the data. Breast cancer in younger women now accounts for nearly 20 per cent of all diagnoses.

Younger women, when they're diagnosed, tend to be diagnosed with more aggressive forms of cancer or cancer that hasn't been caught until it's in its later stages and is harder to treat.

The peak incidence of breast cancer for Black, Asian, Hispanic and Indigenous women are all in their 40s, and that's why it's so important that Manitoba adjust its screening age to 40 from the current 50.

That means allowing women over the age of 40 to simply self-refer for a mammogram. Currently, in Manitoba, if you're under the age of 50, your doctor needs to make a requisition for a mammogram and, unfortunately, not everyone has a family doctor.

Given the rising incidence of breast cancer in younger women, we need to remove the barriers to getting a screening mammogram; and it's not just us saying that. Advocates in the community have been leading the charge on this issue.

In response to new scientific evidence over the last several months, multiple organizations, including the Canadian Cancer Society, Dense Breasts Canada and Breast Cancer Canada, along with medical experts and survivors have all been calling for a lower screening age.

Every other province has either adjusted their screening age for breast cancer or announced how they will do so. Many of them have made the shift to age 40 just in the last several weeks or months.

And now, last week, the current NDP government here in Manitoba announced some movement on this issue, which I appreciate. They indicated their intention to lower the breast cancer screening age to 45 by the end of next year and eventually to get to age 40.

But the advocates I've spoken to since have all told me that, while this is good, it's not enough. This announcement did not include targets for hiring technologists or radiologists. It did not include funding to support expanding the BreastCheck program. It did not include a plan to reduce mammography wait times in Manitoba, which are too high already, and it did not include a timeline to reduce the age to 40.

So let's talk about how Bill 221 addresses and remedies some of that. This bill requires the Minister of Health to develop and implement a plan to lower the screening age to 40 no later than the end of 2026. And I want to talk about that deadline for a minute and why we chose it.

Bluntly, it's not quick enough. Advocates want to see the breast cancer screening age lowered now, and my original version of this bill had us moving much more quickly. But then the government came out with their announcement last week and said that they wouldn't be getting to age 45 until the end of next year and I thought, we should pivot, because I'm a pragmatist. And as we've said all along in Estimates—the minister and I discussed this at some length—that lowering the breast cancer screening age would require expanding screening capacity, and that doesn't happen overnight. I acknowledge that, but we need a firm deadline to get to age 40.

In the government's announcement last week, they say the plan is to get there, but there's no timeline attached to that and no road map to get there. It's a

vague intention at this point, but with this bill there's a deadline built in there and I think that's a very reasonable deadline. I chose it because it's so reasonable that the government has no good reason to vote against this bill.

In fact, if they were not to pass the bill, I would suggest that's tantamount to admitting to Manitobans that they have no intention to get to age 40 within the next two years. Conversely, if they pass the bill, that's as good as saying, yes, we mean what we say and we will work to get to age 40 and catch up to the rest of Canada within the next two years. And maybe they can even beat that deadline; that'd be fantastic. If they can do it faster, so much the better.

\* (10:10)

And Bill 221 has one other important feature, Honourable Speaker. It requires the Minister of Health to report annually on the number of screening mammograms done. This is all about accountability; what gets measured gets managed. Reporting publicly on the number of mammograms being done provides reassurance to the public that there is progress being made, and if progress isn't being made, it will provide an incentive for government to address it and take action to correct it.

There is truly no good reason for government not to support this bill. I hope that they are serious in their intention to lower the breast cancer screening age to 40 and thus will have no problem voting today to send it to committee.

Before I shift my comments to talk about some of the incredible people and organizations that have a hand in this bill, I just want to make a couple of quick points.

First, I would be remiss if I didn't put on the record that breast cancer doesn't just affect women. According to the Canadian Cancer Society, 290 Canadian men will be diagnosed with breast cancer and 60 will die from it. Trans folks get breast cancer, but it is primarily a disease that affects women. The vast majority of cases are in women so I have no hesitation in characterizing this as primarily a women's health issue.

Secondly, screening age is just a start to the improvements that need to happen. There are other gaps in care for breast health. For example, women with dense breast tissue face additional barriers to screening. Because a mammogram often isn't sufficient to adequately screen dense tissue for cancer, these women require access to additional screening

methods that are not always made available to them. As a result, cancer can be missed. This is an issue I plan to bring forward in the coming weeks as well.

I have a few people to thank for all of their work: Jenny Borgfjord, Shannon Coates, Jennie Dale of Dense Breasts Canada, Mary Anne Henderson, Shonna Newans and Breast Screening Advocates Manitoba. These women are breast cancer survivors or family of survivors and tireless advocates. They have spent countless hours meeting with politicians, talking to the media and spreading awareness about the need for improved breast screening, and they have never given up. And they are doing it entirely in the hope of sparing other women the same pain that they or their loved ones have had to go through.

I'd also like to thank Dr. Paula Gordon, a radiologist and researcher specializing in breast cancer who made time to answer all of my questions, especially after the Canadian Task Force on Preventive Health Care came out with their recommendations earlier this year. She is the one who explained to me why those recommendations were a disservice to women.

The Canadian Cancer Society, who began advocating for a reduced breast cancer screening age in Manitoba in May and have advocated very effectively, and a number of local radiologists and radiation technologists who asked to remain anonymous but who were generous with their time and shared their expertise with me.

To everyone who spoke to me about this issue, told their personal stories, the hundreds of Manitobans who signed our petition, the folks in my own life who've been carrying our petition around all summer all over the province and collecting signatures, my deepest gratitude to you. Your efforts are making a difference and it will save lives. And I want to thank survivors everywhere for their courage and sharing their personal stories, spreading awareness and advocating for change.

Last weekend I participated in the CIBC Run for the Cure in support of the Canadian Cancer Society. Part of the event includes the Parade of Hope, where breast cancer survivors walk through the assembled crowd and gather together, and it's incredibly emotional. I happened to have a seat on the aisle as the survivors were coming down the stairs and all I could think was they just keep coming. There are so many: too many women whose lives have been completely changed with this diagnosis, too many families who have endured that fear of losing someone they love and too many women who didn't survive it.

In that way, the event was very sad but it was also incredibly empowering. These are women who have taken a devastating diagnosis and not only have they fought it, they have taken their pain and their struggle and turned it into something amazing. To watch these women who row dragon boats and run and raise thousands of dollars for cancer research and treatment, and galvanize huge groups of people to do it with them is powerful and inspiring.

Christopher Reeve said a hero is an ordinary individual who finds the strength to persevere and endure in spite of overwhelming obstacles. These women are all heroes and this bill is for them.

Finally, I would once again urge members opposite to show that they're serious about lowering the breast cancer screening age and serious about accountability and transparency to Manitobans, and vote today to send this bill to committee.

Thank you, Honourable Speaker.

**The Speaker:** Before we move on, I need to clarify the record, and put on the record, that we're actually in private members' business this morning—orders of the day, private members' business.

### Questions

**The Speaker:** At this point in time, 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 will exceed 45 seconds—no question or answer will exceed 45 seconds.

The floor is now open for questions.

**MLA Jelynn Dela Cruz (Radisson):** I would like to show appreciation for the stories that have been shared today, and give a moment in my first opportunity to share some thoughts and appreciations, to highlight the folks in the gallery.

To breast cancer patients, survivors, community advocates like yourselves, our NDP government sees you. We see the gravity of what you have endured, the strength that you each embody, and we commit every single day to do justice by you and your stories.

As an NDP government, we have already made steps to build capacity, reaching 87 per cent of our 1,000-health-care-worker goal. We've—

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

**Mrs. Kathleen Cook (Roblin):** Though I didn't hear a question, I did hear the member for Radisson (MLA Dela Cruz) acknowledging our guests in the gallery, and I just want to—this is the Waves of Hope dragon boat racing team. And I'd like to welcome them to the Manitoba Legislature.

Thank you for being here today.

**MLA Dela Cruz:** Just to finish my comments, here, our NDP government has proudly re-established the women's health centre and reintroduced the mobile breast screening services that the previous government had cut. As the—*[interjection]*—thank you—as the MLA for northeast Winnipeg, I want to highlight how cancer services in our corner of the city have been decimated by the previous government, a government that the member that introduced this bill endorsed.

Why does she feel that her bill can cover up her party's legacy of mistreatment of cancer patients in northeast Winnipeg?

**Mrs. Cook:** I'd like to thank my colleague across the way for finally getting around to the question, because it gives me an opportunity to talk about why we need to get to 40, and why 45 is not good enough.

Women aged 40 to 49 in provinces that do have screening for those ages have seen an increase in survival rates for those women because we're catching their cancer at an earlier stage, rather than what's happening currently in Manitoba, which is women aged 40 to 49 not catching their cancer until it's at a later stage which dramatically changes their options for treatment and their survival rate going forward.

Thank you.

**MLA Jeff Bereza (Portage la Prairie):** Who did you consult with prior to bringing this bill forward?

**Mrs. Cook:** Thank you to my colleague from Portage la Prairie for the question.

I've consulted with a number of organizations, and I particularly want to highlight Dense Breasts Canada. They were actually the first organization to bring this issue to our attention; they met with members of our caucus and talked to us about the need to lower the breast cancer screening age in Manitoba.

Other organizations that we've talked to include the Canadian Cancer Society; Breast Screening Advocates Manitoba; Dr. Paula Gordon, who's a renowned radiologist and breast cancer researcher out of BC; a few radiologists and radiation technologists right here in Manitoba who don't want to put their

names on the record because they fear reprisal from the NDP government for speaking to the opposition; and a number of—

**The Speaker:** The member's time is expired.

\* (10:20)

**Hon. Uzoma Asagwara (Minister of Health, Seniors and Long-Term Care):** I want to thank our guests for being here today. It's wonderful to see you at the Manitoba Legislature, can't thank you enough for your advocacy and for taking the time to be here.

I want to personally reassure you that we're doing the work needed to move screening in this work in the best direction possible, as quickly and aggressively as we can. We're listening to you. We're working with you folks and experts in the province to make sure that we undo the harm done by the previous government in this area of health care.

We value women's voices. We value women's health care. We will continue to do this work right alongside each and every one of you, so thank you for being here.

**Mrs. Cook:** I would've thought the Minister of Health would be jumping at the chance to ask me a question for a change, but maybe we'll see that in the next one. *[interjection]*

**The Speaker:** Order.

**Mrs. Cook:** I do want to talk about the fact that the advocacy to move the breast cancer screening age to 40 is a fairly recent development. It was May of this year that the Canadian Cancer Society changed its recommendations on screening, so this is something that's happening currently, under the current government's watch.

And rather than looking backward, I would suggest that the Minister of Health look forward to what their government needs to be doing to fix this issue in Manitoba.

**The Speaker:** Just to clarify, there's supposed to be a rotation between parties when it comes to asking questions, so the next speaker that I'm going to recognize is—*[interjection]*

Order. Order, please.

As I was saying, per the rules, as a rotation between the parties when it comes to asking questions, so we need to follow that. In this case, it is the PCs' turn to ask a question, so the honourable member for Agassiz.

**Ms. Jodie Byram (Agassiz):** I know my colleagues and I have been working hard on this bill, and I'm just wondering if the member from Roblin can tell us how many Manitobans signed a petition this summer to lower the screening age to 40 in Manitoba?

**Mrs. Cook:** That's a great question, and thank you to my colleague from Agassiz for that.

We're at well over 1,000 signatures, but truthfully, to tell the member, I haven't counted recently. That's a count from a few weeks back, and I know that I've got another stack of those petitions on my desk right now. So I'll need to go and give it a count, but it's safe to say that we've got wide support for this issue from across the province.

Over the summer, the petition was circulated up to the North and across the province. I've stumbled into a restaurant in the member for Lac du Bonnet's (Mr. Ewasko) constituency and found it sitting there, so there's wide support for this issue and Manitobans have demonstrated that.

Thank you.

**MLA Asagwara:** Honourable Speaker, I think it's important to correct the record. Other jurisdictions across this country were able to lower their screening age more quickly than Manitoba because of the advocacy that they listened to; the previous government, their governments listened to that allowed them to do this.

So while other jurisdictions were listening to women in their provinces and doing the work to lower the screening age, here in Manitoba, the PCs were cutting mobile breast cancer screening, closing the Mature Women's Centre and cutting the services needed to make sure we could lower our screening age more aggressively.

The moment we knew as a government that this was an issue that women were bringing forward, we started doing the work and we're going to continue doing the work.

Can the member explain why the previous government failed to listen to women when they had power?

**Mrs. Cook:** Thank you to the minister for the question.

I find it so disappointing that members opposite choose to politicize and get nasty about an issue that impacts so many women in Manitoba. It's an interesting perspective.

**An Honourable Member:** It's unfortunate that the Attorney General's (Mr. Wiebe) trying to shout you down at this.

**Mrs. Cook:** Well, and the Attorney General's always tried to shut me down, so I'm not, you know, fazed by that anymore.

I don't understand why, with guests in the gallery, breast cancer survivors, the Minister of Health is taking their time in question period to look backwards and slam the previous government, when instead they could be touting what they plan to do.

**MLA Bereza:** I have to echo the comments from the member from Roblin. We can look back and learn; we move forward to help people like this here today.

How risky is breast cancer for women aged 40 to 50 years old?

**Mrs. Cook:** That's a very important question. I'm happy to have the opportunity to answer it.

Breast cancer rates have significantly increased in women under 50 in Canada over the last 34 years, and in fact now account for nearly 20 per cent of total breast cancer diagnoses. Women aged 40 to 49, in areas without screening, have higher rates of advanced stage breast cancer, with a 10.3 per cent increase in stage 4 diagnoses since 2011. And provinces including women aged 40 to 49 in screening programs report higher 10-year survival rates compared to those starting at age 50.

But that's not all, Honourable Speaker. Implementing breast cancer screening for younger women actually saves the health-care system—

**The Speaker:** Member's time is expired.

**MLA Dela Cruz:** Honourable Speaker, the member for Roblin (Mrs. Cook) chose to run behind a Stefanson government who has a legacy of firing thousands of health-care workers, closing the Concordia emergency room, closing CancerCare at Concordia Hospital, as well as closing the IV clinic in ACCESS Transcona.

And so my question is, with this legacy of cuts in northeast Winnipeg that my constituents were deeply affected by, does the member for Roblin think that this bill will separate her from the company that she keeps?

**Mrs. Cook:** I am very pleased to tell the member opposite what this bill will do. This bill will get the age for screening in Manitoba down to age 40 within the next two years and it will require the minister to

report on the number of mammograms done in Manitoba every year to ensure that we are making progress.

It will provide accountability and transparency to Manitobans and ultimately it will save lives.

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

### Debate

**The Speaker:** The floor is now open for debate.

**Hon. Uzoma Asagwara (Minister of Health, Seniors and Long-Term Care):** I do want to thank our colleague across the way for bringing this bill forward. And I want to thank her for that because I think that any opportunity that we have to talk about women's health care and those who need this health care, and the ways that we can strengthen it, we should take those opportunities.

And again, I want to thank the folks who are here with us today. You took time out of your busy lives, out of your busy schedules, navigating, you know, the days and the ups and downs of—today is Thursday; I'm sure you had other plans in mind, and you're here advocating for an issue that is not only near and dear and personal to you, and I know there's some connections to our colleague, the Minister of Ag, who are here with us today in Prairie Mountain.

But all of us, in some way, shape or form have been connected to the issue of cancer. The issue of breast cancer is something that is very personal to me. It's something that I've helped dear friends navigate, and it's something that, based on the data, we know we're going to continue to navigate.

And I want to state this because I think it's important: I don't bring up the past decisions by the previous government because I enjoy it. I actually really do not enjoy—I actually do not enjoy rehashing harms that were done to our health-care system and the people who need to access it. You know, I do not enjoy reflecting on the fact that under the previous government, women's health care was attacked year over year, very intentionally.

None of that is anything that as Manitobans we should be happy or proud of but I bring those things up because the only way we make policies that are better for people is if we reflect on the mistakes that were made in the past and we understand how we cannot repeat them.

It is important that we don't ignore the damage that was done, that we understand how it was done,

the impacts and the consequences of it, so that as we chart a path forward, we don't repeat those mistakes, we lead with values that prioritize women's voices and women's health care and we make decisions and investments that show all Manitobans of all identities, that under this government, women's health care is a priority.

As a government, as a health-care minister, we believe in listening to women. We know and I know, because the data tells us very clearly and plainly, that women's voices in health care are not heard or treated the same way as other folks who are accessing health care. Sometimes the symptoms that they report, the concerns they bring forward are not taken as seriously as they should be. That has to change.

\* (10:30)

That changes when you have a government in place that has a Health Minister that unapologetically talks about women's health care. We didn't have that for seven and a half years. It's shocking. I think Manitobans need to understand that for the first time in seven and a half, eight years, we have a Health Minister, supported by an entire government, who stands up in this House and talks about women's health care unapologetically, that talks about the importance of investing in it; a government that understands that women having reproductive access and freedoms is important and is a value that should be protected. Women's ability to have the freedom to choose how they access breast cancer screening—that is important. That should be protected and enhanced.

And that is why, from the early days of being in this role, when it was brought to my attention that we didn't have the capacity in Manitoba to screen the folks who are currently eligible because those resources were cut for multiple years previously, we got to doing the work—meeting with CancerCare, meeting with Dense Breasts Canada, meeting with advocates here in the province, meeting with folks to help us understand, what do we have to do right now to make a difference. What do we have to do to make sure that more women have access, not less. How do we increase education? How do we increase awareness? How do we increase transparency?

Which is why our government is lowering the breast screening age. That's why our government is training more technologists to be mammographers. We have actually, thankfully, a lot of technologists graduating here in Manitoba. Previously, they wouldn't have known about the pathway to go right into getting trained for mammography. We're changing that. We're



making sure that these new grads who are joining the front lines of health care know explicitly the opportunity is not only there, we're going to support you in accessing it because we need more mammographers on the front lines.

We're making sure that our partners across the health-care system are reaching out to women in their own community so they have the information, education, tools that they need to advocate in appointments. To know that they are eligible and what that means. To not be afraid of going to the doctor, but to know that your doctor is there for you to listen and to make sure you know the pathway to getting the right care as early as possible to improve your outcomes.

All of these decisions and investments are rooted in values, values we stand firm in as a government—that women's health care matters and should be protected, and should be enhanced, and should be invested in. We are lowering the breast screening age. We are going to do better, much better, in terms of reporting and we are listening to women.

The member opposite and I do not disagree. We hear from the same women. We hear from folks from many communities who this is an issue that is not only close to home, it is in their home. It is their living and waking reality. It's a commitment that our government has made to not only strengthen health care for all Manitobans, but to strengthen health care for the Manitobans who were treated as dismissible by the previous administration.

We have a lot of work to do, not only repair health care, we have a lot of work to do as a government to repair the trust that was broken with women in this province who watched as their mature health centre was closed. We had some of the foremost experts in the country in Manitoba, leading clinicians and scientists in terms of women's health care, reproductive health care, breast health, here in Manitoba, who fought hard to establish that mature women's health centre and then poof. Overnight it was gone.

We're going to bring that back. But we're going to do even more than that. We're going to do even better than that. We are creating a culture in health care where no matter where women present, no matter where they bring their concerns forward, it's important that they have clinicians and nurse practitioners and midwives and other folks who understand the scope of what breast health means, women's health means, and engaging in the conversation and education to make sure there's no wrong door that women access to get care.

So we are changing policy as a government. We've already made the announcements that we're lowering the breast screening age. We are committing to doing the work to making sure the reporting is more frequent and more transparent. And we are listening to women and we are making it explicitly clear that it's an expectation across our health-care system.

And I understand why there may be physicians and folks in the health-care system who express that, because of seven and a half years of reprisal under a previous government, maybe they're still hesitant. I meet with doctors all the time. And I don't meet with doctors all the time and they're always telling me the things that I'm hoping to hear, they think I want to hear—they're telling me what I need to hear. We're having tough conversations, important conversations about how to make health care better.

I want to reassure those doctors: my door is wide open. We want to hear from you. We want to work with you. And we are working as hard and as fast as we can to make health care better and stronger for all Manitobans, to make sure that those folks who are disenfranchised have a voice, and it's reflected in policy, it's reflected in change, and that it is cemented in the way we do health care in Manitoba.

We would be further along in our province, we would be much further along in terms of our capacity to be able to lower the breast screening age if services like the mobile breast screening service hadn't been cut for multiple years previously.

Honourable Speaker, 25 per cent of women who access breast cancer screening do it via the mobile breast screening service. I don't—it's not conscionable to me that that is something that somebody would have cut. And so we're building up that capacity.

It's incredible to me that we all know folks who are affected by cancer. We all have heard stories of breast cancer and how it hurts people, has changed families. We've lost loved ones, we've lost friends. I have lost people that I knew to breast cancer. It is devastating.

I can't imagine being in this position and making a choice to cut the very services that would save the lives of mothers and sisters and aunties and cousins and friends and neighbours and colleagues in this province.

And we are taking a different approach as a government. And we will continue taking that approach, making those investments, building those relationships and repairing that broken trust. But I know all of

that takes time. It's not happening quickly enough. I wish it could be tomorrow. But we are working as quickly as we can.

And we're going to continue to work as hard as we possibly can to make sure that we're delivering it. We're already doing the work the member opposite is bringing forward, and I'm proud to say that she can get on board and work with us.

Thank you, Honourable Speaker.

**MLA Jeff Bereza (Portage la Prairie):** I'm absolutely honoured today to be asked by the member from Roblin to speak on this bill, as well as the member from Agassiz, because I've seen the hard work they do.

I want to dedicate the words that I'm going to say today to the Pink Ladies from Portage la Prairie, the Waves of Hope dragon boat racers that are here today with us and Dr. Nostedt from the Portage hospital, who is a very well-known breast surgeon, and I hope there are no repercussions go back on her for me making those suggestions.

Honourable Speaker, I want to address a couple things, because as some of you might know, I'm working on some things too. And I know the honourable member from Agassiz is also working on a CAT scanner too.

The government across talks about listening. I want to share—and I've shared this before—from June 27 going into the end of August, I've sent 50 emails requesting information from the Minister of Health. The only response I got back was an email that said, not read and deleted.

We need to look at moving forward. *[interjection]* You know, if we're—if we—I know I'm being hollered down by the other side, but I think I tabled the document.

The—a couple things I want to talk about too while I'm here is—and I know, ladies, I'm going to speak directly to you because I know that there's dads out there, like me.

And I got a call from my daughter one day and said she had detected a lump. I've never been so scared or concerned in my whole life. And she's less than 40 years old.

\* (10:40)

So thank you for all the work that you're doing in bringing this out here. Thank you so much to our member from Roblin and our member from Agassiz

for taking this on and making sure that we are reducing the age where we need to be looking at this.

There's many—growing evidence of benefits of early detection. Demands for patients feeling excluded from current guidelines. One in eight women in Canada is expected to be diagnosed with breast cancer. Making early detection is crucial.

But it also saves our health-care system money, too, because with the help of mammography, with the help of CAT scans and MRIs, we can detect cancers at a much earlier stage than we can with waiting for the time that we're waiting for right now; that you have to wait. So again, let's think forward. Let's make sure we're looking after all Manitobans.

On May 30, 2024, several cancer experts, surgeons and radiologists condemned the Canadian Task Force on Preventive Health Care draft decision to make the routine breast cancer screening at 50 years old.

On May 29 of this year, MLA for Roblin first questioned the need for lowering the breast cancer self-referral age in Manitoba. Multiple questions were asked in the spring session, both in question period and Estimates. However, those across the aisle dodged all responsibility at that time.

I think we have to look forward. And again, this is one of these issues that is a non-partisan issue. It is about people. It is not about politics. And we have to put aside the arguing over this and make sure that we are doing everything possible—that another dad doesn't have to listen to a story about his daughter.

Thank you so much, Honourable Speaker.

**Hon. Renée Cable (Minister of Advanced Education and Training):** As was said by a number of other folks today, any time that we're talking about cancer is a day for reflection and a day to think about what's really important.

I, too, want to thank the folks up in the gallery here for coming to advocate. I know how difficult it is, especially when it's something very personal, and it's incredibly frustrating when you feel as though your voice is not being heard. So I want to assure you that our government is listening. We have heard you and we are doing all we can to move the needle on this issue. So thank you again for being here.

I have heard many people say before, and it hadn't really struck me until I had the privilege of sitting in this House, that representation matters. It matters on so many levels, but specifically when we speak about

issues like this, it is an honour and a privilege to sit in a Cabinet that has gender parity. It is an honour and a privilege to sit in a very diverse caucus and to be with like-minded folks who view the world through the lens of not only their own perspective, but the perspective of others who don't have a voice.

Like many other families—folks in here—my family over the last couple of years has been touched by breast cancer. I have an auntie in Flin Flon who has gone through her own journey, and there's nothing quite as scary and there's no feeling of hopelessness and helplessness, like being family to somebody who doesn't have access to the health care they need.

I want to shout out and lift up the good folks at CancerCare Manitoba. My auntie has gone through treatment; she is doing well, and just in the last six months, had another scare and was able to contact their emergency urgent care folks and have an emergency scan to confirm that it was fluid, not another tumour.

But, again, it is—breast cancer is terrifying. As Minister Asagwara said earlier—Minister of Health said earlier—women's health has not been on the radar in this province for a number of years. And I think it's critical that we talk about women's health in this space because women's health is health. Reproductive health is health.

I think about the good folks at Women's Health Clinic who work every day to support gender-affirming and reproductive care, and who, thanks to them, I was able to get timely Paps and diagnoses for other issues that I have. But it's so critically important that we do all we can to lift up health-care workers and to support the systems that are in place to help women.

I want to reaffirm for the folks in the gallery that our government is truly taking an all-hands-on-deck approach. So regardless of whether or not folks are sitting in the Minister of Health's chair, Minister of Justice, women and gender equity, or in my case, in the portfolio of Advanced Education and Training, we are all working to help fix the health-care system.

Just this year, we provided \$32.9 million to post-secondary institutions to add 111 more training seats for critical front-line services. So you've heard people say before, and I'm sure you're tired of hearing it, it won't happen overnight.

But I can assure you that our direction is—our lines of sight are all in the same direction, and every conversation I have with RRC Polytech, every conversation I have with AC, with Brandon University, with

University of Manitoba, it's: What are we doing for health-care training? What can we do to support it? And who can we encourage to become the health-care workers of the future?

It is going to take years to fix the damage that was caused, and being reminded today that the mobile breast screening van was taken off the road, I can't even—I can't even fathom why that would be a consideration for cost savings. Because the savings amount to real costs in real people's lives. Honourable Speaker, 25 per cent of the screening was done with that vehicle.

**An Honourable Member:** Two vehicles. You should check the facts.

**MLA Cable:** Two vehicles. So does that mean 25 per cent? Wow. *[interjection]*

**The Speaker:** Order. Order.

The honourable Minister of Advanced Education and Training (MLA Cable) has the floor.

**MLA Cable:** I don't know all of the details of what happened in the Cabinet room, or at the caucus table, when the members opposite were in government. But I do know that our Cabinet talks about how we're getting more people into health care, how we're supporting health-care workers, how we're bringing care closer to home and how we are working to ensure that every Manitoban gets the care that they deserve. That includes reducing the age of screening.

So there are 111 more training seats for front-line professionals like doctors, physician assistants and nurse practitioners, and that includes \$15.6 million to increase medical school seats from 110 to 140 in Winnipeg, \$370,000 for initial planning and work to bring 10 medical school seats to Brandon. For the first time ever, my hometown is going to have physicians' training.

\* (10:50)

Honourable Speaker, \$3.6 million to double physician assistant seats from 15 to 30; \$802,000 to increase nurse practitioner seats from 25 to 45; \$1.2 million to expand physical therapy seats from 50 to 60; \$1.2 million to increase occupational therapy seats from 50 to 60; and \$10 million to construct a new medical training building at Bannatyne campus. There's also \$226,000 in capital funding to double primary care paramedic training seats at UCN in The Pas and Thompson from 16 to 32.

That's a year in, Honourable Speaker. That's the investment we made in the first year to help correct the mess that was left by the previous government.

So it's not, again, it's not only in the Minister of Health's office that we're making these investments. It really is a whole-of-government approach, because Manitobans elected us to come here to clean up that mess, and we're doing it. We're doing it as fast as we can with as much consideration and professionalism as possible, and we're working with folks in the sector to get it done in responsible ways.

I know that the minister has been working with CancerCare Manitoba to lay out the steps that we need to take to get to this goal, and we are also staffing up at cancer—pardon me—at CancerCare with more mammogram technologists and we're adding more screening appointments.

And last year, when other provinces were lowering the age, the PC Stefanson government refused to do it. We know that there is a backlog. We're well aware of the challenges in front of us, but we are committed to doing it.

And the reason—as Minister of Health said, we don't like to talk about what happened before. It doesn't bring me joy to talk about the failures of the previous administration, but it's important to remind folks of the context that we're working in: \$2-billion deficit, health-care workers that feel disenfranchised by their employers, folks who are afraid to engage with our health-care system because of the cuts and the crisis and the chaos—but we're here to work together with all of our partners to ensure that we move forward on this issue and on the other issues that Manitobans elected us to do.

As a woman and a mother of a daughter, I am committed to ensuring that this happens. I don't want to be a person advocating for this, and I don't want you to have to come back to have this conversation again, so please know that we are committed to this.

And I thank the Honourable Speaker for my time.

**Ms. Jodie Byram (Agassiz):** Thank you to my colleague, the member from Roblin, for introducing Bill 221, The Earlier Screening for Breast Cancer Act, and I would also like to say thank you to my colleague from Portage la Prairie for sharing his personal story.

And I also want to say what an honour it is to be able to put words on the record regarding this bill in the presence of the Waves of Hope teammates and cancer survivors.

Thank you. Thank you for your courage, your strength and your support.

This bill recognizes the importance of routine breast cancer screening services without a referral and lowers the age from 50 to 40 years of age. Breast cancer, as we know, is one of the most common cancers among women worldwide, and its impact extends beyond the individual; it's touching many families, communities and society as a whole.

Early detection is key to improving outcomes for treatment and early screening plays a vital role in this process. Research has shown that when breast cancer is detected early, the chances of successful treatment and survival significantly increase. This is why we must have women begin screening regularly at the age of 40.

First and foremost, this screening enables us to catch potential issues before they progress. Many women may not experience notable symptoms in the early stages of breast cancer, making regular mammograms essential.

I had the—

**The Speaker:** Order, please.

As in accordance with rule 25 and as previously announced, I'm interrupting debate to put the question on second reading of Bill 221, The Earlier Screening for Breast Cancer Act.

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

### House Business

**Mr. Grant Jackson (Deputy Official Opposition House Leader):** Pursuant to rule 34(8), I am announcing that the private member's resolution to be considered on the next Thursday of private members' business will be the one put forward by the honourable member for Agassiz (Mrs. Cook). The title of the resolution is Including an MRI in Portage District General Hospital.

**The Speaker:** It has been announced that, pursuant to rule 34(8), it has been announced that the private member's resolution to be considered on the next Thursday of private members' business will be the one put forward by the honourable member for Agassiz. The title of the resolution is Including an MRI in Portage District General Hospital.

\* \* \*

**Mr. Jackson:** Is it the will of the House to call it 11 and proceed to the private member's resolution?

**The Speaker:** Is it the will of the House to call it 11? [Agreed]

## RESOLUTIONS

### Res. 22—Expanding Use of Narcan

**The Speaker:** The hour now being 11, we will move on to the private member's resolution, resolution 22, Expanding Use of Narcan, brought forward by the honourable member for Morden-Winkler.

**Mrs. Carrie Hiebert (Morden-Winkler):** I move, seconded by the member from Spruce Woods—yes,

*WHEREAS Narcan contains the active drug naloxone, which is the nasal spray that can be administered to reverse an opioid overdose; and*

*WHEREAS naloxone nasal spray comes in a device with two prongs that fit into each nostril to administer the medication; and*

*WHEREAS currently the Provincial Government funds a take-home naloxone program, that is exclusively the injectable dose of Naloxone; and*

*WHEREAS the Canadian Medical Association Journal strongly recommended that federal, provincial, and territorial programs be adapted so that people have a choice of methods when a fast response is needed after someone has overdosed on an illicit substance; and*

*WHEREAS Ontario and Quebec offer free nasal spray naloxone (Narcan) at pharmacies or through locations like addictions treatment clinics, shelters, and public health facilities; and*

*WHEREAS individuals not accustomed to using needles can feel more confident using or administering the nasal spray and in the event of timeliness, individuals may be too anxious to load a syringe with naloxone from an ampoule while trying to help an extremely drowsy or unconscious individual; and*

*WHEREAS with increasing events of fatal overdoses and no increase to treatment spaces and pathways, Manitobans should have enhanced access to Narcan to help save their loved ones; and*

*WHEREAS families, individuals, and businesses should have access to Narcan nasal spray in all Manitoba communities to save lives; and*

*WHEREAS in jurisdictions where Narcan nasal spray is available through pharmacies, training is offered to include how to recognize an opioid overdose and the five steps to respond to an opioid overdose, ensuring more individuals are able to administer the dose in the event of witnessing or experiencing an overdose.*

THEREFORE BE IT RESOLVED that the Legislative Assembly of Manitoba urge the provincial government to expand access, training and supply of Narcan nasal spray to pharmacies across the province and include coverage in the Take-Home Naloxone Distribution Program.

### *Motion presented.*

**The Speaker:** Because we called it 11 early, we will call it noon at 11:56, just as a reminder.

**Mrs. Hiebert:** Thank you, Honourable Speaker, for the opportunity to put some words on the record today as to why I am bringing forward this resolution to expand access, training and supply of Narcan nasal spray to pharmacies across the province and include coverage in the take-home naloxone program.

We know that many Manitobans and their loved ones have been impacted by the opioid epidemic. We have seen first-hand the devastation that addiction has on the individuals, families and their communities. While we don't have the most current numbers for this year, we know that in early months of 2024 we were seeing record high overdoses in our province. If this trend continues, this year will exceed previous years in overdose deaths.

*Mr. Tyler Blashko, Deputy Speaker, in the Chair*

Under the former PC government, access to naloxone was expanded with the creation of a take-home naloxone program in 2017. The take-home naloxone program made naloxone kits available to members of the public who are at risk of opioid overdose and family or friends who are witness—may witness opioid overdoses.

\* (11:00)

By taking the necessary steps and delisting the life-saving medication, naloxone became accessible or sold without professional supervision from a health-care provider and could be made available in any retail location, which greatly expanded accessibility to Manitobans.

However, the current program in Manitoba exclusively covers and provides the injectable doses of naloxone. Today I'm calling on the government to

expand that access and coverage to include the nasal spray of naloxone as well.

Honourable Speaker, Narcan nasal spray is used to reverse life-threatening effects of a known or suspected overdose. It works by blocking the effects of opioids and works to relieve the dangerous symptoms caused by high levels of opioids in the blood stream. It is as effective, if not more effective, than the injectable dose. And it is simply—simple to administer by inserting the device into—with two prongs into each nostril of the individual who is experiencing an overdose.

We can look to Ontario, where they have a similar take-home program for naloxone to Manitoba. But they have also included the nasal spray at no cost. All organizations, businesses or facilities that take part in the Ontario program offer free training on how to recognize an overdose and also to—on the five steps to respond using naloxone spray—nasal spray or the injectable. Ontario's not the only province that—to have Narcan nasal spray accessible to residents. It is also available in Quebec, Northwest Territories and the Yukon through similar take-home programs.

Guidance, published last year in the Canadian Medical Association Journal, recommended that federal, provincial and territorial programs be adapted so that individuals have a choice of methods, so when the fast—when a fast response is needed when aiding someone with an apparent overdose. We know that in crisis situations, individuals who are not—who are unfamiliar with using syringes and needles may not be comfortable or capable of acting quickly to administer the necessary dose when somebody is experiencing an overdose.

Using the nasal spray can simplify the steps. It requires less training and there are no syringes. Individuals generally feel more comfortable administering the dose with the nasal spray.

For individuals who are looking to purchase the nasal spray, it is unavailable in—at Manitoba retailers. To purchase directly, the supply at the supplier at online, Manitoba residents must order the minimum dose of two boxes, which contains two doses. The sub-total for just the two boxes, which only contain the nasal sprayers, no kits with a case or anything extra or gloves or anything—or instructions—is \$184. This makes it very hard for people to afford.

Honourable Speaker, for many Manitobans \$184 is simply unaffordable, and that becomes the difference between an individual having a kit on hand

that could save a life. There is a high incidence of overdoses occurring in private residence, which only reinforces the need to have a greater access to life-saving reversal drugs like Narcan, that Manitobans can have on hand in the event of witnessing or experiencing an over—an opioid-related overdose.

I have heard from concerned family members and loved ones that they would like to have the nasal spray available in local pharmacies. A constituent of mine recently shared a story with me that highlighted the need for enhanced access to nasal spray kits. They're a local business owner and just this past summer they walked out of the door—out of the door of their business into the back alley—and witnessed an individual experiencing that what appeared to be an overdose in the alleyway behind the building.

In an effort to assist, the constituent returned inside to find a phone to call 911 and to try to find a first-aid kit. But by the time they returned outside, the individual was gone. They had been helped by somebody else.

In the standard first aid kit, there's no naloxone injectable or nasal spray variant. This business owner actually said they would really appreciate having something available. My constituent stressed that they felt helpless in this situation, and how they wished they could have done something more.

Honourable Speaker, when we think about being a first responder to a scene of a—any health crisis event, it is only natural to find—to want to help in any way that we can. To be able to help, we have to have the tools necessary to do that, and that means that easiest, most accessible and usable tool available. Public buildings such as gyms, arenas and community centres, golf courses, schools and airports, and even the local bank that I do my banking, they're required to have an AED or defibrillator on hand. An AED is a life-saving tool that can ensure paramedics and first responders have sufficient time to arrive to the scene and provide the necessary care to individuals that experience a cardiac arrest.

We need to have availability for the Narcan spray in the same way, so people have access to it when they need it. If we expand access to Narcan nasal spray, more individuals—and more individuals had access to the training, we could reduce barriers and save lives. Yukon, Northwest Territories, Quebec and Ontario all have the nasal spray included in their take-home naloxone programs. I think it's time for us to do the same.

The Canadian Medical Association Journal has provided guidance and says that we should have the spray available to the public. Simply put, Manitobans should not be forced to advocate for a life-saving medication and care that is available in other provinces and best—and should have best practice. Manitobans do not have the—should not have to pay the nearly \$200 to have their own Narcan nasal kits on hand. Many cannot afford that price tag.

Access to Narcan nasal spray will reduce the stigma and provide needed education on treating overdoses. On this side of the House, we support prevention education, reducing the stigma and ensuring pathways for recovery and treatment are available for all Manitobans. But first, we need to save the life before we can talk about the recovery, and other help that they need.

I encourage my colleagues across the way to support this resolution today and expand the access to life-saving medication for Manitobans and their loved ones experiencing addiction.

Thank you.

### Questions

**The Deputy Speaker:** A question period of up to 10 minutes will be held and questions may be addressed in the following sequence: the 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.

**MLA Carla Compton (Tuxedo):** The addictions crisis and the increase in overdose-related deaths has impacted Manitobans in a profound way. Manitobans want their elected officials to have solutions to these things, no matter where they live in the province.

So my question for the member opposite is: How will this resolution impact her home community?

**Mrs. Carrie Hiebert (Morden-Winkler):** Thank you for that question; that's a great question. It will impact my community greatly. Currently, there's only one place, the community centre, that you can even get access to a naloxone kit, take-home kit, and they don't hand them out readily at all.

They just have them available in case somebody's having an overdose. And you can't just run over to the community centre, find the right person and ask for the kit and then run back to wherever that person is that's having the overdose.

So it would affect my community greatly, and it would affect all of the smaller communities greatly, just that we have it readily available wherever they—anybody wants one. People that are addicts, people who are addicted to opioids, they don't just hang out at one spot. They are at homes, they're—

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

**Mr. Wayne Balcaen (Brandon West):** I would like to thank and congratulate the member from Morden-Winkler for bringing this forward. It's a very, very important issue, and part of the life-saving efforts that can be put forward by everyday Manitobans.

\* (11:10)

Being familiar with the use of Narcan and intranasal sprays, I would like to hear from the member the benefits that this will provide communities, not just people that carry it, but all across Manitoba for the regular Manitobans.

**Mrs. Hiebert:** Thank you very much for that question.

This will affect our—everybody in our whole province. Especially because the Narcan is not an injectable, it's much more easier to carry with you, there's no syringes or needles involved in that. And more people feel comfortable using that.

So I think the average, like a grandmother who has, you know, whose grandkids live with her or a mother or a father or somebody that lives in the community has much more availability to use the kits, specifically with the nasal spray. I think that's very important.

And again, like, we need to have it available to everyone and I think that if you can just go to your local drugstore, it's much easier to pick it up there rather than trying to search it out, like in a large city—

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

**MLA Compton:** So many Manitobans have been impacted by addictions crisis. And as someone who comes from the front lines of health care, I am very much a believer in education, health promotion and harm reduction practices. And it was very refreshing to hear from member—the member on the other side about their also support of education and health promotion.

And so my question for the member opposite is: What are some of the other ways that she thinks that we can prevent overdoses in our communities?

**Mrs. Hiebert:** Thank you very much for that question.

Definitely, I would say, education. I think that we could get into the schools and teach more about what opiates do to in the future in your life if you're a student, getting ahead of the game before they even get addicted to—with the opioid.

I think just sharing the dangers of that and warning children and teaching them the dangers of that is a really big part of it. Like you said, education. We need to provide communities with more, like maybe some more support groups, some more self-help situations like that. I think that's really important.

But definitely giving people or parents or families or loved ones the tools that they need in small communities or across the province—

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

**Mr. Balcaen:** My question to the member from Morden-Winkler revolves around the cost of this substance. I heard \$187, and it's difficult for the affordability of Manitobans. I'm also aware that Narcan has an expiration date and has to be purchased every two years, I believe it is.

Could the member expand on the opportunity to provide this to everyday Manitobans that may not be able to afford such a substance?

**Mrs. Hiebert:** Thank you for that question.

Yes, it's—a lot of the families or community organizations are non-profits or they don't—they're in a lower bracket if they're not—\$200 is expensive, a high price tag for anybody right now with the affordability crisis that we're in. And to expect people to go to the drugstore or to go online and have to order it and then spend that \$200, almost \$200, is really difficult.

And the current naloxone kits are injectables that they do have in the take-home program, and a lot of people are saying that they don't even take the kit because they're not comfortable with the syringe. And they just—so we need to make sure we have those nasal—the Narcan nasal kits available for people that don't feel comfortable—

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

**MLA Compton:** Manitobans saw first-hand how the PCs handled the addictions crisis. It was cold, heartless and lacked empathy.

So my question for the member opposite is: In—what are some of the ways that her PC Party's previous government could have helped people with addictions turn their lives around?

**Mrs. Hiebert:** Thank you very much for that question.

In 2017, the PC government did actually start the take-home naloxone kit program, which I think was a huge, huge step in working towards people helping people with opioid addictions in crisis and in overdose situations.

Also, we opened up a bunch of RAAM clinics; that was done by the government—PC government, as well. Starting to work on that recovery part of it, we really need to encourage treatment and recovery as part of it, but the Narcan inject—or, the take-home kit was started by the PC government, and I'm very appreciative of that.

Thank you.

**Mr. Balcaen:** I have to agree there. There's some great work done by the previous PC government, including expanding RAAM clinics, funding recovery beds—and I know from my own community, those were both impactful, as well as funding for naloxone for the Brandon Police Service through the Criminal Property Forfeiture Fund.

So, with these efforts, can you expand a little bit for the everyday Manitoban of how they can build on our great record and help the ordinary—or, help an ordinary Manitoban with this proposal that you have before?

**Mrs. Hiebert:** Thank you very much for that question.

In my search for information and talking to organizations, non-profits who work with people who are in opioid addictions and in communities, just talking to them, and one of the biggest—she said one of the biggest barriers was that people were coming and wanting the take-home naloxone kits, but when they saw they only had an option for the injectable, they actually said, no, we don't want it at all. I just don't feel comfortable injecting somebody.

And they wanted something simple when they're in a situation where there's somebody with an overdose. They're looking for somebody or some way to help them, but the panic in not knowing if they can do—figure all this stuff out with the injectable was really difficult, so they didn't even take the kits—

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



**MLA Compton:** It's thanks to first responders dedicated to the health and well-being of Manitobans that people who have overdosed are saved, but 87 rural paramedics were fired by the previous PC government. Those who were left stepped up and played an important role, even when the previous government left people behind.

So my question for the member opposite is: How does the failed PC government's record of cutting health services affect first responders' ability to support Manitobans today?

**Mrs. Hiebert:** Thank you for that question.

This is about saving lives; this is not a partisan issue. It's expanding access to life-saving medication to save people's lives and that's what we need to focus on right now.

This program is going to help so many Manitobans. This can help families, businesses, community organizations to help save lives and get more access to doing that, and that's what we need to focus on. That is what we need to talk about here today.

Thank you.

**The Deputy Speaker:** And with that, the time for questions has expired.

### Debate

**The Deputy Speaker:** The floor is now open for debate.

**MLA David Pankratz (Waverley):** Before I start on this really important resolution today, I just want to say happy birthday to the member from Seine River very quickly. [*interjection*] Yes, great.

But you know, like I said, it's an incredibly important resolution that we're talking about here today, and I'm really pleased to have this opportunity to stand and put a few words on the record here.

You know, as a first responder, I have had the privilege of serving Manitobans on the front lines, but that's—also means that I've seen first-hand the devastation from the effects of addictions.

And I've been there when seconds mattered and I've administered that naloxone that we're talking about today to reverse that overdose. And I know how critical it is to expand access to these life-saving harm reduction tools.

You know, naloxone is just such an effective antidote to opioid overdoses and it works so quickly, almost like magic when you see it first-hand and it's

done properly, to reverse those effects of the drugs like fentanyl or those opioids.

\* (11:20)

And what's more, it really is easy to administer, whether as a nasal spray or through a simple injection. It could mean the difference between life and death, really. And every Manitoban should have access to this life-saving tool.

So, you know, I wholeheartedly support the spirit of this resolution calling for more harm reduction in Manitoba. I love that. I do have to say, though, before I move on, that my head has been spinning a little bit, over the last little while, trying to make sense of the wild flip-flops going on across the aisle.

You know, they've been ranging on topics, as far as—like yesterday, we heard somebody on the opposite side say they want to raise taxes, then I heard from another member that we need to lower taxes so that kids can go to European boarding schools, and then I heard from somebody else that we weren't doing enough for kids in schools, but then we also shouldn't be feeding them sandwiches or vegetables. And then I actually heard that we need more social services, after we saw a litany of cuts for social services under that government.

And so I'm feeling a little bit confused, and today, I'm really happy to see that the opposition bench has realized that harm reduction is an important approach that we need to take here, and we need to keep having those conversations. So I really look forward to them supporting our budget when it comes forward, to make sure that they're supporting those important harm reduction initiatives, specifically around naloxone, supervised consumption sites and a number of other issues that we've worked with community members on.

You know, as a firefighter and paramedic, as I said, I've reversed a lot of overdoses, and that's—you know, in our downtown, in suburbs, in basements, in homes in rec centres, arenas. It truly affects everybody. There's people all over this city. And expanded access to naloxone is such an important part of the work that we need to do to make sure we take care of the diverse spectrum of those folks that this affects.

Now, before I go on, again, I'd be remiss, and I have to touch on this—I need to address the callous and cruel elephant in the room, which is the approach that the former Stefanson government took when it came to addressing addiction in our province. And this is a government that many of the members opposite

were a very prominent piece of. And I know this first-hand, because while I was finishing a night shift and coming home in the morning, after dealing with a lot of these addictions issues first-hand, I was reading the news in the Free Press and seeing the approach that they were taking, and just genuinely shaking my head.

You know, having coffee around the table at the fire hall, talking about these absurd decisions that are being made, completely ignoring evidence. So, for years, the opposition, now former government, ignored and resisted those harm reduction strategies. In fact, I think there was something called the VIRGO report that came forward, and actually the former minister of Justice is over there right now, and it was actually released, publicly, accidentally, I believe. And it actually called for more harm reduction strategies.

And then, two years later—sorry, two hours. Got my timelines mixed up there. Two hours later, all of a sudden it was re-released, but all that harm reduction strategy that was brought forward was gone.

**An Honourable Member:** Poof.

**MLA Pankratz:** Poof, yes, oops. Made the mistake. But what was made very clear, when that pulled offline and then put back on, was that that was evidence that they didn't want to listen to. Those were facts and issues that were brought forward, evidence-based. Evidence-based issues that were brought forward, and they made an ideological decision not to share that information or move forward with it. And that cost people their lives, genuinely. And I saw that first-hand.

You know, and that approach, it's not just misguided as I said. It's really dangerous, because time and again, they chose to cut funding to community programs that were designed to address the root causes of addiction and provide harm reduction services. They decimated programs that people relied on for support, which left community organizations and front-line workers like myself sort of struggling to understand and to cope with the fewer resources and higher demands.

You know, I'm really proud, actually, that we've put so much effort into supporting our front-line staff both in health care, paramedics, firefighters. We're seeing a net increase of paramedics now, whereas we had a net loss consistently under this past government. And it's so important because this crisis is something that, as much as firefighters and paramedics are happy to do that work, that's what they signed up for, it can

be overwhelming at times. And so that extra help is well-needed.

You know, I'm talking a lot about how deeply frustrating it was to see how this former government consistently put ideology over evidence. Harm reduction is not just a theory, and I need to say this over and over again because I don't think that the members opposite understand that. This is not just something you can say out loud and then make it disappear. It's evidence-based, it's life-saving, and we need to start enacting these policies.

So again, I look forward—based on this resolution and some of the wording in it—I look forward to some of the members opposite voting in favour of our budget to make sure that we can get some of these great initiatives out to Manitobans. And I think it's so wonderful that they're going to be supportive of that.

So as I said time and again, this PC government, the former government, chose to turn a blind eye to the evidence, choosing instead to push forward policies that treat addiction as a moral failing rather than an actual health issue, which is what it is.

And this approach again, it wasn't wrong—it wasn't just wrong—it was cruel. They refused to recognize that addiction touches every corner of our society. It affects every family and it does not discriminate. I cannot tell you how many varying families I went to, all walks of life. People who were maybe down on their luck, who grew up in a great family and had a bad run. They need help. The person in Charleswood needs help. They all need these services and a robust and well-rounded harm reduction approach that our incredible Minister of Housing, Addictions and Homelessness (Ms. Smith) is working on is exactly what this province needs.

You know, and I have to say—and I don't think this is too far-fetched—this cruel indifference is not limited to just addiction. You know, the Stefanson government's refusal to search the Prairie Green Landfill for the remains of Indigenous women reflects the same sort of callous disregard for vulnerable communities and, just as they chose not to follow evidence in addressing addiction, they chose instead to politicize the issue, ignoring the pleas of Indigenous leaders and families, denied a proper search and amplified the pain of those already suffering.

And you know, this is a pattern of neglect. Whether it's failing to support harm reduction strategies or showing blatant disregard for Indigenous

lives. And we have yet to hear an apology for that deplorable campaign promise.

We really can't forget the damage that was done under their watch, and I fully approve of the idea of expanding access to naloxone. Expanding access to naloxone is about saving lives, plain and simple. It's a medication that anyone can use in an emergency to reverse an overdose and our government is committed to making sure it's available in every community across Manitoba. We're working alongside front-line organizations to ensure that everyone has the tools and training they need to act when it matters most.

You know, harm reduction isn't just policy, it's truly compassion in action. You know, their resolution is a step in the right direction but let's be clear, it's going to take a lot more than words to undo the harm that was caused by that former government's reckless decisions.

Our government is committed to an approach that is compassionate, evidence-based and community-driven, and we're being led by a Premier (Mr. Kinew) and Minister of Housing, Addictions and Homelessness (Ms. Smith) who genuinely cares about Manitobans, no matter what.

We understand that harm reduction isn't about politics; it's about saving lives. And we will continue to stand with those on the front lines to ensure that every Manitoban has access to the tools they need to survive and recover and thrive.

Thank you.

**Mr. Wayne Balcaen (Brandon West):** It gives me great pleasure to rise on this very important resolution that's been put forward by the member from Morden-Winkler.

It's a resolution that really should not be partisan. We're talking about saving lives. We're talking about the ability to make a difference for everyday Manitobans, not just first responders.

And I absolutely respect the service that the member from Waverley provided for the citizens of Winnipeg, as I did for the citizens of Brandon, and I'm sure we both have witnessed the very powerful effects of Narcan and being able to reduce the effects of somebody who has overdosed on an opioid. And I think that's why it's important to focus on the positives here and what can be the outcomes for all Manitobans.

\* (11:30)

Everyday Manitobans can take a Narcan intranasal kit and use it. The training is very quick and the results are also very quick. If somebody's overdose can be reversed, then that gives a second opportunity for individuals to be brought into care and get the supports that they need to move forward, freeing them, if possible, from the effects of being addicted to these serious and life-altering drugs.

And I'm sure one of the wishes that the member from Seine River has on her birthday is that for her entire caucus to support this resolution, because it is so impactful and so helpful for everyday Manitobans. So you can really help your member and your colleague by supporting this resolution.

You know, we want to make sure that individuals are placed first in Manitoba, and we're in an affordability crisis, an affordability crisis that has been brought on by this government and the fact that we really need to support those that don't have the economic abilities to support themselves. And having this available to individuals at local pharmacies or providers is actually going to have significant effects in being able to save lives.

And I'm sure, as the member for Waverley (MLA Pankratz) has stated, and I can also put on record, is that emergency services are called many, many times to overdose situations. And those are just the calls that 911 gets or the facility that is dispatching ambulance or police or local help services. That's only the ones that they get the call on.

There are so many that are afraid to call. There are so many people that would rather wait it out and, unfortunately, the effects of waiting it out are serious outcomes. They're—they can obviously lead to great medical distress and often death. And so providing Narcan to everyday Manitobans is actually a life-saving and a life-altering opportunity.

So I look forward to all members of this House to support this resolution as we move forward and help us put people on a direct route to recovery and not a roadway to relapse. Thank you.

**MLA Nellie Kennedy (Assiniboia):** I would like to start off today speaking about this incredibly important issue by talking about my own experience with people who are living with addictions.

Before entering into politics, I was a community service worker and worked for the Department of Families in the core area for a very long time, Department of Families civil servant for 16 years. And of all of that time, I worked with vulnerable people who

struggled with addictions. Many of them struggled with addictions.

And being a person who worked first under the NDP government in the civil service, and then again for the last seven and a half years under the PC government, I saw personally, first-hand, the horrifying effects of the cuts that the PC government made—the Brian Pallister and then the Heather Stefanson PC government made—to people who were living with addictions issues.

The cuts to the social programs that occurred, as someone who was a social worker, being able to try to find services for the people I supported, the very vulnerable people I supported, addictions services, was really—there was nowhere for people to go.

There were lineups with regards to accessing addictions treatment. I would get incident report after incident report on a daily basis about people who were overdosing on opioids and were unable to access treatment when they decided that they wanted to get help. And it was incredibly frustrating to my colleagues, to the organizations who supported these vulnerable people in the community and we sounded the alarm years before this made headlines in the news about people dying from opioid overdoses. We knew that meth was an issue, that fentanyl was an issue, years before.

And what did the PC government do? What did Brian Pallister and Heather Stefanson do? They cut social programs. They made it inaccessible for people to access addictions treatment. And I was someone who had to witness and go through, people that I supported in the community, dying. Going to people's funerals because of the hard line that the PCs took with regards to essentially not valuing the people's lives, the people who lived with addictions issues. They did not value the fact that they required support, that they needed access to addictions treatment.

And what does our government do? We have taken a collaborative approach: we value every Manitoban, every person regardless of if you're living with an issue with addictions or not. We are going to be here to expand services to ensure that people who need services and supports actually are able to receive those supports. Addictions treatment is incredibly important, and access to it is incredibly important.

We have our first RAAM clinic that is Indigenous-led, that is going to allow people to access services when they need them. And this is incredibly

important. For me, when I think about overdose deaths with toxic drug supply, I think of one person in particular. I won't name her, but she is a person that I supported for years. And she had an incredibly difficult life, and she showed up every day wanting to make her life better. And she lived with addictions issues; it was something that she struggled with, but she wanted to do better, she wanted to choose not to use drugs, she wanted support, she wanted addictions treatment.

And guess what? Was she able to access that when she wanted to? Was she able to go to a clinic and access those services? No, she waited in a waiting room for hour upon hour upon hour with the limited services and availability for these clinics. Was she able to access those supports? No, she was not. And guess what? She died. She died of an overdose because there was not access to these services.

And why is that? Because the PC government decided that people living with addictions don't matter, that they are not people and that they would rather support some other scenario that, you know, sends cheques to out-of-province billionaires, rather than supporting Manitobans here, in our province, who require support and who need help.

And this isn't a stand-alone story. I wish that it was. I wish that it was, but it's not. I lost several people over the years that I supported, in services within Manitoba who lost their lives to overdose, who lost their lives to not being able to access addictions treatment when they wanted to. When they decided that this was going to be what they needed in their life to make that change.

So what I would also like to say is the organizations that are out in our province who provide support to people are incredible. And they are first responders in their own right. They have naloxone kits, they have Narcan kits. And the amount of incident reports that I would receive in a week were in the tens, twenties, where people would write down reports of how direct service workers who were dealing with vulnerable people, who were having to administer one dose, two doses, three doses of Narcan, how people throughout the week were going to pick up clients that they're serving from the ER because they were transported there because of an overdose.

\* (11:40)

And guess who's transporting them there? My colleague. My colleague, the MLA from Waverley, was a paramedic. He just told us about how he was a

person who had to deal with this on a daily basis. Every shift, I'm sure, he was transporting people to and from hospital, administering Narcan.

And it would be not once, not twice, sometimes not even three times in a week, that I would have clients visiting the ER and it was because they couldn't access addictions treatment when they wanted to. There was no help for them.

My colleague from Waverley spoke about the VIRGO report. This is something that people in social services were very well aware of, and what did the PC government do? What did Brian Pallister and Heather Stefanson do? They did nothing with regards to following that report.

In fact, as the member from Waverley stated, there was—I don't know, report was released, two hours later it was re-released. But there was a missing information, and when it was re-released, they threw it on the floor in the Chamber.

And everyone who supports vulnerable people in this province, who works in social services—everybody wanted the government to address the issues in that report. The incredible information was there, the work that went into that report.

And what was done? Oh, just another thing that can just sit on the shelf. Meanwhile, people are struggling. People are literally dying from overdoses. And nothing was done.

I'd like to take a bit of time here to read some statistics—and statistics aren't just that. Every one person in this is a person who actually died. They had a family who loved them. They have people who miss them and it's not just a number. These are not numbers. These are people that I'm going to talk about.

So this is according to data from the Manitoba's—Office of the Chief Medical Examiner: 467 Manitobans. Those are people who are missed by their loved ones, have died from a substance-related death in 2022. Actually, four of those people are people that I know personally and who I supported.

In 2021, it was 436 deaths. This number rose consistently since 2019, when 200 deaths were reported. My colleagues and I were living through those numbers, those people who were losing their lives. And, as concerns regarding the toxic drug supply increased in Manitoba and across North America, the Stefanson government ignored the issue.

Now like I said, even when the government's own VIRGO report was released, the PCs, what did they do with the harm reduction recommendations? Nothing.

Instead of approaching the illicit drug supply as a public health crisis, which it is, the failed minister of Justice, Kelvin Goertzen, doubled down on—*[interjection]* Sorry.

**The Deputy Speaker:** Order.

The member can't refer to other members by their name, just their constituencies or portfolios.

**MLA Kennedy:** My apologies. My apologies. The member from Steinbach.

However, what I will say is that—I will wrap up by saying that the PC government cares not about—

**The Deputy Speaker:** Sorry. Your time has expired.

Are there—?

**MLA Jennifer Chen (Fort Richmond):** Honourable Deputy Speaker, I rise today to discuss an urgent and heartbreaking issue that affects our communities: the addictions crisis in Manitoba.

Each day, we hear stories of families torn apart, lives lost and individuals struggling against the tide of addiction. It is time for us to confront this crisis with compassion, urgency and commitment to save lives.

And I want to thank the member for Morden-Winkler (Mrs. Hiebert) for bringing forward this private members' resolution so we have then the opportunity to discuss the issues that are related to addictions, mental health, homelessness and the actions that our NDP government has taken since October 2023.

For too long, the previous PC government stood by while the addictions crisis escalated, leaving many Manitobans to navigate their struggles without the support they desperately needed. For seven and a half years, families watched as their loved ones fell victim to addiction, often feeling helpless in the face of a system that offered no real solutions.

There was a noticeable absence of substantial support for harm reduction services and the lack of compassionate approach to mental health and addictions. But now with our NDP government in place, we are changing that narrative. We are stepping up to help those in need because we believe every Manitoban deserves a chance at recovery and a brighter future.

We are committed to ensuring that more people have access to housing with comprehensive wrap-around supports that cater to their unique circumstances. We understand that the addictions crisis is deeply intertwined with mental health challenges and homelessness. It's not just about providing a roof over someone's head. It's about creating an environment where individuals can begin to heal.

Imagine a single mother battling addiction while trying to care for her children, or a young man who has lost everything to substance abuse and feels, sadly, alone. When we offer stable housing, we provide them with a safe space where they can regain their dignity and rebuild their lives.

Honourable Deputy Speaker, let's take a moment to reflect on the stark reality of the opiate crisis gripping our nation. Every year, tens of thousands of Canadians are caught in the web of addiction, facing challenges that many of us cannot imagine. On average, 17 Canadians are hospitalized daily due to opiate-related poisoning, a number that translates to families torn apart, communities in mourning and the lives altered.

Honourable Deputy Speaker, consider the staggering statistics from just the few—first few months of this year: over 1,500 Canadians were hospitalized due to opiate-related incidents and we lost a heartbreaking 1,907 lives to opiate overdoses nationwide.

These are not just numbers; they represent real people: mothers, fathers, sons and daughters, each with dreams, aspirations and loved ones left to grapple with their loss. Each statistic tells us a story of struggle, resilience and the profound impact that addiction has on families and communities alike.

These numbers reflect a grim reality that touches us all. Every life lost is a call to action for us as a society. It underscores the importance of not only acknowledging the crisis, but also responding with urgency and compassion.

We must understand that addiction does not discriminate. It affects people from all walks of life, regardless of age, gender or socio-economic status. It can strike anyone: your neighbour, your colleague or even a loved one.

This crisis requires us to come together to open our hearts and minds and to advocate for the support systems that can make a difference. We must recognize that the path to recovery is fraught with challenges and it's our responsibility to create an environment where individuals feel safe seeking help. We

owe it to those we've lost and to those still fighting their battles to act decisively and compassionately.

As we confront this crisis, let us remember that behind every statistic is a human being, someone with a story, a family and a future that deserves to be preserved. It is time for us to mobilize our efforts to create a comprehensive strategy that prioritizes prevention, education and support. Together, we can make a difference and build a Manitoba where hope trumps over despair and where every individual has the opportunity to reclaim their life.

\* (11:50)

Honourable Deputy Speaker, our NDP's team strategy for tackling the addictions crisis recognizes the critical links between homelessness, mental health and addiction. In Winnipeg, 6.3 per cent of the homeless population cites mental health issues while 18.3 per cent point to substance abuse as contributing factors.

This highlights the need for the integrated approach to create lasting change. Imagine someone battling addiction and the mental health challenges while living on the streets. Without stable housing, how can they seek help or begin to heal?

This cycle can feel insurmountable, but we have the power to change it. That's why we are investing in the Houston model for housing, a proven evidence-based approach that prioritizes providing stable homes alongside essential support services such as mental health care and addiction treatment.

When individuals feel secure in their living environment, they are better equipped to confront their challenges and focus on recovery. Consider the transformative impact: a young woman living in her car finds a safe place to call home, gains access to support services and begins to rebuild her life. This is not just an individual story. It reflects the potential for change when we invest in supporting housing—supportive housing.

Moreover, our NDP team's successes have been bolstered by forging strong relationships with community organizations that are on the front lines of this crisis. These organizations play a crucial role in providing outreach services, education and direct support to those who need it most. By collaborating with them, we amplify our impact and ensure that our programs reach individuals who may otherwise slip through the cracks.

Through these partnerships we are able to offer tailored services that address the unique needs of our communities. Committee organizations understand the local landscape, the challenges individuals face and the best ways to engage with those in need. Whether it's through mental health counselling, addiction treatment programs or housing assistance, these organizations are vital to our collective efforts.

Honourable Deputy Speaker, the accomplishments we've achieved together are just the beginning. As we continue to invest in housing, support services and community partnerships, we will create a brighter future for all Manitobans. Let us remain committed to this journey, working collaboratively to ensure that no one is left behind. Together we can continue to make meaningful strides in the fight against addiction and homelessness, fostering a compassionate and inclusive community for everyone.

Thank you, Honourable Deputy Speaker.

**Mr. Logan Oxenham (Kirkfield Park):** It's a pleasure to discuss this resolution today. Naloxone can take effect within two minutes and Health Canada made it non-prescription in 2016. No prescription is needed, meaning that makes it easier for the public to access in emergencies.

Narcan, as a brand name, is a naloxone nasal spray. I'm thinking back to my time working at the Remand Centre and working in the admissions department. I was—I worked in the admissions department for almost five years and I remember being briefed by the Winnipeg Police Service on the exposure risks of carfentanil. We were given a supply of naloxone and

Narcan to use, should we be faced with drug poisoning in the correctional facilities. And I've—I can recall several instances of Narcan being deployed, used to—due to drug poisoning. And if you haven't seen someone's face turn blue because they've stopped breathing, I really don't recommend that experience for anyone.

But these are tools. And these are the kind of tools that can save people's lives. But for years under the PC health cuts, service cuts and resource cuts, access to these tools became more complicated and folks became more desperate, trying to survive the opioid crisis.

I remember people coming into the Remand Centre, maybe intoxicated, and this is a really hard detox situation for them to enter into. And some folks would spend days, weeks or months in the institution, and they would be forcibly clean. But then they would go back out into community and find substances again, and we'd find them back through the door at the Remand Centre which was really frustrating.

And, in 2016, when the PC government was elected, I remember the services that we allowed in Manitoba Justice were cut. I remember resources for folks who were struggling with—

**The Deputy Speaker:** Order.

When this matter is again before the House, the honourable member for Kirkfield Park will have eight minutes remaining.

The hour being 12 p.m., the House is recessed and stands recessed until 1:30 p.m.

**LEGISLATIVE ASSEMBLY OF MANITOBA**

**Thursday, October 10, 2024**

**CONTENTS**

<b>ORDERS OF THE DAY</b>		<b>Resolutions</b>	
<b>PRIVATE MEMBERS' BUSINESS</b>		Res. 22–Expanding Use of Narcan	
<b>Second Readings–Public Bills</b>		Hiebert	2763
Bill 221–The Earlier Screening for Breast Cancer Act		Questions	
Cook	2753	Compton	2765
Questions		Hiebert	2765
Dela Cruz	2755	Balcaen	2765
Cook	2756	Debate	
Bereza	2756	Pankratz	2767
Asagwara	2756	Balcaen	2769
Byram	2757	Kennedy	2769
Debate		Chen	2771
Asagwara	2758	Oxenham	2773
Bereza	2760		
Cable	2760		
Byram	2762		



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