

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

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**MANITOBA LEGISLATIVE ASSEMBLY**  
**Forty-First Legislature**

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

## LEGISLATIVE ASSEMBLY OF MANITOBA

Thursday, March 2, 2017

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

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

### MATTER OF PRIVILEGE

**Ms. Judy Klassen (Kewatinook):** Madam Speaker, on a matter of privilege.

**Madam Speaker:** Go ahead.

**Ms. Klassen:** Madam Speaker, I rise to speak on a matter of privilege. For a matter of privilege to be accepted it has to be raised at the earliest possible time and it has to be shown that it is a prima facie matter of privilege. This is a matter which occurred in the House yesterday, but I had to review the audio recording and Hansard before raising this. Today is the earliest possible opportunity that it can be raised.

The matter to which I refer is a statement made in the Legislature by the member of Tyndall Park when he said the words welfare bums. Madam Speaker, it is disrespectful and an insult to call people on welfare or social assistance welfare bums. About 20,000 people on social assistance in Manitoba are persons with disabilities. It is an insult to the dignity of this House to refer to people who are struggling with a disability as welfare bums. Many First Nations people living on reserves have no other option but to live on social assistance. It is wrong to refer to people who have no options for gainful employment to be called welfare bums. This is an insult to the dignity of the House to be referring to people who have no opportunity for employment to be labelled as welfare bums.

Another part of the population who are on social assistance are single mothers who are caring for children. Due to the negligence of the former government, there is a shortage of child-care spaces in Manitoba. Single mothers are often unable to work because they have their children full time. It is disrespectful and an insult to the dignity of this House to refer to single mothers with children as welfare bums.

Yet another part of the population who are on social assistance have been laid off work and are in a transition period for when they can find a new job. This is now happening—now—with 900 people being laid off by Manitoba Hydro, and who knows how

many more will be laid off in the near future. It is very disrespectful and an insult to the dignity of this House to refer to these people who are coming upon hard times as welfare bums.

Madam Speaker, I will quote to you from Marleau and Montpetit. On page 68, under the section on matters of privilege, I quote: By far, most of the cases of privilege in the Canadian House relate to matters of contempt calling the perceived authority and dignity of Parliament and its members.

I will now continue on page 67. I quote: The House also claims the right to punish, as a contempt, any action which, though not a breach of specific privilege, tends to obstruct or impede the House in the performance of its functions, duties or is an offence against the authority or dignity of the House.

Madam Speaker, I believe the use of the phrase welfare bums and the portrayal of people on welfare by the member from Tyndall Park is disrespectful and an insult to the dignity of this House.

I therefore move that this matter be brought before a committee of the Legislature to achieve a resolution, and I'd like to table the audio recording.

Thank you, Madam Speaker.

**Madam Speaker:** Before recognizing any other members to speak, I would remind the House that remarks at this time by honourable members are limited to strictly relevant comments about whether the alleged matter of privilege has been raised at the earliest opportunity and whether a prima facie case has been established.

**Mr. Ted Marcelino (Tyndall Park):** I plead guilty to having said those words, but they were never intended to hurt anybody. I was reacting to some other issues, and I will apologize unreservedly and unconditionally to all members of this House, especially the Leader of the Liberal Party.

Thank you, Madam Speaker.

**Mr. Jim Maloway (Official Opposition House Leader):** Well, Madam Speaker, the member has just apologized. I will accept that this is the earliest possible opportunity and time to bring the matter forward. But as to whether it is a matter of fact establishing any prima facie case for a matter of

privilege, I would suggest that the Speaker take this under advisement and review the Hansard and the tapes and to come up with a conclusion based on having all the information available.

**Hon. Andrew Micklefield (Government House Leader):** Madam Speaker, we want to acknowledge the apology but also that such language is truly inappropriate for this House and, in fact, for any place. And we would remind ourselves and everybody that we need to be role models here, and don't see any need to take this further.

**Madam Speaker:** I would indicate that I did raise—some comments yesterday when the comments were heard in the House, and I did caution all members, particularly the member that did issue the words, to be more cautious with language.

Now that the apology has been offered, and I thank the member for that, it does caution all of us to be more careful with the words we choose, that we are aiming much higher for a respectful environment in this Chamber, and to have comments like that made really takes us on a path where I don't think we are showing the level of respect that we need to do.

I hope the member for—the Leader of the Liberal Party will accept the apology as it is. And I think the cautions issued yesterday and the comments made today should resolve the issue.

And I would urge all members that we are at the beginning of a long session, and I would urge everybody that we do choose our words very carefully. Sometimes they can be very hurtful and I don't think that should be where we end up as we go forward.

Thank you, everybody.

### Speaker's Statement

**Madam Speaker:** I have a statement for the House.

I understand there was some confusion in the House this morning regarding how members can refer to governments and first ministers. For clarification, the name of a current MLA can be used only in conjunction with a specific term of government—for instance, Pallister government or Selinger government. Every other use of a current member's name with other terms such as era, NDP government or PC government would be called out of order. This is consistent with rulings delivered by Speaker Hickes and by Speaker Reid on November 19th, 2015.

So I hope this does clarify the issue for members. And if you have any questions on this, please feel free to contact me and I will be happy to answer them.

## ROUTINE PROCEEDINGS

### INTRODUCTION OF BILLS

#### Bill 9—The Advocate for Children and Youth Act

**Hon. Scott Fielding (Minister of Families):** I would like to move, seconded by the Minister of Justice (Mrs. Stefanson), that Bill 9, The Advocate for Children and Youth Act, be read a first time.

#### *Motion presented.*

**Mr. Fielding:** Again, I'd like to move, seconded by the Minister of Justice, that Bill 9, the advocate for children and youth, now be read a first time, Madam Speaker, in line with Commissioner Ted Hughes' recommendation for the Phoenix Sinclair inquiry.

The bill broadens the mandate of the Children's Advocate beyond the children—child and family services system in order to promote accountability and transparency of a range of public services provided to vulnerable children, youth and youth adults in Manitoba.

\* (13:40)

The bill also grants the advocate the ability to review not only deaths but also serious injuries among vulnerable children, youth and youth adults and respond to the call of increased public reporting by the advocate so that Manitobans can access more information about the work of the advocate and the quality of services that are delivered by young Manitobans in need of special care and assistance.

Thank you.

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

Committee reports? Tabling of reports? Ministerial Statements?

## MEMBERS' STATEMENTS

### Paroisse Saints-Martyrs-Canadiens

**Mr. James Teitsma (Radisson):** Je suis heureux de prendre la parole aujourd'hui pour rendre hommage à l'esprit de générosité et de bienveillance des Manitobains.

Le Manitoba a toujours été un endroit sûr et accueillant, et les habitants de cette province ont acquis une réputation bien méritée au Canada pour leur compassion et leur volonté d'aider ceux dans le besoin.

Pendant des décennies, cette réputation a notamment été forgée par les églises du Manitoba et leurs membres, des gens qui s'appliquent à aimer leur prochain et à accomplir de bonnes œuvres.

Dans Radisson, la paroisse Saints-Martyrs-Canadiens a perpétué cet héritage en déployant des efforts pour parrainer une famille de réfugiés syriens. Au cours des 18 derniers mois, les membres de la paroisse Saints-Martyrs-Canadiens ont recueilli des fonds se sont mobilisés et ont travaillé avec diligence pour accueillir une famille de cinq personnes, qui est arrivée à Winnipeg le jeudi 22 septembre.

Les membres de la paroisse ont créé des comités pour le financement, le logement, l'ameublement, la nourriture, l'éducation, le transport et les services langagiers. La famille syrienne apprend maintenant l'anglais et s'intègre dans notre communauté. Les membres de la famille sont extrêmement reconnaissants du soutien généreux qu'ils reçoivent de la part de la paroisse.

#### **Translation**

*I am pleased to rise in the House today to pay homage to the spirit of generosity and caring of Manitobans.*

*Manitoba has always been a safe and welcoming place and Manitobans have a well-deserved reputation within Canada for their compassion and willingness to help those in need.*

*For decades, a major source of this reputation was Manitoba's churches and their members, people who take seriously the call to love their neighbour and to do good works.*

*In Radisson, the Paroisse Saint-Martyrs-Canadiens has continued to build on that legacy by working to sponsor a Syrian refugee family. For the past 18 months, the members of the Paroisse Saints-Martyrs-Canadiens have fundraised, organized and worked diligently to provide for a five-person family who arrived in Winnipeg on Thursday, September 22nd.*

*They have committees set up for finance, housing, furniture, food, education, transportation and interpretation and language. The Syrian family is now learning English and are integrating into our*

*community. They are extremely grateful for the generous support they are receiving from the parish.*

#### **English**

Please join me in welcoming this Syrian refugee family to our beautiful province of Manitoba and in thanking the members of the Paroisse Saints-Martyrs-Canadiens for their excellent example.

#### **Eddie Turner**

**Ms. Amanda Lathlin (The Pas):** Madam Speaker, it is my heartfelt honour to acknowledge Eddie Turner today.

Eddie 'obtained' her education degree in 1989 and worked hard to achieve her second degree in administration in 1995.

Eddie's dedication to her community, her school and, most of all, her students is second to none. As the principal of Cormorant Lake School for 15 years, Eddie has gone above and beyond to ensure her students have the support they need to succeed. She provides a breakfast program funded in part by Breakfast for Learning and in part with money out of her own pocket. She can be often found at the school spending 12 hours a day there filling out proposals, applying for school and community funding projects. Her big heart and passion for her students is—evident in all she does.

Eddie's commitment and work has been recognized by students and administrators alike. In June 2012, Eddie 'received'—received the 30-year service award for the Frontier School Division. She's also the proud recipient of the division's top honour, the Frontier Achievement Award. Most recently, in 2016, she was awarded the Trail Blazer Lifetime Achievement Award from the Aboriginal Circle of Educators.

During my visits to Cormorant, my first stop is always Cormorant Lake School. I enjoy our many heartfelt conversations in her office. You feel the warmth and love as she speaks about the needs and vision for her school and community.

To Eddie's family, thank you for sharing your mother, wife and grandmother with the school and community.

To Eddie, thank you for the love and strength demonstrated through your actions. You are more than my role model and my inspiration; I'm also proud to call you a true friend. You're a mother to all,

and we are so grateful for the positive impact you've had on the people of Cormorant. Thank you.

Madam Speaker, I ask leave for the names of Edie's family members to be added in Hansard.

**Madam Speaker:** Does the member have leave to have the family members' names listed in Hansard? *[Agreed]*

*Avery Turner, Tayah Morriseau, Rich Delaronde, Sage Delaronde, Reg Klassen*

**Madam Speaker:** The honourable member for crown—the honourable Minister of Crown Services.

### **Sikh Society of Manitoba**

**Hon. Ron Schuler (Minister of Crown Services):** Madam Speaker, it gives me great pleasure to recognize the Sikh Society of Manitoba, better known as Pipeline Gurdwara.

In 1897, the first Sikhs came to Canada seeking a better life for their families. Through four large waves of immigration, Sikhs have settled in Canada, a land of refuge and freedom. The Sikh story in Canada is a testament to the opportunities and possibilities that our great country represents. Sikhs have remembered their traditions, language and culture, while giving back to the land where they have made their homes.

The Sikh Society of Manitoba is the first official Sikh organization in Manitoba and was founded in 1969.

In 1984, the gurdwara, or temple, at 1244 Mollard Rd. in Winnipeg, Manitoba, was established by the Sikh Society of Manitoba, and is the oldest Sikh temple in Manitoba.

The gurdwara, or temple, welcomes people from all faiths and walks of life, and provides a wide range of fun and educational events and activities for all ages.

The organization has been instrumental in the building of a diverse, inclusive and welcoming Manitoba. There are over 10,000 people of Sikh descent who call Manitoba their home, and they contribute tremendously to the essential fabric of Canadian life and culture.

Sikh heritage has evolved to become a part of Manitoba's multicultural identity. The rich history of Sikhs continues to be shared with all Manitobans, thanks to events such as Folklorama, Lohri festival, Diwali festival, Vaisakhi festival and the Sikh Parade

celebrating Guru Granth Sahib Ji in Manitoba, as well as organizing fundraising events to help and support those in need in times of emergency, like the victims of wildfire in Fort McMurray, Alberta, in 2016.

It is important to recognize the many contributions that the Sikh community has made to Manitoba, culturally and economically.

Please join me to recognize the Sikh Society of Manitoba, Pipeline Gurdwara, and may God continue to bless the Sikhs in Manitoba and Canada.

Thank you, Madam Speaker.

### **All Seniors Care Seniors Games**

**Ms. Janice Morley-Lecomte (Seine River):** I would like to take this opportunity to address the Chamber about an important and inspiring event that recently occurred in my constituency and across Canada.

On Monday, February 6, I had the pleasure of bringing greetings on behalf of our provincial government to the opening ceremony of the All Seniors Care Seniors Games at the Seine River Retirement Residence. This was the eighth anniversary of this week-long event that takes place across Canada.

We know about the many benefits of regular physical movement at all ages. Staying active both physically and mentally is an important way to improve overall health.

To this end, the Seniors Games promotes healthy aging and active living in Manitoba and across Canada. The competitions range from walking, Wii bowling and archery to shuffleboard and card games, ensuring inclusivity for all seniors.

In keeping with Canada's upcoming 150th birthday, the theme of this year's Seniors Games was Celebrating Our Heroes, as all seniors have helped build and maintain our great country.

All of the seniors and spectators had a fantastic week either showing off their skills or cheering the competitors on. These games help foster camaraderie and friendship among residents and staff alike, which we can all agree are vitally important.

I would like to thank the staff, volunteers and participants for making the Seniors Games possible and for promoting healthy living.

Once again, I'd like to congratulate all participants and volunteers. Thank you.

### Support for Refugees

**Hon. Jon Gerrard (River Heights):** Since the beginning of January, more than 130 refugees have come across the border at Emerson looking for a safe haven to live, to work and to raise their family. Some have come on a very long journey, travelling first to South America and then north through the countries of Central America, Mexico, and the United States to get to Canada.

The journey shows a level of determination, perseverance and initiative that these refugees have. It's, in essence, an unrequired endurance test to see if these refugees have the stamina and the ability to surmount incredible obstacles to make this journey to reach Canada in an effort to become Canadians.

I'd like to thank Rita Chahal at the Manitoba Interfaith Immigration Council and Welcome Place for their efforts. A thank you also to the RCMP, the health-care workers, the men and women at the border, the people of Emerson and to the many other individuals who've helped, of course, to the United Way.

In Manitoba we have concerns about the availability of resources, about the security and safety of Canadians as well as the security and safety of the new arrivals. It is true there is a cost, but as in so many times in earlier years the cost is likely to be more than compensated for by the contributions of the newcomers who have a level of energy and determination which is so remarkable that they will find jobs and fit well into our Canadian mosaic.

We need to support those who are on the front lines, for example, the Somalian community members in Winnipeg who are helping the newcomers from Somalia because, in doing so, we help the new arrivals. There are issues around long-term planning and around our agreements with the United States to work on, but lending a helping hand and being a safe haven for those who've struggled just to survive is something that Manitobans and Canadians have done so many times before and will do again.

We need to be proud knowing we are creating a safe place for people and that these individuals who are determined to be Canadians will never have to live in the sort of chaotic circumstances that they have come from.

### Introduction of Guests

**Madam Speaker:** Prior to oral questions I would like to draw the attention of all honourable members to the public gallery where we have with us today Edith Turner, principal of Cormorant Lake School; Reg Klassen, superintendent of Cormorant Lake School; and Edith's grandchildren, Avery Turner, Tayah Morriveau, Rich Delaronde and Sage Delaronde, who are the guests of the honourable member for The Pas (Ms. Lathlin).

Also in the public gallery we have seated from Lockport School nine junior parliament students under the direction of Jennifer Krawchuk, and this group is located in the constituency of Gimli.

On behalf of all members here we welcome all of you here to our Legislature today.

### ORAL QUESTIONS

#### Government Services Premier's Salary

**Ms. Flor Marcelino (Leader of the Official Opposition):** Madam Speaker, the priorities of the Premier are clear. The Premier chose to take a 20 per cent pay increase for himself, that is tens of thousands of dollars a year. The Premier chose to take two months vacation in Costa Rica, not even a year into the job. The Premier chose to treat his job as though it was part time. The Premier chose all that for himself but not for Manitoba families, for seniors and families.

The Premier is forcing deep cuts to health care, cancelling community clinics, making cuts to CancerCare, and cutting personal-care-home beds.

Will the Premier stop this damaging course, reverse these cuts to our health-care system and return his 20 per cent?

**Hon. Brian Pallister (Premier):** There are too many false assertions in the preamble for the time allocated to me to respond adequately, but I will respond to one of the false assertions in the time I have, Madam Speaker, and say that it would be inappropriate of me to refer to the comments about taking a pay hike as a lie, so I won't do that. I'll refer to them instead as a falsehood, blatant falsehood.

The member opposite and her colleagues actually, Madam Speaker, did, factually, give themselves a raise by gutting the balanced budget law to take out the penalties for those who increase debt

and run massive deficits. They themselves gave themselves a pay raise by doing that. We did not.

Madam Speaker, on this side of the House we abide by the law, and the law gives an independent commissioner the right to set the salaries for the people of this place. So this is the difference between the two parties: blatant falsehoods and a taking of a raise by gutting a piece of law, and accountability and the willingness to abide by the law. These are clear differences.

**Madam Speaker:** I would just like to indicate for the House that there are a couple of words that are not acceptable. Lies is one of them. Falsehoods has become another one of them, so I just would urge all members to not be using those two words as we move forward.

**Ms. Marcelino:** The Premier had a choice. He could either accept the 20 per cent pay increase or he could refuse it. The Premier chose to take the 20 per cent. Those are the facts, Madam Speaker.

The Premier had a choice. He could either spend two months a year in Costa Rica without email or he could focus on the needs of Manitobans. He chose to spend months in Costa Rica and not use email the entire time. Those are the facts, Madam Speaker.

The Premier may not like these facts, but they are his own creation—[*interjection*]

**Madam Speaker:** Order.

Continue.

**Ms. Marcelino:** So will he take responsibility for his actions today? Will he stop making deep cuts to our health-care system? Will he return his 20 per cent raise?

**Mr. Pallister:** Again, Madam Speaker, the mendacity of the member's comments knows no bounds. And the reality, of course, is quite different from that she attempts to portray through simple repetition of the comments prepared and written for her to read in this place. [*interjection*]

**Madam Speaker:** Order.

**Mr. Pallister:** The reality of her comments is that they are unreal and false in nature, Madam Speaker.

The fact is that the previous administration had a balanced budget law to which they should have abided, but did not. In fact, the law said that they should take a reduction in ministerial compensation of 20 per cent if they ran a deficit and, in the second

year, of 40. They changed the law so they would give themselves a pay raise by avoiding the terms of that bill. Madam Speaker, that's the facts.

An independent commissioner recommends the salaries of the people in this place. And we abide by the recommendations of the independent commissioner on this side of the House, while the members opposite run away from accountability and make false statements in the belief that the simple repetition of them will cause naive people to believe them.

Madam Speaker, we rely on the truth, and the truth is the members opposite broke the law.

**Ms. Marcelino:** Madam Speaker, the Premier has made it quite clear what his priorities are. He decided to take a 20 per cent pay increase for himself. He decided to spend two months of the year in Costa Rica without even using email. Then he decided to make cuts to our education system.

Now we've learned he decided to make a billion-dollar cut to our health-care system. Cuts to personal-care homes, cuts to CancerCare, cuts to community—[*interjection*]

**Madam Speaker:** Order.

**Ms. Marcelino:** —clinics, all of these after he decided to make over \$100 million of cuts to our roads and bridges.

Will the Premier show some real leadership today? Will he return his 20 per cent pay increase and stop making cuts?

**Mr. Pallister:** Madam Speaker, there are no fences on the false farm over there, and they just go running wild all over the place.

There are eight false assertions in the member's preamble. But I recognize she has to read the notes prepared for her and is doing so today. I do, however, also recognize that her willingness to repeat them doesn't make them any more true than the first time she said them.

The fact is, Madam Speaker, that the members opposite created a situation in this province where we need now to fix the finances, repair the services and rebuild the economy, because during their tenure we ranked last in health-care availability and services, last in education, last in addressing poverty and first in one major category, and that's the one they love over there: raising taxes.



We're going to fix the mess up that they left, Madam Speaker.

### **Minimum Wage Increase Request**

**Mr. Tom Lindsey (Flin Flon):** Madam Speaker, this Premier takes 20 per cent pay increase, spends two months a year—or excuse me—two months a year in Costa Rica, but for those Manitobans who work for minimum wage, the Premier offers nothing: no raise to the minimum wage in 2016, no raise in 2017. Minimum wage workers know what it means to work full time.

\* (14:00)

When will this Premier stop treating his job as a part-time job and actually give those most vulnerable workers the raise that they deserve?

**Hon. Brian Pallister (Premier):** Well, Madam Speaker, after a decade of doubling the debt in this province, the NDP decided they wanted to give themselves a pay raise, and did. After a decade in which we saw our ambulance wait—our ambulance charges go up to the highest in the country, decided to give themselves a raise, and they did. After a decade in which we ended up having the longest wait times in Canada by a mile, and Manitoba families, Manitoba seniors know what it's like to wait not only four hours but eight for emergency care, they decided to give themselves a raise and they took it.

And now they put false assertions on the record of this place repeatedly and think that simply repeating false assertions makes them true. But it doesn't, Madam Speaker. What is true, however, is the dismal record of the NDP, and what will be true is that we'll make Manitoba the most improved province in Canada, and that's for sure.

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

**Mr. Lindsey:** The Premier took a 20 per cent raise, then—

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

**Madam Speaker:** Order

**Mr. Lindsey:** —spends two months a year in Costa Rica.

**Madam Speaker:** Order.

**Mr. Lindsey:** Did I say two? Twenty per cent, sorry.

Minimum-wage workers, the Premier decided they didn't deserve a raise. Leadership is leading by

example. The Premier needs to take some responsibility for his actions.

Will he reverse his damaging decision and make sure that families of workers who make the least will see a raise in their minimum wage this year?

**Mr. Pallister:** I think many members of this House—I come from a pretty modest background, Madam Speaker, and you can't take my love and affection for people who are struggling financially away. I will always have that.

And I remember what the NDP did before the 2011 election and during it. I remember how they walked the streets of this province, walked and knocked and promised people right in the eyes that they wouldn't raise their taxes, and we're talking working poor people—and then they did. They knew they were going to and they did. They raised their taxes. They raised their taxes on people who work. They raised their taxes on their benefits. They raised the fees on their car insurance. They raised the fees on their house insurance. They didn't stop there. They had a thousand other taxes and they decided who they'd put first, because at the same time they did that they gave themselves a raise by changing the balanced budget law. That's just wrong.

We're standing up for working families. We're going to keep doing it, and I'd like the members to join with us for a change and do the same thing.

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

**Mr. Lindsey:** Madam Speaker, this Premier had a choice. He chose to take a 20 per cent raise; that's tens of thousands of dollars a year. He chooses to spend months in Costa Rica; this is more than most workers on minimum wage can even imagine. They focus on where they're going to get their next meal, their next loaf of bread, while this Premier focuses on taking a raise and going to Costa Rica.

Will this Premier show some real leadership today, return his 20 per cent raise and give minimum-wage earners the salary increase that they deserve?

**Mr. Pallister:** You know, I do not wish to personally—to demean the member's comments or to give them any nobility, because there's nothing in his comments that deserves that.

But I would do this instead. Let me read some quotes into the record of this place. Here's one: If the NDP truly wants to form government in the next

opportunity we better not be like the self-entitled do-nothings of the past. That's from the president of the CUPE Local 110. Indigenous people, people of colour, LGBT, people committed to Mother Earth, we are not wanted by Manitoba's NDP. Who said that? Former Deputy Premier Eric Robinson.

Yes, that's right, Madam Speaker, because, you see, people are tired of this kind of politics, even in the NDP. Maybe not the little rump that's left over there, but the other people who are thinking outside of this place, including former socialist supporters of that party, are acknowledging that the behaviour demonstrated by that set of six questions is not the kind of behaviour they want to be associated with anymore.

### **Health-Care Services Funding Cut Concerns**

**Mr. Matt Wiebe (Concordia):** The fact is, is that as soon as this Premier (Mr. Pallister) got off the plane from Costa Rica, the—his first order of business was to order his Health Minister to start imposing devastating cuts to services and reductions in the RHAs across Manitoba. These deep cuts mean that the WRHA and the northern health authority may be forced to fire staff and to 'rezeuce' services. This will severely impact communities.

The Premier is handing down unrealistic targets that indicate he clearly doesn't understand the challenges that Manitobans are facing. He directs his minister to make deep cuts without a thought to the consequences they will have for Manitoba families.

Will this minister stand up to his out-of-touch Premier today and stop these harmful cuts to the RHAs?

**Hon. Kelvin Goertzen (Minister of Health, Seniors and Active Living):** Well, the clear difference—the clear difference, Madam Speaker—is on this side we have members led by a Premier, a hard-working Premier, who, every day, among all of our members, is working every day to better Manitoban.

And what did we have on the other side when the other side was in government? Every day, oh, they were working—to fight with each other, Madam Speaker. That's what they did.

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

**Madam Speaker:** Order.

The honourable member for Concordia, on a supplementary question.

**Mr. Wiebe:** Madam Speaker, an answer like that shows this minister is as out of touch as his Premier—shameful.

The need for health care is growing, and this Pallister government is forcing RHAs to make an impossible choice: either meet these unrealistic targets or cut the services that they provide. In fact, our health-care system needs more investment, not less.

Instead, the government chose to cut \$1 billion in capital projects, shutter QuickCare clinics; they cancelled primary-care projects in northern Manitoba, community clinics, personal-care homes, CancerCare, Madam Speaker. And now they've imposed unrealistic targets on the RHAs.

The Premier is all about cuts, not solutions. Manitobans need a government that prioritizes their family's health care above all else.

Will this minister stop squeezing RHAs and stand up for Manitobans' health care?

**Mr. Goertzen:** Well, and of course, Madam Speaker, what was unrealistic were the promises that were made by the former government without any idea of how to pay for any of them. They went around and they told all sorts of good communities and all sorts of good workers in communities about the things that they would do, without having any money to do it, without ever having any plan to do it.

Now, maybe the member opposite, who I like as an individual, maybe he feels that that's compassionate; maybe he feels that telling people that things that are never going to happen is actually something that's positive, and then breaking their hearts after the election—Madam Speaker, that is not the way to run a government or a health department.

We're being clear with people. We're looking to move forward on projects where we can afford them and make sure the health-care system is sustainable, Madam Speaker.

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

**Mr. Wiebe:** Madam Speaker, this minister needs to take responsibility for his decisions.

The Premier ordered the RHAs to make deep cuts. He ordered them to eliminate services for families and seniors. And now they're not coming

clean with Manitobans about which of those services will actually be affected.

Madam Speaker, families depend on these services and they deserve to know what will be cut.

A report on wait times released today shows that Manitoba needs more investment in diagnostic services, not less; we need more doctors and nurses, not less; we need more investment in primary care, not less.

This Premier (Mr. Pallister) is taking Manitoba in the wrong direction and hurting families in the process.

Will the minister come clean with Manitobans about which of the services they depend on will be cut?

**Mr. Goertzen:** Well, Madam Speaker, we recognize clearly the health-care system can't just be here for today. We want a strong health-care system today. We're working towards that after the decade—more than a decade—of the decline of the health-care system under the former government. But we need the RHAs to be working with us.

\*(14:10)

Yesterday, the member for The Pas tabled a letter where she said there were terrible cuts coming to the northern regional health authority. One of them was that they were going to now not have hard copies of journals subscriptions anymore because they're online. That seems like a reasonable suggestion to me, Madam Speaker.

#### **Northern Manitoba Health-Care Cuts**

**Ms. Amanda Lathlin (The Pas):** The priorities of this Premier are clear. The Premier chose to take a 20 per cent pay increase for himself. And the Premier chose to take two months' vacation in Costa Rica not even a year into the job.

But now he has chosen to say no to a health clinic in The Pas and Thompson. These clinics help the region provide better local health care.

Now we have learned that the government is forcing the northern regional health authority to cut its budget by \$6 million and cut non-insured services.

Why is the Premier focused more on himself rather than the most vulnerable amongst us?

**Hon. Kelvin Goertzen (Minister of Health, Seniors and Active Living):** Well, Madam Speaker, I'm saddened that the member opposite doesn't understand, over the last 17 years, the false promises that were made by her previous government.

I'm saddened that she doesn't recognize that going to communities and telling them that they're going to get services, which the former government had no intention and no ability to pay for—never, never intended to actually complete those projects or to start those projects, Madam Speaker. That is the sad thing here.

And I know that she could look to the member to her right for an explanation about why they spent so much time promising things that they never had any intention or ability to deliver in The Pas or many other places in Manitoba, Madam Speaker.

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

**Ms. Lathlin:** Madam Speaker, when it comes to the Premier, a two-month vacation to Costa Rica, a 20 per cent raise, they are no problems.

Instead, he directs RHAs to make deep cuts. Cutting non-insured services means cutting services like mental health supports for northerners.

Rates of substance abuse and mental health issues are much higher in northern communities. Communities like Shamattawa and Cross Lake have required direct interventions during suicide crisis.

Will the minister reverse damaging cuts to northern health-care services?

**Mr. Goertzen:** Well, Madam Speaker, we recognize that all areas of Manitoba, we're looking to improve services in.

Madam Speaker, we were pleased only a couple weeks ago to announce \$2.7 billion to be invested in the Thompson General Hospital.

We were also pleased to announce \$900,000 for the Gillam EMS facility, Madam Speaker.

And I'm sure that the member for The Pas will join me in celebrating the more than \$500,000 of investments we announced in The Pas Health Complex, Madam Speaker.

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

**Ms. Lathlin:** Seventy per cent of people living in northern health region identify as Aboriginal. Cutting

non-insured services in the North means an immediate reduction in services for people in my community and in communities across the North.

These cuts to services like mental health supports and home-care services will hit the most vulnerable communities the hardest.

Will the minister acknowledge the damage being done and reverse these cuts today?

**Mr. Goertzen:** Madam Speaker, while I was pleased to refer to the investments that we're making in northern Manitoba in my previous answer, I would also ask the member that she could also join with us, join with us in looking for a true partnership with the federal government. She knows as well as I do that the federal government has a responsibility to come to the table as a true partner in health care, something that they have refused to do.

I know that she would have that opportunity any day, but there's no better day than today, where this afternoon she'll have the opportunity to send a clear signal to Ottawa that we need to ensure we have a real partnership in health care for all Manitobans, Madam Speaker.

Will she join me in calling on Ottawa this afternoon for that partnership?

#### **Northern Health Service Cuts Commitment to Jordan's Principle**

**Mr. Wab Kinew (Fort Rouge):** We know that the Minister of Health has stated his support for Jordan's Principle, including in this House, as has the Premier (Mr. Pallister).

Jordan's Principle says First Nations kids should get the medical care they need without delay, regardless of whether it's the provincial or federal government that has to pay.

But now the Province has told the northern regional health authority to cut \$6 million from their budget by cancelling uninsured services. Some of these are services that First Nations kids should be provided with if we are to live up to Jordan's Principle.

How can the minister say he is doing everything he can to advance Jordan's Principle when he's making \$6-million cuts to some of the very services First Nation kids need?

**Hon. Kelvin Goertzen (Minister of Health, Seniors and Active Living):** Well, Madam Speaker, and I appreciated last session the question from the

member opposite of Jordan's Principle. He asked me to raise the issue directly with the federal minister.

I did raise the matter directly with the federal minister on his behalf and on behalf of all members of this House. I received a response from the federal Minister of Health that they will continue to work on the implementation of Jordan's Principle nationally. I did that on his behalf. He responded and thanked me for that, and I continue to work with this member and other members of the House on that.

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

**Mr. Kinew:** I am pleased to advocate for the federal government to do its share when it comes to living up to Jordan's Principle, but that federal funding will not be used by the First Nation kids who need it if the provincial services aren't offered in the first place, which brings to mind the \$6-million cuts being implemented in the northern regional health 'asority'.

Will the minister back off the \$6-million cuts to the northern regional health authority and recommit today to the full implementation of Jordan's Principle by both the federal and provincial governments?

**Mr. Goertzen:** Well, I think that the member knows full well that the greatest threat to—whether it's front-line services or things that we all care about, like the Jordan's Principle—is to not have a sustainable system, to have spending that is not sustainable in the health-care system or other places within government, Madam Speaker. That is the legacy that was left by the previous government. That is why we are setting a new course. That is why we're ensuring that RHAs and all parts of the health-care system recognize the value of ensuring that health care is sustainable by living within the means of the health-care system each and every year.

I'm glad that the northern health authority and other health authorities have embraced that and seen that as important to ensure sustainability of the system and improve things like Jordan's principle now and in the future, Madam Speaker.

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

**Mr. Kinew:** Jordan's Principle cannot be improved if the services are not provided by the provincial government in the first place. And I'm happy to play my part and I'm happy to call on our Liberal colleagues to do their part and demand that the federal government do the right thing as well.

But first, the Province needs to ensure that those front-line health-care services are available to the First Nations kids themselves.

The federal funding has to be met with provincial government services, including those targeted by the minister's \$6-million cuts. Will the minister back off those \$6-million cuts and commit to the full implementation of all funding and services required to make Jordan's Principle a reality?

**Mr. Goertzen:** Well, and the member opposite, while he wasn't sitting in the Chamber during the 17 years of the NDP, he actually repeats exactly the problem that happened over the last 17 years. Every year, the former government decided not to make difficult decisions. Every year, they decided to simply forget about the future, about the future of people who are going to need health care in a year, in five years, in 10 years. And they delayed decisions; they delayed them year after year after year.

And that's exactly why we have the difficult challenges that we have, Madam Speaker, and it's exactly why Manitobans decided almost a year ago to head to a different path, a path where there is actual fiscal management and sustainability. He shouldn't try to repeat the problems of the past.

#### **Federal Health Funding Agreement Update on Manitoba's Position**

**Ms. Cindy Lamoureux (Burrows):** Madam Speaker, the Minister of Health likes to accuse the federal government of making cuts to the health-care accord. However, this is not the case.

Allow me to clarify, Madam Speaker. The health-care accord was a contract that expired. I suggest that the minister stop misleading Manitobans and attempt—in attempt to make himself look good.

Madam Speaker, other provinces have been able to sign off on the health-care agreements with Ottawa. These agreements provide a sense of security for the future of funding here in Manitoba. Will the minister provide an update as to why Manitoba has not yet achieved an agreement?

\* (14:20)

**Hon. Kelvin Goertzen (Minister of Health, Seniors and Active Living):** I'm happy to provide an update for my friend on the commitment that the Prime Minister of Canada, Mr. Trudeau, made to all Canadians. He said during the election campaign that he would have a negotiation, a real negotiation, a discussion, with the premiers across Canada

regarding the health accord and the future sustainability of health care.

The Prime Minister made that solemn commitment to all Canadians and all members of this House, in fact, Madam Speaker, including my friend from Inkster. I would ask her, in fact, to hold the Prime Minister to his word. We're asking him to do exactly what he said: meet with the premiers across Canada and have a real discussion, a real negotiation, regarding health-care sustainability.

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

**Ms. Lamoureux:** It is this minister's job to work with the Minister of Health in Ottawa. I have a wonderful relationship with her. If he wants, I'll go with him to Ottawa to communicate with her. And he said it himself: it's a negotiation.

I have heard first-hand from my constituents that they are concerned about their future of health care here in Manitoba. Madam Speaker, I don't blame them. Our federal government is clear in wanting to see more resources going to home care, palliative care and mental-health care, but our Health Minister says he has a better plan.

Would he please share this plan with us that he keeps mentioning?

**Mr. Goertzen:** Yesterday the member for Kewatinook (Ms. Klassen) offered to travel with me to Ottawa. Today the member for Tyndall Park (Mr. Marcelino) offers to travel with me to Ottawa. I'm not that fun of a travel partner, actually, Madam Speaker. I—

**An Honourable Member:** Burrows.

**Mr. Goertzen:** —Burrows—offered to travel with me to Ottawa. I don't know why they're trying to flee the member for River Heights (Mr. Gerrard) so bad and head off to Ottawa, Madam Speaker.

But if we did have the opportunity to travel together with the member for Burrows, we would meet with the Prime Minister, I would hope, and I would encourage him to fulfill the election promise that he made to all Canadians to meet with the premiers across Canada and have a real negotiation on long-term sustainability of health care.

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

**Ms. Lamoureux:** You know, Madam Speaker, this minister has had the opportunity to negotiate with the

Minister of Health, Minister Philpott, in Ottawa. The only thing he has done is ask for money, and, frankly, that's not a plan.

The minister—imagine this: The minister, he has children himself. If they went up to him and asked him for a large lump sum of money, he would question where that money is going towards. He has to admit that the federal government is in the right, and that obviously they are not going to hand over millions of dollars without indication of where that money is going to be used.

Madam Speaker, will this minister table his supposed plan today?

**Mr. Goertzen:** Madam Speaker, we're quite willing and open to have a negotiation, discussion, with the federal government. That's been the whole problem is: they're not willing to actually have a negotiation and a discussion. In fact, some have described what has happened as arbitrary. Some have said that it's unilateral. It's dictatorial federalism by brute force.

Now, that wasn't me who said that. That was Ralph Goodale, the current Minister of Public Safety. On this one, Madam Speaker, I'm with Ralph.

#### **Provincial Budget Release Date**

**Mrs. Sarah Guillemard (Fort Richmond):** Madam Speaker, the government has inherited a huge deficit from the previous administration, a burden that will be shouldered not only by my children, but my grandchildren in generations to come.

The NDP spent recklessly and with complete disregard for the best interests of Manitobans, and taxpayers are now left to pay the bill.

The Minister of Finance will be tabling a budget soon. Can the minister update the House on the budget date?

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

**Madam Speaker:** Order.

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

I was pleased earlier today to announce that on April the 11th we will be delivering Budget '17 on behalf of all Manitobans.

Our government ran on a commitment to Manitobans to fix the finances after years of overspending, after years of a deterioration of resolve to address a spending problem in this province by

our predecessors. We've been open and transparent. We will bring Budget '17. We will show Manitobans what we are doing on their behalf to fix the finances, and for all Manitobans we will ensure the sustainability of our finances and we will fix the finances of this province.

#### **Manitoba Hydro Workforce Reduction**

**Mr. James Allum (Fort Garry-Riverview):** Yesterday the Minister of Crown Services revealed to the House that it wasn't him meddling in the affairs of Crown corporations, but, in fact, it was the Premier of Manitoba (Mr. Pallister).

Now, for months both the Premier and the Minister of Crown Services have said that they're not going to interfere with our Crown corporations, but now we're gradually learning otherwise. And nowhere—nowhere—in the minister's mandate letter to Hydro, which I'm going to table for the House today, does it say to cut 900 jobs.

Will the minister tell the House today when the Premier ordered Manitoba Hydro to cut 15 per cent of its workforce?

**Hon. Ron Schuler (Minister of Crown Services):** Well, Madam Speaker, I'd like to thank the member for that question.

And we inherited a very difficult and problematic set of Crown corporations. The first thing we did as a government was we appointed board of directors that represent Manitoba, that represent some of the best of what Manitoba has to offer. We are very pleased with the way the boards have been conducting their affairs as leaders in those corporations. They're doing a fantastic job, and we stand by our board of directors, and we are pleased with the direction they are going.

We will fix the finances of this province, including the Crown corporations.

**Madam Speaker:** The honourable member for Fort Garry-Riverview, on a supplementary question.

**Mr. Allum:** I can't believe that the minister would have trouble hearing my question, because he's refusing to answer the question.

We learned yesterday that after months of telling us that the Premier and the Minister of Crown Services were not going to meddle in the affairs of

our Crown corporations, we learned yesterday that the Premier himself had ordered a 15 per cent reduction in each of our Crown corporations.

It's a simple question, Madam Speaker: When did the Premier order Hydro to cut those jobs?

**Mr. Schuler:** I appreciate the question from the member because it allows us to put facts on the record.

And we have said, as a government, that our request is that all management across government be trimmed by 15 per cent, and that was very clear. That was made public and it's transparent, and, in fact, yesterday I read two endorsements from individuals who said exactly the same thing: that we should be taking money from management and putting it into front-line services. One was the honourable Dave Chomiak and the other one was the former premier, Gary Doer.

**Madam Speaker:** The honourable member for Fort Garry-Riverview, on a final supplementary.

**Mr. Allum:** Well, Madam Speaker, both the minister's and the Premier's credibility is on the line here, because we have two different stories.

On the one hand the Premier and the minister say that they were never going to meddle in the affairs of our Crown corporations, and now we have the Minister of Crown Services throwing his own Premier under the bus by saying that, in fact, it was the Premier who ordered a 15 per cent reduction in the workforce of our Crown corporations.

It's a simple question, Mr.—Madam Speaker; we'd like a simple answer. When did the Premier make that order?

**Hon. Brian Pallister (Premier):** Madam Speaker, I appreciate very much the question from the member opposite concerning the alleged throwing-under-the-bus incident. I know, as a member of the NDP caucus prior to the last election, he is an expert at throwing people under the bus. I know the member for St. Boniface (Mr. Selinger) would attest to that. I know the member also, for Minto (Mr. Swan), would attest to that as well.

But the fact remains, Madam Speaker, we ran on a promise, and it's a promise we'll keep, and it's a promise to make sure we protect front-line services while we trim at the top of our organization. Something the previous government failed to do, we

will do effectively and well to protect the working families of this province.

\* (14:30)

### **Manitoba Hydro Workforce Reduction**

**Mr. Ted Marcelino (Tyndall Park):** Madam Speaker, yesterday we learned that the Premier ordered Manitoba Hydro to cut 15 per cent of its workforce. And the Minister for Crown Services stood in this House on October 24, 2016, and proclaimed for all to hear that his government would not politically interfere in Manitoba Hydro.

The minister needs to come clean. When did the Premier order Manitoba Hydro to fire its workers?

**Hon. Ron Schuler (Minister of Crown Services):** Well, never, Madam Speaker. The Premier never said something like that, and the member opposite should stop putting falsehoods on the record.

What we were very clear on is that there was an expectation across government. There was an expectation that management would be trimmed by 15 per cent, and I would like to report this to this House: that has been done.

I know the NDP would like to see more vice-presidents at Manitoba Hydro. Our government wants to see more emphasis on front-line workers.

**Madam Speaker:** Just a caution to all members, again, that the word falsehood is not one that is acceptable language to be used in the House.

**Mr. Marcelino:** I think I need to repeat my question.

Madam Speaker, yesterday, in Hansard, we learned that the Premier ordered Manitoba Hydro to cut 15 per cent of its workforce, but the Minister for Crown Services went before a committee of this House on October 21st, 2016, and proclaimed that this government would not politically interfere in Manitoba Hydro.

The minister needs to come clean. When did the Premier order Manitoba Hydro to fire its workers? Please?

**Hon. Brian Pallister (Premier):** Well, Madam Speaker, appreciate the opportunity to put on the record accurate information as opposed to these false assertions the member has made.

The senior management trim is something we ran on, we committed to doing and we began in core, but we are extending it to the Crown corporations

because we understand what members opposite seem to fail to understand: that monopoly delivery organizations grow at the top without real effort on the part of the government to address that reality, and we are addressing it where the previous government failed to do that.

I would also mention, Madam Speaker, we've reduced the number of departments and so also reduced the size of government at the top here in Manitoba by close to 30 per cent. My office is 40 per cent less expensive than the previous premier's and, I would submit, getting results already ahead of what was got in the past.

So, Madam Speaker, I think what the members may need to understand and reflect upon is the fact that we made commitments which we are now keeping as opposed to the behaviour we saw over the last 17 years.

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

## PETITIONS

### Bell's Purchase of MTS

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

The background of the petition is as follows:

Manitoba telephone system is currently a fourth cellular carrier used by Manitobans along with the big three national carriers: Telus, Rogers and Bell.

In Toronto, with only the big three national companies controlling the market, the average five-gigabyte unlimited monthly cellular package is \$117 as compared to Winnipeg where MTS charges \$66 for the same package.

Losing MTS will mean less competition and will result in higher costs for all cellphone packages in the province.

We petition the Legislative Assembly of Manitoba as follows:

To urge the provincial government do all that is possible to prevent the Bell takeover of MTS and preserve a more competitive cellphone market so that cellular bills for Manitobans do not increase unnecessarily.

And this petition is signed by many fine Manitobans.

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

Grievances?

## ORDERS OF THE DAY

*(Continued)*

### GOVERNMENT BUSINESS

**Hon. Andrew Micklefield (Government House Leader):** This afternoon I'd like to call for debate the government resolution on Long-Term, Sustainable and Flexible Health-Care Funding.

**Madam Speaker:** As indicated by the Government House Leader, the House will consider the government resolution, Long-Term, Sustainable and Flexible Health-Care Funding, brought forward by the honourable member of—the honourable Minister of Health.

### GOVERNMENT RESOLUTION

#### Long-Term, Sustainable and Flexible Health-Care Funding

**Hon. Kelvin Goertzen (Minister of Health, Seniors and Active Living):** I move, seconded by the member for Selkirk (Mr. Lagimodiere), that

WHEREAS health care is the single largest budget item for provinces and territories, each of whom is responsible for the delivery of quality health services for Canada—Canadians; and

WHEREAS provinces pay more than 75 per cent of health-care costs and the federal government continues to reduce growth in health-care funding; and

WHEREAS the federal government's unilateral approach and refusal to engage in a discussion around the importance of a long-term and sustainable partnership on health-care funding should be of concern to every Manitoban; and

WHEREAS Manitoba is facing a challenging fiscal situation and the federal government's decision to reduce health-care funding by more than \$1 billion over the next 10 years is going to put additional strain on the ability to provide services to Manitobans; and

WHEREAS federal funding is essential in order to address the increasing costs associated with the health-care needs of the province's growing and aging population.



THEREFORE BE IT RESOLVED that the Legislative Assembly of Manitoba be urged to reiterate the position of other governments representing 90 per cent of Canada's population, that is, before any further discussion takes place on a renewed Health Accord, the first ministers request a meeting with the Prime Minister regarding the need for long-term, sustainable and flexible funding for the health-care system and that, if this is not accomplished, any proposed reduction in health-care funding be delayed until 2018-2019.

**Madam Speaker:** It has been moved by the honourable Minister of Health, seconded by the honourable member for Selkirk (Mr. Lagimodiere),

WHEREAS health care is the single largest—

**An Honourable Member:** Dispense.

**Madam Speaker:** Dispense.

**Mr. Goertzen:** I thank you for the opportunity to speak to this government motion this afternoon and this important government motion. I would say not important just for members of this Assembly, members of this House, but, indeed, all Manitobans. And I would extend that to say it's an important discussion for all Canadians, Madam Speaker. And I say that because, while there are, of course, other provinces that have signed on to agreements, bilateral agreements, with the federal government, even those that have signed on have indicated that it is not a good deal, that it's not a good way to proceed on the health-care accord. So even those that have signed on have expressed their disappointment with the federal government and the procedure that they've undertaken on this.

And it's important to back up a little bit, and it was referenced in question period about how we saw something completely different during the last federal election. I know that all members of this House paid attention to the federal election, which we had most recently where the now-Prime Minister, then-leader of the Liberal Party, Prime Minister Trudeau, campaigned, and campaigned vigorously, on a new way of dealing with federal-provincial relationships and ensuring that there was true negotiation, true discussion. He said that in the general context, but he said that even more specifically, Madam Speaker, when he said clearly to Canadians and to provinces, and he did it in writing to premiers across the country, that he would meet, if elected as Prime Minister, with the premiers across our land to begin a discussion on a true national

health accord, going forward, so that there would be a sustainable partnership between the provinces and the federal government. And I believe that all premiers at that time, including the former premier, the member for St. Boniface (Mr. Selinger) who would've received that letter by the now-Prime Minister, took him at his word that there would be that discussion, that true negotiation if, in fact, he was elected prime minister.

And the Canadians did, in our democratic process, give him the mandate as prime minister. And there was an expectation that he would fulfill that promise, that he would fulfill the promise of ensuring that there was a true discussion between the federal government at the level of the Prime Minister and the premiers across our country.

\* (14:40)

When I was appointed as Health Minister, certainly one of the things that I looked forward to was to be part of the discussion. Of course, it would be led as promised by the Prime Minister at the level of the premiers and the Prime Minister, but I certainly believed that there would be true discussion and negotiation among Health ministers. I was disappointed when I went to Toronto for the federal-provincial-territorial meetings, and it was referenced by the member for Burrows (Ms. Lamoureux) earlier today, Madam Speaker, that there has been discussion. But I think if she were to talk to Health ministers across Canada, those that were in Toronto, she would learn that there was virtually no discussion, no true negotiation around the health accord.

There was a few minutes allotted to it on the agenda; there was some informal discussion at a dinner in the evening, but no real negotiation about what a health accord that would be sustainable in a true partnership between the provinces would actually look like.

There was another opportunity. We were asked to come to Ottawa just before Christmas with the Finance ministers' federal-provincial-territorial meetings, and so Health ministers, we got on our airplanes and we flew from the various places that we live across the country and went to Ottawa, and we were told when we got into the room that there would be no negotiations there either, that it was a take-it-or-leave-it offer by the Finance Minister—the federal Finance Minister and the federal Health Minister. In fact, Canadians would be, I think, shocked—disappointed—but certainly shocked to learn

that there has been no negotiations, no negotiations over the last year.

Our Premier (Mr. Pallister) led the charge during the Council of the Federation, the premiers' meetings across Canada, to try to have it on the agenda, to try to bring it to the agenda. The Prime Minister allowed, I think, a couple of minutes over dinner, again a similar strategy but no real discussion, no actual negotiation. And so we're in this position where there are bilateral agreements being signed, but there has never been true negotiation.

Now maybe the members, others in the House, would say, well, that's as it should be. I would disagree with that. I would say that the premiers across Canada would disagree with that; Health ministers would certainly disagree with that. But, more clearly, the Prime Minister, Mr. Trudeau, disagrees with that. He said during the federal election campaign that there would be true negotiation—true negotiation between the provinces at the levels of the premiers and the Prime Minister, that it would be a new day. I think the term that was used would be sunny ways, Madam Speaker, that things would be entirely different than they'd ever been before. And yet now that the government is in place and it's been there for more than a year in Ottawa, it seems that that's not the case at all, that they've completely renege on that promise.

So the member for Burrows (Ms. Lamoureux) raises an important question. I appreciate that she did. It is a very important question. And yet there's been no negotiations; there's been no discussion as promised by the Prime Minister at any level, Madam Speaker, and instead that we've got this approach by the federal government to try to unilaterally pick up provinces, and not just unilaterally pick up provinces but try to divide the health-care system in many ways by trying to pit certain sectors of the health-care system against each other.

I know the member for River Heights (Mr. Gerrard), who I've always had a great appreciation for, I know that he not only has an occupational history, of course, in the health-care system, but I think generally has a great love for those who work in the system—in the health-care system itself, and I appreciate that.

But the strategy, the political strategy to try to say to those in the mental-health-care sector or those in the home-care sector to say, well, we're going to give you a little bit more here so you should be happy with that. But don't mind the fact that we're

going to take off a lot more money out of the other 90 per cent of the health-care system. Don't worry about those in acute care; don't worry about those on dialysis. Don't worry about those in the many other sectors of health care because we'll try to provide you a teeny bit more, but then that's okay because we'll take it from the rest of the health-care system.

And I would hope that the members opposite would realize that that is—some might say it's a wise political strategy, but I'm not interested in a wise political strategy. We're trying to build a health-care system that is better for all Manitobans and, by extension, all Canadians.

And it is important to remember that provinces across Canada are united in this. It isn't a good strategy. It isn't a way to build the health-care system, Madam Speaker, that we need to ensure that there is a true partnership, and I like to use the word partnership because those who would say that they are great defenders of the Canadian health-care system—and I know that members opposite often try to pretend that they are—would know that the beginning of the health-care system the way we know it in Canada was intended to be a 50-50 partnership between the federal government. It was the trade-off; the provinces would deliver the health-care system, but the federal government would essentially set the rules by which it was administered, Madam Speaker. And, as a result of that partnership, it would be 50-50.

Now it's devolved over the last many years to the point where it's not anywhere close to that. In fact, in Manitoban—in Manitoba, and I think Manitobans may be surprised to learn that only 19 per cent—only 19 per cent—of the costs of health care that is paid for in Manitoba is supported by the federal government. And that is declining. It's declining each and every year.

Now, under this type of an agreement, which we're being urged to sign by members of the Liberal caucus—and we'll look forward to hearing what comments we hear from the NDP caucus—under that agreement, it would decline further each and every year, heading towards 18, 17, 16 per cent. And I would ask the member for River Heights and others, the interim Leader of the Liberal Party, the member for Kewatinook (Ms. Klassen), how far would they like that to slide? I mean, at what percentage do they think the federal government should be supporting health care in Manitoba? Are they—clearly, they think 19 is too high, because they want us to sign this

agreement. So they might be happy with 18 and 17, 16.

And I would say to the members opposite—and I have great respect for the members of the Liberal caucus—I appreciate each one of them individually as individuals and the skills and talents and the passion that they bring to this House—but I would say to them, we were not elected to bring the message from Ottawa to Manitoba. We are elected to bring the message from Manitoba to Ottawa. On this particular situation, we need to express clearly the needs of Manitobans when it comes to health care and to have a real partnership at the federal level, because to do otherwise is going to be significant.

And I have heard the questions from members opposite about ensuring that certain things remain the same within the health-care system. Of course, we believe there needs to be change in the health-care system for sustainability. But we also know that there needs to be true funding. And there needs to be that partnership. Otherwise difficult decisions do have to be made, difficult decisions that I may not like to make, Madam Speaker, as the Health Minister. But you need to have that partnership. You need the federal government with you in those discussions, as it was always intended to be, as health care was always intended to be structured in Canada.

Now, if the members of the Liberal caucus, members of the NDP are envisioning a different kind of health-care system, a different kind of health-care system that isn't as universal as it is today, Madam Speaker, if they are looking for a different kind of health-care system, then they are on the right path by supporting the federal government. Because there is no question that as funding is reduced by the federal government year over year over year, and as provinces bear the greater burden without having the ability to pay for that burden by virtue of how the tax structure is in Canada, there is no question that the health-care system is going to change. It is going to change from the way it is today. And it may change in ways that members opposite may not anticipate or may not like, Madam Speaker, but it is an inevitable consequence of having the federal government devolve their responsibility from health care.

So, while I appreciate that the members opposite might demand that we sign a deal, that we quickly rush and we sign something that's been put in front of us, they should understand the long-term consequences of that. In the short term, they might

feel better about it. There might be a couple of sectors within the system which are important who may feel that that is better, but think of the long-term consequences. Because, in a year or two from now, they'll be asking our government and asking our Health Minister questions again. They'll be asking questions again about the services in the health-care system.

And the by-product of rushing into agreement that'll reduce the federal support, year over year over year, for our province and every other province in our great federation will result in the changing of the health-care system. It will result in the changing of the health-care system to a less universal system, Madam Speaker. And I've said that publicly. If the Prime Minister of Canada is looking to change health care from the medicare system that we have today to something else, he's on the right path, but then he should say that, because reducing funding year over year will clearly do that.

There are many services where we need to have support within our health-care system. We recognize that and we are continuing to prioritize those areas, Madam Speaker. But it has to have a partnership. There needs to be a partnership. And I would hope, as in past debates that we've had in this Legislature, and I know there are many new members for this House and we welcome their new perspectives. But there have been many times in this Legislature where there's been something so fundamentally important to Manitobans, so much at the core of what Manitobans believe, that we've unified as a House to send a statement to Ottawa or to other places where we've needed to send them to other places, where we've joined together and said, we are going to put partisanship aside, that we're not going to speak out of the lens of our own political parties or our own ideology, that we'll put that aside and unify in one accord on behalf of Manitobans.

\*(14:50)

And I would say to you, Madam Speaker, today is one of those days. Today is one of those days where members of this House can join together and say to the federal government, across party lines, that on behalf of all Manitobans who don't just need health care today, but who'll need it in five years from now, in 10 years from now, for our children and our children's children, that we're going to join together to send that clear message to Ottawa that you need to be a real partner, that continuing to decline the amount of percentage of support that we

have in health care isn't sustainable, that it'll fundamentally change health care in Canada in ways that none of us might like.

So that opportunity will come to members, and I hope they take that opportunity to put aside those partisan lines to recognize that they weren't elected always to represent the views simply of their political party, of their caucus, but they're elected to represent the views of all Manitobans, to stand up for all Manitobans when all Manitobans need to be stood up for.

And today is one of those days, Madam Speaker. So I look forward to all members of the House joining in support of this resolution and saying to Ottawa, you need to fulfill the responsibility that you have to be a true partner in health care today, tomorrow and in the future.

**Mr. Matt Wiebe (Concordia):** Appreciate the opportunity to rise in the House this afternoon to talk about health care. You know, this is obviously top of mind for many Manitobans, been top of mind for us as legislators in this House.

Of course, we've had an opportunity to bring this—bring health-care issues forward in terms of questions in question period and resolutions and bills before this Chamber so far in this beginning of the session. So it's certainly top of mind for us as an opposition caucus, but it's certainly top of mind for Manitobans.

And so when we get an opportunity here in this format where it's, you know, it's not the back and forth of question period; it's an opportunity for us to take a little bit more time to discuss this issue. I think it helps us to be a little more thoughtful in the way that we speak and, certainly, I heard that from the minister when he said that this isn't a partisan issue. It certainly isn't. This is something that affects all Manitobans and it's a great honour to stand and have an opportunity to speak to it.

We know that, of course, access to quality care is something Manitobans truly want. It's something that they care about. It's something that is a priority to them, so anything that threatens that stability of the services that they receive is worrisome to them, and therefore it's worrisome to us.

And that's basically the climate that we've been operating under. We've been waiting with bated breath to hear more from the minister. In fact, today, in his opening remarks, I thought we'd have a true opportunity for him to lay out his vision for health

care in this province, to actually tell us what, you know, they are willing to bring to the table with the federal government to talk about what priorities are for them, you know, how they intend to approach the negotiation with the federal government.

I honestly thought that that's maybe what we were doing here this afternoon, that we would get to peek behind the curtain of the veil of secrecy that's happening over on the other side of the House and actually hear what the government prioritizes in health care, what they're going to the table with and what sort of outcomes they expect from the federal government.

You know, certainly, this is an opportunity for us to talk about how investments in health care are so important. I just heard the minister talk about how vital it is for the federal government to pay their share. We couldn't agree more. We also think it's the responsibility of the provincial government to work with what it's been given, to make sure that it maximizes the money that's transferred from Ottawa and to understand the current realities of what's on the table.

And so this is going to be the challenge that the minister is facing. And, again, we have yet to hear exactly what those priorities will be. But it just strikes me as a bit odd when we spend, you know, question period, when we spend all this time talking about the cuts that are being made in the provincial health-care budget and the cuts that are coming down the line, and then he stands up and says there should be more investments in health care. It just doesn't wash, Madam Speaker, and we really think that there should be an opportunity for us to know what is on the table and what are the priorities of this minister and this government.

So, you know, nevertheless we want that investment, and so I applaud the minister in saying—taking the position that we deserve our fair share here in Manitoba and that it is the responsibility of the federal government to step up and to pay their fair share to ensure that health care is protected.

And, you know, we want them to stop playing political games with this issue, quite frankly, Madam Speaker. You know, this has been a political fight—one political fight after another that's been picked with the federal government, you know, again without any clear indication that this is a strategy. You know, we're here debating this here in the House today. If this is the format and the path, the avenue, the tool that he thinks will force the federal

government to move and to increase the funding that they are offering, I don't see that. I'm struggling to understand how this, you know, how this makes his job in Ottawa any easier.

But I do understand that there are opportunities for us to make noise here in Manitoba, to stand up to say we want our fair share. We are willing to, you know, stand with those across Canada who are asking for a better deal from Ottawa, so that's an opportunity for us. But, instead, it's been a political fight; it's been a political football that's been used here by this government and the results are just not there. We have not seen the results.

And, in fact, the minister himself, from what I understand in hearing his comments, is saying that the provincial government is not even at the table right now with the federal government, and this is worrisome to me, you know. So he picked up the phone; he asked for a meeting with the minister. Maybe the Premier (Mr. Pallister) asked for a meeting on health care with the Prime Minister, and maybe they called once and, you know, got a busy signal or maybe somebody said they'd call him back and they never followed up. I mean, this is unbelievable to me that other provinces have been working with the federal government, have been making deals that benefit the people in their provinces, and yet our province, from what I'm understanding, is not even at the table and not willing to sit down and actually do that hard work of figuring out what are those priorities and what can we accomplish with the federal government right now.

So they're blaming others, which is, you know, par for the course, I guess, but they are unable to take responsibility for their own actions. They're unwilling to do that, and they're unwilling to say, you know, we're not going to be petty on this issue. We're going to fight for what's right and what's best for Manitobans, and that's not what I'm hearing the Premier-or the Minister of Health saying this morning.

So, as I said, you know, certainly Manitobans have been interested in this, Canadians have been interested in this, understanding what the negotiating process looks like. You know, again, other provinces have set clear priorities and have made deals based on those priorities, and certainly we could spend an entire afternoon just talking about the benefits or the drawbacks from those specific deals that were made, but we at least know what those priorities are.

We know what the Quebec government is proposing and what is important to them. We know what Saskatchewan—the choices that they made to make a deal with the federal government. We've seen these in action. We've actually seen the results of those, and yet here we are with a provincial government who talks about transparency, talks about openness, talks about how they are willing to let Manitobans see, you know, the work that they're doing, and we have no idea what's on the table, and even when the minister has an opportunity in his speech to talk for, you know, 20 minutes or half an hour, doesn't even bring that issue up, doesn't lay out those visions. It doesn't—it lay out those priorities.

\* (15:00)

Now, the reality is is that I know this minister can see the writing on the wall. He can see the situation that's playing out across the country. You know, we started this negotiating process in good company. There were 10 provinces that were holding out, that were all fighting for a better deal, that were willing to negotiate with the federal government, and one by one, those provinces have dropped off, have made their own deals, have made their own priorities and are no longer part of this loose coalition that was—existed across the country.

So the minister can certainly see the writing on the wall. He can see that a decision needs to be made. He can see this most acutely, I would argue, because we have a provincial budget coming forward, we have a federal budget in the future. And so these decisions need to be made, and we need to understand exactly what's on the table. So—but, instead of doing that, instead of giving us, you know, a lay of the land: this is what's important to Manitoba; we've met with the minister—this is what I would expect them to be doing—we've met with the minister; we've met with their aides; we've done this, you know, over and over again; we're not leaving the table until we get the best deal for Manitobans. They're simply throwing their hands up and saying, well, you know, we wish the federal government would give us a better deal.

You know, that's not how this is done, Madam Speaker. This is not how negotiations take place. It takes hard work; it takes real work. And rather than picking these fights with the federal government, rather than, you know, spending time talking about it, I wish this government would do something. And this is—I mean, I think that what cuts to the heart of the matter in this regard, and that's the fact that this

government has had a total lack of action since they've been elected with regard to important issues like health care. So we—I mean, we've heard a lot of bluster. Again, we spent—we heard a speech that was half an hour long, but we saw no substance. We saw absolutely no substance.

What we have seen substance on, what we have seen, you know, results, if you can call them that, are cuts. So their only solution has been to cut. And I would offer, Madam Speaker, that that is no solution at all. You know, decisions need to be made by the government on where their priorities are, what spending decisions they make, but usually those decisions aren't made in a vacuum; those decisions are made with the communities that they affect. They're made with the organizations that have partnered with government to make things happen, and they're made in—they're done in a way that shows that there is a vision and, at the very least, an acknowledgement that the province, that the government is committed to building health care in this province and making sure that it—the services aren't reduced, at the very least.

But that's not what has happened here. That's not what has happened. In fact, what has happened is the minister and the Premier (Mr. Pallister) have simply said no. They said no to CancerCare Manitoba. They've said no to personal-care homes throughout this province. They've said no to community clinics. And rather than saying no right now and no, but we'll work with you to get a better deal, instead they've just said no and walked away from the table. And that's just not acceptable, Madam Speaker. That's not governance. That's not leadership. And I would ask this government that when these decision are made, when a spending decision is decided on by the Premier, by the minister, that at the very least, they take the time to acknowledge the effects that it's going to have in those communities and, more importantly, that they work with those communities, with those organizations, to come up with another solution or a better solution, if that's something that they feel that they have.

And this ties directly into this idea of a negotiation with the federal government where, you know, they've said, this is our position; the federal government has said, that's our position. And, from what I can hear and what's been admitted here in the House today, is that that's as far as the conversation went, right. So other jurisdictions sat down and said: Okay, you know, this is a difficult choice; we need to make decisions; we need to set

what our priorities are; and we need to clearly communicate those priorities. Sometimes that's through the media. Sometimes that's in the Legislative Assembly. And, again, I've given the minister opportunity to express that clearly if he feels that it's—that he wants to share that vision with us and those priorities. You know, he talked about being a non-partisan approach. Well, that would be a non-partisan approach to it: to get all sides on board to say that, you know, what our priorities are with the federal government. And the federal government has given us hints about what they see as the priorities for them. And they are, you know, certainly a good start for what the negotiating process could look like.

So, for instance, I know members of the opposition and other parties in this House have talked a lot about mental health and addictions. And this is an issue that's affected our communities, and, in fact, it is one of the priorities that this government laid out for themselves. You know, and I'm sort of forgetting if this is, you know, one of the hundred-day promises, but a strategy on mental health and on addictions for this province was one of the priorities that this government set out for itself that I think you could get agreement from every single member in this House, is a priority of Manitobans, and we want to see some action on it.

The federal government has also said that this is a priority for them. And they are willing to pony up some money—you know, again, the argument could be made whether it's enough—but they have said that they are willing to come to the table to negotiate that. That is something that they feel is a priority.

You know, home care in this province—something that we take a lot of pride in for being the province that started home care, that the previous government invested heavily in to ensure that it's a sustainable system and a system that complements our health care, our front-line health-care services—is another area that the federal government has said is a priority for them.

So these are openings. These are opportunities. These are chances for the provincial government to say, yes, these are also our priorities and we will negotiate on those.

You know, and then, outside of that, the provincial government has the opportunity to bring any issue that it feels important, is important to itself, or for its priorities going forward, for instance, like Saskatchewan did. And, now, I'm using

Saskatchewan as an example only in the sense that they got what they wanted, but not in the sense that this would be a path that I think Manitoba should go down. But, if that is the priority of this government, and in this case I'm talking about the implementation of private delivery of MRI services for Saskatchewan—I know the minister spent some time in Saskatchewan; he went to study their system to find out exactly how it worked; you know, the Premier's (Mr. Pallister) been very open in musing about private delivery of health care, increase private delivery in our public health-care system. So they've made this known that that's potentially a priority for them. Well, that's then their priority. Then they can communicate that to Manitobans and let them know, that's what we think is important. So we're not going to fight for more money in home care or in mental health; we're going to fight for private delivery of health-care services. Well, I think Manitobans would be shocked to hear that, but at least they would hear what the priorities of this government are.

But this government is not making those negotiation—negotiating points known. They're keeping it close to their vest. And they're—and maybe they're not even discussing these. Maybe this isn't on their radar. We simply don't know. And this is why we ask the government to be transparent in what they're saying and to let us know what their vision is, to tell us exactly where they're going with the federal government, if, in fact, they are still willing to sit at the negotiating table and actually get something done.

So, Madam Speaker, I just wanted to take an opportunity to just sort of outline—again, I'm—I am happy that we're taking an opportunity to talk here in this Chamber a little bit about health care. And, again, I'm willing to, you know, to listen to what the government has to say, what their priorities are, to have them fight on our behalf for our fair share. But, you know, again, I'm waiting to hear exactly what they have on the table. We haven't seen that.

*Mr. Doyle Pivniuk, Deputy Speaker, in the Chair*

\* (15:10)

But what we have seen from them, in fact, is, is that we've seen an unprecedented level of cuts to our health-care system so far. And this is what gives us pause in this entire discussion and this negotiation that's presumably going to take place with the federal government.

You know, this government campaigned, quite frankly, on a platform saying that we will not cut front-line services. That was one of the only things that they said, and that is one thing that they said over and over again, you know, because most Manitobans were a bit skeptical of that; they didn't necessarily believe the government when they said: We won't cut.

Well, we've seen how this has played out now. Here we are, within the first year, and an unprecedented level of cuts have taken place in our province: one billion dollars' worth of capital cuts and projects that we honestly believed were—would never be cut because of the importance that they play for all Manitobans.

First and foremost on that list, of course, is CancerCare Manitoba, and I think we have the government on record, certainly, when they've talked to the media, have been very clear to say that CancerCare has been an incredible partner for Manitoba Health to work with, to expand their services. And we know that it's something that affects so many people. I would venture to say everyone's life has been touched, in some way, by cancer and to see the work that CancerCare has done. When they come to the Province with a proposal to expand their services by building new capital and new investments—you know, this is a group that we know when you invest in their project, you're going to get real results out of.

So we honestly believe that this was one that there was no chance that the government would cancel, and yet they, in fact, cancelled it without any kind of idea or vision about what's next for CancerCare. And that's a real shame.

The other one that I would mention is the personal-care homes in Manitoba. Personal-care homes that, again, this Premier called an urgent crisis—he called a crisis that we needed more personal-care-home beds in our province, and yet, you know, given an opportunity to fulfill the obligations of the province with projects that have gone through Treasury Board, have been approved and, you know, in most cases have had money, real money invested by communities and have money on the table from those communities. These are shovel-ready projects that were just cut without any explanation or any kind of vision about where those personal-care home groups are to go next. And the need is still there.

So it's very concerning. This has been the strategy of the provincial government, so far, has been to cut, cut and cut again. They've, in fact, now said that the regional health authorities have to find an unrealistic amount of savings within their own budgets, and, again, no support or solutions offered but simply to cut those dollars, to focus solely on the bottom line. And, I mean, obviously, the services will suffer for that.

So this is what the government has put as their No. 1 priority: it's been cuts across the board. And I'd venture to say, Mr. Speaker, and, I mean, we spent the last year sort of trying to guess where the next cut was going to come from. And now we have a billion dollars' worth of cuts that we could spend the rest of the session talking about, and I would venture to say the next four years talking about, but—

**An Honourable Member:** Three.

**Mr. Wiebe:** Three—only three years left, okay. We could spend the rest of our time here talking about just those cuts, but we know we haven't even seen the budget. We know that more cuts are coming. So it's very concerning that this becomes the priority of the government: to simply cut in health care without offering any real solutions on the back end. And, again, this brings me back to the point of this specific situation, with negotiating with the federal government, because it's one thing to say, no. It's one thing to take a hard negotiating position up front, to start the negotiating process in a strong position, to say that, you know, the needs in Manitoba are great, that we need all the health-care dollars that we can get and that the federal government needs to be a real partner at the table.

That's certainly a negotiating position start that I can support and agree with. That's a good place to start. But to, then, simply walk away from the negotiating table, to abdicate your responsibility to continue to work for Manitobans, is just not acceptable. I think most Manitobans would find it surprising that this government refuses to continue the negotiations. I think they'd find it abhorrent that this government uses it, these negotiations, as a political football or as a publicity issue rather than actually trying to get results.

You know, all they've seen from this government is fanfare and no results. Well, it's time for this government to tell Manitobans clearly, what are the priorities—other than cuts to our health-care system, what are the priorities that they want to see health-care dollars flow towards and how are they going to

accomplish that, because it's certainly not going to happen by waiting it out, by sitting back, by wait—letting other provinces beat them to the punch.

And one day this Premier's (Mr. Pallister) going to wake up and this minister's going to wake up with nobody left on the bench; it's just going to be him. And when asked directly at that point what's on the table, well, he better have a good answer, because he's going to have no political cover left. And that's where we're headed.

So it just—it's completely surprising to me that this government would play political chicken on such an important issue.

In just the few minutes that I have left, I do—I would be remiss if I didn't address our Liberal members in the House. And again, once again, I appreciate that there's an opportunity for them to raise this issue, whether it be in question period, to add to the debate this afternoon. But it's a bit concerning to me that we're having this conversation in the format of question period by us yelling across the aisle at one another on such an important issue. I really do think that this is something that the Liberals in Manitoba can have a part in, that they should be demanding that their federal cousins live up to those commitments that they've made under the health care—under their health-care promises.

They've been letting them off the hook, I think, Mr. Speaker, and it's just not acceptable. I think it's time that we hold the federal government to account in the same way that we're holding the provincial government to account. You know, certainly there are opportunities as provincial legislators to do that, regardless of political stripe that we can all make sure that that happens. You know, we can't have it both ways here. I think that the Liberal Party does need to step up, stop pretending that they're defending Manitoba's health-care system while ignoring their federal cousins and ignoring those cuts that are coming from the federal government.

You know, it's just another opportunity for us to come together to, in an unpartisan way, to come up with a real made-in-Manitoba strategy on health, to come up with a strategy that defends our public health-care system. And we've seen that the government is not willing to do that, that they're willing to make the cuts, that they're willing to damage our provincial health-care system. We would hope that the Liberals, at the very least, would stand to say to their federal cousins that they need to step



up in the same way that they're asking our provincial government to step up.

So, with that being said, Mr. Speaker, I appreciate the opportunity to lead off debate. As I said, we have an opportunity here to a little more thoughtfully and deliberatively talk about these issues here today, to get some words on the record. And I know that members on this side of the House will certainly take the opportunity to communicate their vision and the priorities that they have for the health-care system in Manitoba.

\* (15:20)

I—we didn't hear it from the health-care minister, but I think there's still an opportunity for the other members who will have an opportunity to speak to put their own views on the record. And I would hope that those views would encourage investment in our health-care system, would encourage this government to get back to the table to actually spend—do the hard work and spend the time necessary to get the results that we all need them to get, and, quite frankly, to prioritize what it is that they see as important for health care in Manitoba, to put that clearly on the table, and then to go to Ottawa to fight for that.

We haven't seen it so far, but I do believe that there's an opportunity for members to put their own priorities on the table, and it does make a difference. It is an opportunity for us to stand as Manitobans with our fellow Manitobans to support health care in this province, to say no to cuts—this is our opportunity to say no to cuts—to say yes to investment, yes to protection of services, and really step up to the federal government to say we need our fair share. And I would hope that all members of the House will join me in doing that.

**Mr. Alan Lagimodiere (Selkirk):** I appreciate the opportunity today to rise in the House, to put my comments on the record in support of the government motion for long-term, sustainable, and flexible health-care funding.

I heard in the House yesterday and again today from numerous members opposite about the importance of funding needs for our health-care system. Statements like, health care is Manitoba's No. 1 priority, we are facing a suicide crisis, we need to see money on the table, cuts hurt Manitoba families, access to health care in the North is difficult, and, finally, we're here to request for an emergency debate on health care.

I believe we all agree we need a health-care system that is sustainable today and into the future. In order to do this, we need a workable partnership with our federal government. As a government, we need to stand up for Manitobans to ensure we get the partnership needed with the federal government. However, we are currently having difficulties in getting the federal government to come to the table as a real partner in health care.

Mr. Deputy Speaker, our message is clear that health care for Manitobans needs to be protected, strengthened, and expanded. We need all levels of government to come together—federal, provincial, territorial, and First Nations—to develop a sustainable health care plan that will deliver better and more efficient health care.

Mr. Deputy Speaker, I believe that it is important to give some background to the members concerning the Canadian health-care system and the relationship between the federal and provincial governments, and the Canadian health-care transfers commonly referred to as CHTs.

On December 19, 1966, the federal government proclaimed the health-care law—act as law. In doing so, it was reported to have shown vision. It prioritized Canadians' needs for a national health-care system. When first implemented, it was agreed that cost sharing of health care between the federal and provincial governments would be at a 50-50 partnership.

Now change has occurred over the years, and by 2004 the government at the time established a new base for the CHT to—quote—provide an annual escalator that will ensure predictable and growing federal funding for health care. From this, a 10-year agreement of 6 per cent was ultimately reached. In December 2011, the Government of Canada announced that it would be continuing with the 6 per cent CHT escalator until the end of the 2016-2017 fiscal year, after which it would fall to a three-year moving average of nominal GDP growth, or 3 per cent, whichever was higher.

The recent negotiations between the federal and provincial, territorial governments around changes to the Canada Health Transfer, have been described as contentious. The provinces and territories rejected the federal government's offer in December of 2016. Provinces took a united front on the proposed funding agreement. The provinces consider the proposals to be inadequate in meeting both current and future pressures on Canada's health-care system.

In December of 2016, the provinces and territories were looking for the CHT to be set at a rate that was more in line with projected health-care cost growth. At 5.2 per cent, the ask on the parts of the provinces was echoed at the national level by the Conference Board of Canada.

In late December, Health and Finance ministers from across the country rejected the federal offer at a meeting in Ottawa, and discussions regarding the new proposed CHT ended. At that time, the provinces declared the federal proposal to increase transfers by 3.5 per cent per year and \$11.5 billion for the targeted areas of home care and mental health over 10 years was simply not enough. These provinces called for an annual increase in federal health dollars of 5.2 per cent, a number they based on research provided by the Parliamentary Budget Office and the Conference Board of Manitoba.

Mr. Deputy Speaker, the federal government arrived at the meeting with a take-it-or-leave-it attitude. The offered growth rate of 3.5 per cent did not come close to the ask of 5.2 per cent annually from the provinces and territories. The provinces were concerned that the proposed offer would reduce the federal government's share of provincial-territorial health-care spending from 23 down to 20 per cent over the life of the proposal.

The ask from the provinces was based on the projected national health-care cost growth rate of 5.2 per cent annually over the next decade. This rate has been supported by credible data and reflects population growth, inflation, population aging, income growth and inflation. This 5.2 per cent projected increase cost comes from publicly available data from the Canadian Institute for Health Information, Statistics Canada and government sources.

It is interesting to note that data available after analysis on Ontario's health-care system, a system which is believed to be one of the lowest cost jurisdictions in Canada in terms of health-care expenditures, shows health-care costs in Ontario alone were expected to grow by 5.2 per cent each year over the coming years. This needs to be compared to Manitoba where we currently have some of the highest health-care costs in Canada.

Beyond fiscal 2018 and '19, health-care costs are expected to continue to increase at a pace well above the growth in the CHT proposed by the federal government. Nonetheless, the federal government has reduced growth in health-care funding to a rate

that will see their contribution fall well below the required amount.

Over the next 10 years, the current federal funding proposal will provide nearly \$30 billion less than what the evidence shows is needed to maintain the sustainability of health-care systems in Canada even with an additional \$11 billion in targeted funding.

This offer has been presented as a unilateral take-it-or-leave-it proposal.

Mr. Deputy Speaker, I believe that the health of Canadians is worthy of thoughtful discussion leading to a long-term health-funding agreement. Health care is the single largest budget item for the provinces and territories, each of which is responsible for the front-line delivery of quality health services for Canadians. The federal government's unilateral approach to health-care funding puts the services Canadians rely on, as well as the sustainability of provincial and territory health services, at risk.

Under the federal offer made to the provinces, Manitoba would receive \$18 million less than what would be needed from the federal government in 2017 and 2018 with more than one billion less over the next 10 years. This would fall considerably short of what the evidence suggests is required from the federal government to cover their share of the province's growing health-care costs. Federal funding is needed to ensure high-quality health care is available as our population grows, ages and changes.

\*(15:30)

Mr. Deputy Speaker, the bottom line is that without a strong and sustainable partnership with the federal government, Manitoba's ability to sustain the health-care system may be significantly eroded.

All Manitobans need the federal government to come to the table and partner with the Province to ensure quality care. Only by working together will Canada be able to find solutions and support the health care Canadians need to stay healthy. The news of federal decreases in funding comes as we seek to control spending in all areas, spending which became out of control under the former government.

Mr. Deputy Speaker, the health-care funding crunch is only expected to get worse as our population ages. Ten years ago we were told there are about five people in the workforce for every retired person. This is expected to drop to a

one-to-one ratio over the next three decades, and that aging population is expected to require more care and more health dollars to fund it.

The current federal plan to cap the increase of health-care transfers in Manitoba's case will essentially result in less funding being available to allocate to needed services.

Everyone here today needs to accept the fact that health-care cost drivers are very real. Mr. Deputy Speaker, the provinces and territories have tried to contain their health-care costs in recent years. A notable portion of the savings came from delayed investments by governments. This is a recipe for increased expenditures in the future and is not sustainable over the long term.

The unilateral take-it-or-leave-it approach by the federal government is taking money away from health care and ultimately hurts those that are waiting in lines in our ERs. It hurts those waiting for surgery. It hurts those waiting for personal-care-home spaces. It hurts those waiting for mental health and addictions treatment. It hurts those who are waiting for a test to come back, and it hurts those in our CancerCare waiting for diagnosis and treatment.

As a province, as politicians representing Manitobans, we need to be very concerned. We need an agreement that includes measurable outcomes, better home-care situations for Canadians, better mental health possibilities for Canadians. We need to do more. We need the federal government to be a real partner in the long-term sustainable health-care funding arrangements.

Mr. Deputy Speaker, the interim Liberal Leader stated: Manitoba cannot afford to give up the \$40 million in additional funding for home care and mental health services on offer from Ottawa.

She is absolutely right. She is correct. We do need the money that's been put on the table, but the reality is we need much more. This offer falls short of what is currently and will be needed in the future. The sad part is that the current proposals on the table from the federal government will fall far short in being able to provide the much-needed services the member is requesting.

Mr. Deputy Speaker, to resolve this issue, the federal, provincial, and 'tertrial'—territorial governments need to return to the negotiating table in good faith. They need to enter negotiations based on the information provided by the experts on the

projected numbers, the assumptions and the desire to ensure sustainable health-care systems for all Canadians.

On the federal side, the government has claimed that its offer is better than what was on the table. They are budgeting more than a 3 per cent increase in expenditures on their part. However, this is far below the 5.2 per cent projected increase in health-care costs, and some provinces and territories have argued that cost pressures are expected to push health-care spending even higher than this.

Provinces and territories, under the current offer, will be left with little option but to fill the void created by the lower expected level of federal funding for health care or to focus on aggressive cost containment.

Mr. Deputy Speaker, even if the provincial governments are able to meet health expenditure targets, it implies nothing about the sustainability of this restraint. One needs to look at sustainability from a long-term perspective. The growth in health expenditures is expected to be between 4.5 and 5 per cent annually after 2018. This, of course, is in excess of the 3.5 per cent plus the \$11.5 billion offered over 10 years by the federal government in December Of 2016.

Mr. Deputy Speaker, the lines have been drawn in the sand over the federal health-care funding offer. The current standoff continues, with the federal government taking a take-it-or-leave-it attitude. The provincial government's arguments are more in line with those of forecasters who clearly state that the federal government's offer will fall short of raising health-care costs even after one considers constraints.

Mr. Deputy Speaker, the funding to cover health-care costs in Canada comes through the taxes placed on our constituents. Shifting the cost burden of health care from one government to another does not serve the best interest of Manitobans, nor does it address the concerns over rising costs.

Manitobans deserve better. They deserve governments that will stand together to represent them and their concerns. Together we need to speak effectively. We need to unite in requesting the federal government to return to the table to negotiate a fair deal for Manitobans, a deal based on the data, a deal based on the facts, a deal negotiated in good

faith. We need to do everything we can to ensure we provide the highest quality health care for our constituents in the most cost-effective manner.

This is why we are asking you to join us in supporting the First Minister's request for a meeting with the Prime Minister regarding the need for a long-term, sustainable and flexible funding for the health-care system, and that if this is not accomplished, any proposed reduction in health-care funding be delayed until 2018-2019. Thank you.

**Hon. Jon Gerrard (River Heights):** Mr. Speaker, I rise to speak to this important resolution from the government on health care.

I want to say right at the start that when we in—as Liberals approached this resolution, we looked to support it as a show of solidarity with the government. But, when we read the resolution carefully, we saw that it was impossible to support this resolution, because it's very poorly put together and it contains so many errors in facts and statements which basically make it impossible to support the government.

Liberals want the very best possible deal for Manitoba; make no mistake about that. We are ready to work very hard with the government, with the opposition, to get the very best possible deal we can. But that possible deal has got to be based on sound facts, on solid plans and proposals. It can't be just numbers drawn out of the air. It can't be just hot air from the government demanding more. It's got to be based on solid substance and on good facts. And we have some very serious reservations and concerns with the government's general position on health care and on health-care funding. And we found so many errors in this government's wording of this resolution, which I will review. Let me go through.

We have, first of all, the resolution contains the following clause:

WHEREAS provinces pay more than 75 per cent of health-care costs and the federal government continues to reduce the growth in health-care funding.

Well, it may be true for some provinces, but, for Manitoba, it's not true; it's just wrong. You know, it would appear that the federal—the government is counting the federal contribution to 'health' care only including the health-care transfer, which is listed at \$1.033 billion in this government's first budget of 2016. However, the federal government also contributes equalization transfers to Manitoba, which

were listed in the same document as \$1.735 billion for 2016. Manitoba uses these equalization transfers to improve our delivery of services, including health-care services. The current government has been silent on—not accountable—on how it divides the money received in equalization transfers among the various services which are delivered by the Province.

\*(15:40)

Since health care is such a big proportion of the services delivered by the Province, it is safe to say that a very considerable proportion of the equalization transfers are used to fund health care in Manitoba.

If, for example, half of the equalization transfer was used to fund health care, then this would mean that the federal government funds 36 per cent of Manitoba's core budget for health care. So it is just the statements from the Minister of Health are just wrong. The statement in this resolution is just wrong.

Now, if all of the equalization transfer from the federal government were used to fund health care, then the federal government in Manitoba would be funding 51 per cent of Manitoba's core health-care budget in our province. So the truth is probably somewhere between the federal government funding 36 per cent and the federal government funding 51 per cent. But this 19 per cent number is just wrong. So the health-care minister needs to start by getting his facts right.

And, sadly, when you start out an important resolution like this with very misleading numbers and clauses, it makes it very weak, and it's hard to come forward and make the case for Manitoba if we have a very weak and inaccurate resolution.

Let me go on to the next. The resolution contains WHEREAS clause:

WHEREAS Manitoba is facing a fiscal situation and the federal government's decision to reduce health care funding by more than \$1 billion over the next 10 years is going to put an additional strain on the ability to provide services to Manitobans.

You know, this clause is also very misleading as the federal government has given notice it will increase funding to Manitoba—has offered to Manitoba an increase of 3 and a half per cent this year, and that 3 and a half per cent increase taken over a 10-year period would represent an increase in funding of more than \$500 million over the next 10 years.

Thus, in fact, the federal government has made a decision to increase health-care funding for the provinces by more than half a billion dollars over the next 10 years. And it's important, when making a case for Manitoba getting more money for health care, that we have accurate facts.

The member for Assiniboia (Mr. Fletcher), I mean, has been at the federal level; he knows the reality of the situation. He should be holding his own government much better to account when they spew out facts or try to spew out facts but give us wrong numbers.

It is important when making this case that we have accurate facts, and that's why it is so important that we begin with a resolution which contains strong facts instead of errors.

You know, as the Minister of Health should know, he has already come under very severe criticism in the media for his statements on this issue. On January 26, for example, a well-respected columnist in the Winnipeg Sun wrote this: Health Minister is flat out—unparliamentary word—to the public when he says the federal government is reducing health-care funding to Manitoba this year. There's really no other way to put it.

The unparliamentary word, Mr. Speaker, was referring to the fact that the Health Minister was saying things, and continues to say things, by the way, that are some considerable distance from the truth.

So it is important that we have this on the table. And, until we get a health-care minister who can give accurate facts, we're going to have a problem. How can you negotiate properly with the federal government if you're not working with accurate facts?

Let me go on to another WHEREAS clause. It refers to the federal government's unilateral approach, and yet there were meetings—

**Mr. Deputy Speaker:** Point of order.

#### Point of Order

**Mr. Deputy Speaker:** There's a point of order called by the member from Assiniboia.

**Hon. Steven Fletcher (Assiniboia):** On a point of order, Mr. Speaker.

The member from River Heights suggested that I had certain powers. He must be informed that those powers are above my pay grade. Thank you.

**Mr. Deputy Speaker:** The honourable member for River Heights (Mr. Gerrard)?

I want to thank the member from Assiniboia for his contributions, but it's on the facts, not on the point of order.

\* \* \*

**Mr. Deputy Speaker:** So we'll continue with the honourable member for River Heights.

**Mr. Gerrard:** I want to say I appreciate the intervention by the member for Assiniboia, and I look forward to working together in whatever way we can to get the best possible deal for Manitoba.

Yes, I wanted to talk about the WHEREAS clause which referred to a unilateral approach, and just to say this: that it's rather ironic that the current provincial government is trying to criticize the federal government for its approach while the provincial government is failing to consult with many people on its own decisions, as too many people, including Sheila North Wilson, have pointed out and are revealing.

Another WHEREAS clause refers to the federal government's decision to reduce health-care funding by more than \$1 billion over the next 10 years. As I have already said, the federal government is actually increasing health-care funding by more than \$500 million to Manitoba over the next 10 years. It is very tough for us to have a government which can't do elementary math. It makes it much more difficult to make the case with Ottawa. It makes it much more difficult to run a province if you can't do elementary math.

WHEREAS federal funding is essential—and this is another WHEREAS clause—is essential in order to address the increasing costs associated with the health-care needs of the province's growing and aging population. Now, we agree with a push for more federal funding, as much as we can possible get. But we as Liberals are also very concerned that we see very little action from this government on a number of areas, including, for example, prevention of disease. And these are areas where the Conservatives should be focusing. And, in fact, by focusing on preventing diseases like diabetes, we can have improved health and a very considerable reduction in health-care costs, even while, as I said, improving the health of Manitobans.

You know, for example, some years ago, Manitoba Liberals produced a lengthy report on diabetes and showed that the failures of the former

NDP government to adequately address the diabetes epidemic and to prevent diabetes resulted in hundreds of millions of dollars in extra health-care expenses. Now, I've raised diabetes a number of times in the current Legislature with the Minister of Health, and he always replies with an example of what he's doing in relationship to dialysis. And, while it's important—you know, dialysis is important, it's almost as if the Health Minister doesn't understand that we're really talking about prevention of diabetes so that people don't actually need dialysis.

Type 2 diabetes is a preventable condition, and effective action by the current government to prevent diabetes could very considerably reduce future health-care spending in our province.

Similar comments can be made with respect to the prevention of a number of areas of brain health—brain and mental health as we've detailed in a lengthy report which was released last year.

Now, the last clause in the resolution discussing a meeting of the Prime Minister with premiers. We support such a meeting. We think it would be worthwhile and could be very valuable. However, the clause states that any proposed reduction in health-care funding be delayed until 2018-2019. Mr. Speaker, as we've already noted, the federal government is proposing an increase of 3.5 per cent in health-care funding for Manitoba. We can't use 'lang'—we can't support a resolution which uses language which is factually incorrect when compared to the actual facts of the case which are widely known, that this federal government has offered this provincial government an increase of 3 and a half per cent for this year.

\* (15:50)

So there is no decrease in health-care funding being offered by the federal government. So this resolution is just wrong. And so once again, you know, when you have factual errors, it's impossible to support this, and even though we want to support the government in getting more funding, in getting health care addressed better, working with the federal government, it's very, very hard if the provincial government puts forward a resolution which is just inaccurate.

Now, Madam Speaker—Mr. Speaker, there are two very critical and urgent needs in Manitoba. Interestingly, in both cases, increased funding in these areas—that is, brain and mental health and in

home care—increased funding in these areas will decrease costly health-care funding in other areas, like funding of emergency rooms in hospitals and personal care homes.

It's inexplicable why the provincial government would reject the funding for these areas when it can improve the functioning of the health-care system, it can improve the health of Manitobans, it can decrease the costs of the health-care system, and it can improve the economy as the Conference Board has so clearly shown.

It's clear, sadly, that this government would prefer to mislead Manitobans on their own cuts to health care and place the blame on the federal government. In this case, I want to make it very clear, Mr. Speaker, that I and my Liberal colleagues in this Legislature stand for a very strong plan and funding for mental and brain health in this province. We stand for a very strong plan and funding for home care in Manitoba.

We strongly disagree with the Premier (Mr. Pallister) when he said last Saturday that brain and mental health and home care are token categories. This is like dismissing these as not being important, when, in fact, they are really at the very core of some of the change that has to come to our health-care system. Better funding in home care, better funding in brain and mental health can improve our system and it can decrease cost in other areas.

So, as I've said, we won't support this resolution because it contains so many factual errors, and it doesn't even include any reference to the need for a strong plan for brain and mental health and for home care, which we've been asking the government for but day after day they fail to deliver.

I said yesterday that the present government is gambling on the future health of Manitobans. It's time that this government got in agreement on supporting mental health and brain health and on supporting home care. That agreement is being offered, and it's time for this government to actually come forward a plan that we can all support, that we can all go to the federal government and see if we can't get as much funding as we possibly can.

I want to re-emphasize one of the areas which was highly misleading, and I'll re-emphasize it by quoting from a highly respected columnist in the Winnipeg Sun, and he says—and I quote the following, this is January 26: It's one thing for the

minister—he's referring to the Minister of Health—to quarrel with Ottawa over federal transfers and argue that provinces aren't getting their fair share of health care funding, but it's quite another to state categorically that the federal government is reducing health care funding to Manitoba in 2017 when it is simply not true.

Let me continue. This columnist continues and he says: but that hasn't stopped the MLA for Steinbach from knowingly disseminated—unparliamentary language—information to the public about the transfers. I use the word 'unparliamentary language', you have to understand that I'm referring to the fact that the minister is being accused of straying a long way from the truth.

Now, the columnist goes on to say federal funding for health care to Manitoba is going up \$45 million this year. The \$45 million is the increase in the federal transfer to Manitoba this year. The feds are not taking \$39 million from the Canada Health Transfer to Manitoba; they're adding \$45 million. This is a respected columnist who's pretty good at finances often.

The columnist goes on to say—I'm talking about the Minister of Health's work—he says that's factually long, and the Minister of Health knows it's wrong. He's deliberately trying to mislead the public on how much the federal government is transferring to Manitoba for health-care funding this year, and that is the definition of an unparliamentary language. When you are knowingly not telling the truth and are 'purposely' trying to mislead, you are unparliamentary language.

This isn't just government spin. This isn't the—

**Mr. Deputy Speaker:** Point of order. I mean, I'm sorry. No, I'm sorry. Order. Order.

I just want to remind the member that even by quoting an untruth, or a lie or something like that, it should be—still it shouldn't be used in this—it's still unparliamentary language. So I would caution the member, please.

The honourable member for River Heights can continue.

**Mr. Gerrard:** I will continue. You know, I will continue quoting this eminent columnist.

The feds are not reducing health-care funding to Manitoba; they are increasing it. The federal government is not taking any health-care money off the table. There is no funding that was promised for

this year or next that has been rolled back. He refers to the MLA for Steinbach as being well within his right to argue he doesn't believe a 3 per cent increase is sufficient to properly fund health care, but to knowingly call it, an increase, a reduction in funding is a blacked-out piece.

Most people don't follow the minutiae of federal-provincial relations or the finer points of federal transfers to the provinces. The MLA Steinbach—for Steinbach, knows that—and he's hoping that if he misrepresents a situation often enough, it will be a fact in the minds of the public. He's trying to create an alternative fact, and that's shameful.

That is from a well-respected columnist in the Winnipeg Sun, and it's one of the reasons why it is important that we know the facts and we use the facts well to our advantage.

Mr. Speaker, I will take you back to the years when equalization transfers were initiated. And one of the people who played an extraordinarily important role in initiating equalization transfers was a Manitoba premier, a Liberal premier, whose name was Stuart Garson. And Garson was very good with numbers and with figures. And he assembled a lot of facts and numbers, and accurate ones, and he put together the plan and the rationale and the facts and figures in a way that he could go down to Ottawa—and he did—that was very, very convincing. And as a result of that very detailed and careful effort by former Premier Stuart Garson, we now have our equalization transfers.

We need this province to put together, in a very careful, detailed way, the plan that they've got for health care, including, particularly, mental and brain health, and for home care, with all the facts and figures accurate. And when that's done, we can all go, all of us, or representatives of all parties, to Ottawa and make a very, very strong case for our province. But we can't take this resolution to Ottawa because it's so weak and so full of errors.

\* (16:00)

You know, so we're calling on the government to change and improve the way that they do things so that we can, in fact, contribute and help and make sure that Manitoba gets the best possible deal we can possibly have.

We are—have been surprised at the delays, for example, in getting a plan for brain and mental health, even though it was promised in the election. And it is not being delivered and apparently will not

be delivered until the end of this year. This is not good enough. This is a government which had 17 years in opposition, should have had the plan ready to roll out in the first 100 days.

But, you know, it is a big problem when this government is not presenting a plan, is not being helpful in helping all of us to make the case to Ottawa. We want to do that; we want to work with the government. But we're not given accurate facts. We're not given an accurate plan. We're not given a case that we can make, and because that is so important. And, though we would very much like to support this resolution and support, you know, this government, there's just so many errors that there's no way we can.

And so, Mr. Speaker, today we'll be voting against this resolution, and we'll be sorry that we have to do that, because there's so many inaccuracies. And we hope that the government will put forward a better resolution with a better plan so that, in fact, we can support it in the future.

**Mr. Bob Lagassé (Dawson Trail):** I want to thank you and my colleagues for the opportunity to stand up in the House today and put on the record a few comments about the government motion on sustainable and flexible health-care funding.

Our PC government is committed to making Manitoba the most improved province. More than that, our government is committed to making Manitoba families safer and stronger. A huge aspect of making Manitoba families safer and stronger is health care, Mr. Deputy Speaker.

As we all know and have heard, provinces and territories have a large role to play in delivering quality services to our citizens and ensuring that their health care works for them. We need our systems to be responsive and effective for Manitobans. Health care here in Manitoba is the largest budget item that we have, and it's only growing.

We have seen how the provinces currently pay more than 75 per cent of health-care costs, and over time the federal government share of those costs has been declining, so much so that, in the next 10 years, the federal share of spending on this file is set to drop even further.

This is a massive concern for Manitoban families. Federal transfers make up an important part of our health-care funding and is essential for ensuring the high quality of care and front-line delivery of services that Manitobans need.

Since July 2016, the Health ministers from provinces and territories have tried to engage the federal government and renew discussions around the Canadian health transfer. This has fallen on deaf ears. The reason behind this is the an—the 6 per cent annual growth rate that we currently benefit from in the health transfers is set to expire at the end of this fiscal year. After that, the federal government has proposed a transfer that effectively cuts this funding in half.

The new health transfer will be tied to the nominal GDP growth of our province, with funding guaranteed to increase by at least 3 per cent each year. This is unacceptable and concerning to Manitoba.

The federal government's language, saying that they are supporting transformative change in health-care systems, doesn't align with the realities that Manitoba experiences. We face a very unique set of challenges in this province, and our ability to sustain health-care services to Manitobans will be compromised without fair and long-term partnerships with the federal government on this issue. If Manitoba chooses to receive a similar funding amount as the other provinces, we would be challenged to meet the need of, and even maintain, the current status quo.

We need funding supports on several health-care concerns from our federal government. To give some context to this, Mr. Deputy Speaker, here are some facts on Manitoba's health-care system. Last year, more than 40,000 Manitobans received the support of a home-care worker, a number which indicates how important this service is.

We offer a range of hospital- and community-based mental health and addiction services, an area of need that is coming more and more to the forefront of our health-care system. A few examples are it costs approximately \$70 million to operate the Misericordia Health Centre for one year. Dialysis services cost around \$100,000 per patient per year in Manitoba. It costs around \$50 million per year to provide roughly 73,000 MRIs here in Manitoba.

So I'm sure my colleagues can see health care is no small cost or matter for our province. This issue is made even more concerning because it comes on the heels of a decade of decay and decline in Manitoba services following the previous NDP government. We have inherited some of the worst wait times in the country in terms of emergency departments and



other services. We also inherited a massive deficit that we must contend with.

So our province's situation in terms of health-care funding in services is even more reliant on a sustainable and long-term deal with the federal government. Under the current offer, our province would be receiving \$18 million less from the federal government in the coming fiscal year. Over the next 10 years, this means \$1 billion less in health-care funding for Manitoba families, which is about the same amount of vote-buying promises the NDP made before the election, promising they had no-promises they had no way of keeping or intention of doing so.

This is an issue not only for Manitoba, but for our whole country, Mr. Deputy Speaker. The current federal proposal will provide nearly \$30 billion less to our country than what research suggested is needed to maintain the sustainability of our health-care system. The federal government has reduced growth in health-care funding to a rate that will see their contribution fall well below the required amount. They have proposed and presented a take-it-or-leave-it approach. In doing so, the federal government is putting our ability to provide essential services across Canada and Manitoba at risk.

This is not a sustainable plan, and this is not a plan that is good for Manitobans or Canadians. Mr. Deputy Speaker, our government's goal has always been to improve care in our communities and provide better mental health and home-care services to Manitobans. We were given a mandate by Manitoba families to repair our services, and that's what we intend to do.

Our government has begun the hard work required to move towards a balance in a sustainable way, and we are making the difficult decisions necessary to protect our citizens. Our hard-working minister, the MLA for Steinbach, has been at the forefront, calling for a first ministers' meeting to work collaboratively with the federal government to reach a national agreement that considers long-term health care.

Our team has consistently held the position that meaningful discussion with our federal counterparts is the only way we will be able to secure a fair partnership on this file. We are committed to working with the federal government to create a plan that allows us to deliver better services to individuals that need them. However, the federal Liberal

government has been reluctant to come to the table for a meaningful discussion on health care.

Calls by the province and territories for a first ministers' discussion have gone unanswered for more than a year. Mr. Deputy Speaker, we are responsible for the health of our province, but we don't have the financial resources from the federal government to help us out. We are left in the lurch.

\* (16:10)

If the federal government is unwilling, or chooses not to come to the table to have open discussions, we have a problem. We need that first ministers meeting in order to be able to create a plan that benefits all Manitobans and all Canadians, and secure the future of our health-care system. We are committed to looking forward for Manitoba and this means genuine discussion around a multilateral health-care framework based on national partnerships.

As a province, we have had to unfortunately adapt a standard of health care that isn't acceptable and this government recognizes and is committed for a better Manitoba.

So, in conclusion, Mr. Deputy Speaker, I hope that all members of this House will support this motion, a motion that identifies what Manitobans need and works to make sure that they receive the quality services that they deserve.

**Ms. Nahanni Fontaine (St. Johns):** Miigwich for allowing me to speak and put my remarks on the Hansard.

So I want to say, Deputy Speaker, that of course for the NDP our No. 1 priority is for Manitoba families to have access to quality, timely health care including seniors and youth of Manitoba to have access to quality, equitable, resourced, timely health care here in Manitoba.

Quite honestly the federal government funding decrease means that the provincial government must step up and do their part to ensure that families don't lose the care that they need and that they quite obviously deserve and require. Obviously, as well, with the federal government's decrease in funding, obviously puts in jeopardy some of the most at-risk families and individuals in Manitoba, particularly families and individuals in the North that already have to deal with a myriad of obstacles in respect of overall health care including isolation, particularly for some of our northern communities.

So I think that everybody in this House would understand and fully appreciate how important health care is to Manitobans. In fact, I think that everybody understands that without their good health nothing else really seems to matter. Without the good health and wellbeing of our children nothing else really seems to matter. So I think it's fair to say that health care in Manitoba remains one of the main concerns among Manitobans in a variety of different capacities. Again, for our own individual health, but certainly for our families, for our children, for our parents, our grandparents, I would argue that that remains the No. 1 concern.

You know, the federal government's decrease in funding means that this government must step up, and commit, and do their part to ensure that families don't—that they get that everything that they need to be able to live healthy lives. So it is curious that the Premier (Mr. Pallister) is choosing to pick a fight with the federal government and not willing to come to the table in a good and equitable respectful way to negotiate an agreement on behalf of all Manitobans.

We know that the Premier has made a promise to Manitobans that he would protect front-line services, which include, obviously, front-line health-care workers and this really is in contravention of that. I don't see how the Premier believes or thinks that he can commit to his promise of protecting front-line workers when he's not willing to negotiate with the federal government in respect of dollars for our health-care system.

And so we know that, you know, instead of making long-term investments for services and filling this gap, this government is cutting services for Manitoba families in respect of health care. And so we know that the Premier announced just recently that his government would cut \$1 billion in capital health projects and that they have gone even beyond that and have imposed even major spending cuts on RHAs.

So we know that this Premier directed that there be a cut in respect of the new facility for CancerCare Manitoba, which I'm sure that everybody can appreciate and understand how distressing that would be for families who face a loved one or themselves having to deal with cancer. I mean, in and of itself, it is just so difficult to deal with. And what's interesting is, you know, we had families here of children that are dealing with cancer, and so I can imagine that this would be additional stress in respect of, you know, this new facility for

CancerCare Manitoba and what that does for families and, again, for individuals that are dealing with something that I hope that, you know, none of us in this House will ever have to deal with.

We know that the Premier has cut PCHs across Manitoba, including in Manitoba and Lac du Bonnet, which, obviously, so many families rely on and is such a key part of our health care.

We know that in my sister colleague's constituency that a primary care clinic has been cut, and we know how much the people of The Pas would depend on that and now don't have access to that. And what the consequences of that will be into the—in the lives of constituents in The Pas and citizens in The Pas. And, again, they're families. I mean, I think, on this side of the House, I think we can't stress how much these cuts will impact on people's families, and, you know, I know all of us have children in here, and, you know, I can't even imagine what these cuts will do for, you know, just adding for families' stress in respective of, you know, whether or not their children are sick or whatever they need to be able to have a healthy family, and now there are just limited—there's a limitation on that.

So we know that the Premier has cut a northern consultation clinic for Thompson. Again, it's curious that there's all these kinds of cuts for the North, like as if the North doesn't have enough to deal with, right. So now we're just going to add to that, that stress for the North, that now we're going to cut a northern consultation clinic for Thompson—again, impacting on families, and families, as some people could argue, that are already vulnerable and at risk for higher rates of social determinants in respect of overall health.

So we know that the Premier also has cut a community clinic for St. Vital. And I know my sister colleague for St. Vital, I'm sure, is probably not happy about that, but is—I'm sure she's going to hear from her constituents in respect of that. Because we know that that community is also growing, so there's going to be needs for those community clinics for sure.

So we know that the Premier has also put a cut for a wellness centre in Concordia for seniors and families. And, you know, it, again, is—it's so curious and so, I mean, in some respects, really heartbreaking that we're making cuts for seniors whose health are so fragile in many respects. And the needs are so complex and so diverse that we would

cut any kind of supports for seniors—that's curious—and families.

\* (16:20)

And so then we know that the Premier (Mr. Pallister) has cut an International Centre for Dignity and Palliative Care at the University of Manitoba.

Like it is—when you go through this list of cuts that the Premier has, you know, just done away with, just willy-nilly, just gone, it's—it again, is just mind-boggling about the cuts that he feels are warranted or that it is okay to cut these things when each and every one of these plays such a fundamental role in the health of that immediate community or those surrounding communities.

And so it goes further. The Premier also cut the new facility for the Pan Am Clinic in Winnipeg, which I'm sure anybody that's had the opportunity to go there, if you have children and breaking bones or whatever, if you're active in the community, is a phenomenal clinic. It's a top-notch clinic which actually you can see progressively getting busier and busier because people like the service that they get there and feel confident in the service that they're getting there. And so instead of enhancing that clinic and, you know, lifting up that clinic and the surrounding families to be able—we've now cut that as well.

So, you know, what is that, one, two, three, four, five, six, seven, eight cuts in respect of really core health services for Manitoba families that for some reason this Premier seems to be okay with and, I don't know, dare I say, even maybe a little bit proud that he's making all these cuts in the name of, you know, austerity measures, which actually are ending up taking front-line services away from families and from Manitobans and, in many respects, are going to contribute to the ill health of Manitobans if they don't have resources that clearly are needed and are part of the overall collective kind of health strategy for Manitobans.

You know, I'm not sure if the Premier is actually kind of thinking this out and the consequences of this billion dollars in capital health projects that he's just cut and whether or not, quite honestly, he cares about the consequences of this on Manitoba—Manitobans' health and their families' health.

So, you know, it's no secret that on this side of the House we have always believed in and committed to the—that puts Manitobans' needs first, particularly in health care. I mean, you know, we

know that when we took government, one of the first things that we did was look at the shortage of nurses that we had in Manitoba and committed to that.

The Manitoba Liberals are refusing to call out their federal cousins' funding cuts. They really should get on side and demanding that their cousins or their brothers or whatever you want to call it—*[interjection]*.

Their what?

**An Honourable Member:** My father.

**Ms. Fontaine:** Your father, yes—someone's father—should be demanding the federal government actually live up to its commitments to fund health care for Manitobans. And so, you know, instead of letting them off the hook for, you know, petty, partisan, political reasons, they should be fighting for the services that Manitobans depend on and, again, require for our—everyone's overall health. So, you know, the Liberals can't have it both ways. They can't pretend to defend Manitoba's health clinic—care system while ignoring the federal government's cuts. So it's a little bit of a conundrum there.

It's a repeat of the 1990s, when the member for River Heights (Mr. Gerrard) sat at the Cabinet table and made deep cuts to health care that took a generation to recover from. And, you know, respectfully, in respect of this particular argument, I think that the credibility of the Liberals is weak. And I think that they have more of a role to play in holding the federal government accountable and ensuring that the federal government comes to the table in an equitable way to be able to fund health care for Manitobans.

So, again, I just want to reiterate how important it is to concentrate on, you know, the Premier's promise in respect of protecting front-line services. So, you know, instead of investing in—oops, sorry—instead of investing in community clinics, which we know play a vital role in health care for communities, that provide timely care close to homes for families and seniors, this government shut down the St. Boniface QuickCare Clinic.

This clinic provided crucial front-line care to families and seniors in St. Boniface and St. Vital areas. And so now, you know, families that are not feeling good have to now go and wait at St. Boniface ER for hours to access care, which really kind of just wastes everybody's time when we had a model that was efficient and that served the community and served the surrounding community and surrounding

families in a good way and had people in and out. They got to see a health-care provider, had information on what was wrong and were able to go right away.

And what's interesting about the St. Boniface clinic is that it offered bilingual health-care services to what we know is the most largest and most concentrated francophone community in Manitoba. So that is a real loss for Manitobans and really is kind of indicative of this government maybe not understanding or fully appreciating how important it is to have, you know, these—access to these health-care services, you know, in your community, in your language, or within the—your cultural framework.

So we know that QuickCare clinics are a part of the solution for Manitoba's health-care system, but rather than expanding and investing in innovative health-care service options, this government has cut, and I would submit to you, will probably continue to cut these services.

So, you know, again, I want to talk about the North. And I know my sister colleague has talked about the North for the last two days, because it is really problematic in respect of the cuts that have come to the North, particularly when we know, you know, the needs that the North—the very, very unique needs that the North has. So this government has, as I said earlier, cut two capital projects for northern Manitoba: a primary care clinic for The Pas and a northern consultation clinic in Thompson.

You know, it should be noted and, again, appreciated and certainly well-understood, that people and families in those communities were counting on those primary care clinics in their communities so that they would have, you know, again, equitable access to health-care services. These primary health-care clinics would have had access and given access to primary care. It would have contributed to reduced chronic diseases and health complications for families in the North.

And the reality is, and, again, you know, the North—I think that we all appreciate how unique the North is and that the myriad of different kind of interconnecting issues that the North faces, and, you know, we know that community leaders and service providers are always—already saying that the North health-care system is a patchwork with less available doctors and nurses. So I'm sure that everybody in this House can agree that northern communities need more investment, not cuts. That seems to be 101, and I would have thought that we would have all

agreed to that, but, obviously, not as the Premier (Mr. Pallister)—and, again, I just can't wrap my head around if you were going to make any cuts, why would you make cuts to services in the North? Like, it just doesn't make any sense.

\* (16:30)

And, you know, it really is indicative of what seems to be a lack of commitment to the North by this government in respect of, you know—they will, you know, talk that they want to build capacity in the North and grow northern economies, but they sat idle when major economic drivers in Churchill and The Pas shuttered, and now they're reducing health-care services. So it kind of seems to be this kind of pattern of just disregard for people in the North.

So here's what I want to talk about in respect of the—imposing these service reductions on RHAs. So we know, as everybody has spoken about, that the Premier has told RHAs to cut spending and to reduce its services. They've told WRHA to reduce services by more than \$80 million, a huge amount of dollars and resources that obviously it needs to be able to execute, again, equitable, fair, accessible health care for Manitobans. The NRHA has been told to reduce services by more than \$6 million. That is a huge amount of money for the North to be able to reduce services.

I think it is particularly egregious for the Premier to cut primary health clinics in Thompson and The Pas and then impose even more reductions in respect of a \$6 million in respect of service when we are in the midst of a suicide crisis. So it is no secret that in Manitoba and many indigenous communities across the country, we have a suicide epidemic. And the reasons for a suicide epidemic are, obviously, I'm sure everyone can appreciate, intergenerational and, you know, connected to a variety of different issues, certainly.

We know that health-care providers in some of our communities are exhausted. Some of our health-care providers in these more isolated communities are literally working 24 hours a day and are dealing with crisis upon crisis upon crisis, and—to no fault of their own—and are doing the best job that they can emotionally, physically, mentally, spiritually. And we know that we have an epidemic of suicide in First Nation communities, particularly among youth.

We know as well that leadership in Manitoba and across Canada have talked about the need

for more resources, so more health-care workers, child psychologists, family therapists, preventative programs, in respect of dealing with this crisis. So I would suggest to the House that, you know, when a premier or a government imposes, you know, a \$6-million reduction in services, where are those reductions going to happen first? And I would suggest to this House that it would be in those preventative measures, because the needs of a health-care system are so immediate, those dollars are—the limited dollars that they have will go to, you know, hospitals and this and that, and certainly going to be taken away from preventative programs.

And the bottom line is that, you know, we know that communities need preventative programs. We know that we need to engage youth in their own health-care healing and to be able to participate in their own agency and their own healing in respect of—also, not only individually, but healing the community.

So, you know, I want to respectfully just stress how dangerous it is, really, in the lives of northern Manitobans, and including northern First Nation youth who, I would argue, are some of the most vulnerable Manitobans that we have, who need all the supports that they can get, and certainly not direction or directives from this Premier (Mr. Pallister) to actually limit the supports that they get. It's particularly egregious and I would say that it's actually in contravention of just how to be a good premier, in respect of working for all Manitobans and certainly the most at-risk and vulnerable of our province.

And I would imagine that the Premier has seen the news and has seen, you know, First Nation chiefs and community leaders, you know, call states of emergency in respect of their communities, asking for more resources, again, not only in Manitoba, but across the country. And, you know, instead of responding to that with more dollars for prevention, this Premier has chosen to respond to that very critical issue by reducing the amount of money that the NRHA can spend on services.

*Madam Speaker in the Chair*

So I think that I want it—I mean, obviously everything is on the record, but I want it on the record that, you know, what these cuts are going to do for communities, and if we see even higher levels of suicide, well, then who does that fall on? Who, you know—and, again, I know that people in this House know that sometimes we have, you know,

suicides from children that are as young as 11–10, 11 years old—and this Premier has then given a directive to reduce services at what—at any cost, so maybe even at the cost of lives. And that's—it's absolutely shameful—it's absolutely shameful.

So just a couple of statistics in respect of, like, we know that the NRHA serves more than 74,000 northern Manitobans in a region that spans 400,000 kilometres, so we know that in these spending reductions they're going to have to eliminate funding for non-insured services. This will mean less funding for mental health and addictions services in the North, which severely impact isolated communities that struggle with mental health.

Even if we were to look at the services that are going to be reduced in respect of the fentanyl crisis and, you know, certainly Manitoba's not the only province that's dealing with the fentanyl, and many will say carfentanil crisis. And some people have said that, actually, fentanyl and carfentanil hasn't even really reached the northern communities yet. It has, but it hasn't really yet, and people that work in harm reduction and in addictions are kind of waiting for this, you know, what could very well be an explosion of overdoses in respect of fentanyl and carfentanil.

And, you know, we know that addictions is complicated. It is, you know, some people would argue that it is fundamentally predicated on trauma and people trying to deal and live with their trauma, and so certainly we know that many First Nation communities as a result of, really, the colonial history of Canada, are dealing with multiple, multiple layers and generations of trauma, and so certainly we can imagine, or I would suggest to you that, you know, once fentanyl really does reach the communities, we potentially are going to have a major crisis on our hands. And with these reductions—\$6 million reductions in services that is directed by the Premier, how are communities or even health-care officials going to be able to respond in a co-ordinated, strategic and emergent way to be able to deal with this crisis?

And, again, I would say that that is on the shoulders of this Premier, and you know there are—there are real consequences to when you make these directives and certainly take out needed capital and investment into the health-care system, and the problem and the tragedy is that the consequences fall on people.

\* (16:40)

So the consequences fall on people's health, on their lives, on families' lives, on families' health, and that is tragic, and actually it's unacceptable. It's unacceptable that a Premier (Mr. Pallister) would engage in directives to reduce capital funding in health care that will affect the lives of individuals, and certainly could contribute to the death of individuals.

You know, I'm really proud to be able—to be part of a team that, you know, really believes in health care, and has a long history of fighting for health care, and committing to health care, and ensuring that the health care that Manitobans need and deserve that we work towards that. I mean, I—you know that the Health Minister always talks about all these promises that we made, we did so much in this province. Like, every time I go down and I see the new women's health hospital—or the women's hospital, it's beautiful and brilliant, and it's beautiful to be a part of that history and that legacy regardless of what members opposite say. I am proud of that work that we did as NDPers on behalf of health care.

**Ms. Cindy Lamoureux (Burrows):** It's a pleasure for me to stand here today before the House on this afternoon to comment on a resolution which is of crucial significance to all Manitobans: our health-care system.

Madam Speaker, I understand that through this resolution the Minister of Health, Seniors and Active Living (Mr. Goertzen) intends to reassure Manitobans that they can expect a sustainable, modern, and innovative health-care system.

Our caucus—I would argue all members of this House—do in fact agree that we need to ensure that the health and well-being of all Manitobans today and of the next generation is in the best—is secure in the best and most practical way possible. Funding for health care in Canada is a shared responsibility between the federal government and the provincial government. This past December, Ottawa and the provinces met in hopes of reaching an accord on health-care funding.

Madam Speaker, the Health Minister has caused great concern. We are facing a huge problem in getting funding for the resources we need for our health-care system. I'm alarmed that this minister is not willing to negotiate with the federal government, and he just tweeted out that he wants the window seat. Does that mean that we're actually going to Ottawa? I look forward to it. I think the member from Kildonan also said that he would join us.

You know, he keeps claiming that he's willing to negotiate, however he hasn't yet presented a plan. I'm curious. He doesn't want to meet with the minister, but he can—he's consistent in wanting to meet with the Prime Minister. I'd like to ask the minister why he's neglecting—why he is purposefully going out of his way not to meet with Minister Philpott. What is—what's happening there?

He's closed-minded; he isn't actually willing to compromise. Presenting an ultimatum to the federal government is not negotiating. You know, I appreciated what the member from Concordia said, in wanting to make this a non-partisan conversation, but his whole opposition party even needs to get on board with that because the member from St. John's made it very political by taking the cheap shots at the parties.

I would like to get on board with that because our—Manitoba is facing major challenges as time progresses. It is projected that Manitobans aged 65 and older will nearly double by year 2038. When a person ages, there are increased risks of medical complication. I don't have to remind the members of this House, and these require long-term support and care. These, in turn, would lead to greater need for support with daily self care, activities, and ultimately result in more hospitalization. In short, Madam Speaker, spending on home care now will decrease need for hospitalization and other health care costs all around.

Madam Speaker, what is concerning with this resolution is the accusatory rhetoric it has towards the federal government. We should be working together. We all want what's best for Canadians and Manitobans. I want to direct your attention to the third WHEREAS in which it blames the federal government for refusing to engage in discussion around the importance of long-term and sustainable partnership on health-care funding. This is completely inaccurate.

It's untrue. If it were true—[interjection] No, Madam Speaker, if this was true, do you truly believe that Prince Edward Island, four provinces and three territories would have signed on to it already? It's untrue.

Madam Speaker, this resolution is reflective of this government's desire to point fingers and blame the federal government.

What we need is a healthy relationship with the federal government, and this would require that our

government be open-minded. We need to establish dialogue, not point fingers, and not avoid the Minister of Health.

Through my recent sit-in I learned that when it comes to negotiations you actually have to negotiate. Madam Speaker, you have to make compromises, you have to be open-minded, you have to prioritize what is most important to you. The minister has to do this. It's not an ultimatum. The ultimatum he gave the government—the federal government—it's not fair to do. It is better to establish co-operation on the issue rather than have dispute over it.

You know, my colleague from River Heights, he already outlines all the inaccurate facts, all the inaccurate numbers, and I would challenge other members of this House to look them up, because what the member from River Heights said is correct. What the minister said is completely incorrect. So I won't reiterate what he said, but I hope everyone takes that in mind when it comes to voting on the resolution.

**Mr. Ted Marcelino (Tyndall Park):** It's always a pleasure to stand up and say something about a resolution that you can support or not support.

The Liberal position, I think, is supported but not. I still cannot wrap my head around it. You say you will support it but then you say maybe not. The resolution seems reasonable and—*[interjection]* No, it's not especially from the member from Emerson, I don't need help.

Now there's always a lot of personal experiences with the health-care system that I want to touch on, and one of the most recent, especially for me, was sometime in January when I had to go to the emergency room of the Health Sciences Centre right from this Legislative Chamber. I was suffering from some kidney stones and I did not tell anybody that I was going to the hospital, and of course, I waited for treatment. And I was amazed at the efficiency, commitment, and dedication of those who are working the front lines of our health-care system—the nurses, the doctors, the triage nurse, most especially, and, of course, even that lady who kept on checking up on me while I was waiting for about four hours.

I didn't mind the wait for as long as I was not in pain, but I was in total pain. Apparently my kidney was complaining and I was complaining too. I hope that nobody else gets that pain. I was told it's like childbirth, and I said—*[interjection]*—that's what I was told. I didn't say that I believed it. And apparently a

suppository would've helped me earlier, but the health-care system—that's parliamentary language, I think.

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

**Mr. Marcelino:** But the health-care system has been very useful to me.

**Madam Speaker:** Order, please. Order.

**Mr. Marcelino:** At my age, I think I should also worry about the provision for my old age, the nursing homes, maybe, or when I'm about to die, the palliative-care units that will take care of me before I pass on.

\* (16:50)

It is a natural way of getting out of this world and moving on to the next. But the health-care system is the only system that we have that will take care of us. And I'm proud that I am Canadian. I'm proud that during the last 37 years the health-care system has provided free, universal, sometimes inconvenient health-care system. But at least the taxes that we pay go to something that we know to be an NDP- or CCF-sponsored system that now the world is really very envious of.

When it was first introduced, our health-care system was easier. There was not a lot of people who were being covered. And then it was—it transcended ages and nationalities and provinces until it became a pan-Canadian system that was adopted by Canada.

And the way that the argument was, it's about money. The Liberals are saying that there was no cut. The Conservative Health Minister of the Province says, well, we are being cut. And for me to even engage in computations and arithmetic and elementary language, the real question is, how do we make it better? How do we make it better for those who are aging? How do we make it better for those who are sick? How do we make it better so that it provides the care that we expect from the system?

The Conservatives have always played the money game. Value for money, I think that's what they call it. And, when the audit was finished, for whatever reason, it was never tabled in this House. And I don't know why. Maybe it's saying something good. And, when it's not presented here, we don't even know what that means, the value-for-money audit—the report from KPMG, or is that the proper acronym that's supposed to be used?

There is a lot in this government resolution that I could support. But then the problem that I have is

almost—not really very serious, but the challenging fiscal situation we have as defined by the Finance Minister is not even something that I will agree with. The deficit reduction goal that the Conservative Finance Minister has set for himself seems to be the end-all and be-all of the political game, a political ideology that seems to not appeal to me.

I don't want to agree with it, because as a government we need to provide what's needed by our people. We cannot run government like a business. It is never for profit. And it's a problem. It is a problem especially for the Minister for Crown Services to be able to say that he will not interfere with Crown corporations, and, on the same breath, and in less than a year, he does. He interferes with it. And I see that as part of the political agenda. And I understand why. I could even accept why. But I will not allow the Minister for Crown Services to keep on saying things one day and then does another thing the next day.

And that's part of the accountability that I will demand from the Minister for Crown Services or the Premier (Mr. Pallister), because that's what the Minister for Crown Services said, that it was the Premier who directed the cuts. And I believe the Minister for Crown Services, that he's telling the truth. And I'll take his word for it, word for word. And when he said that it was the Premier who ordered a 15 per cent cut, I believe it. I believe the Minister for Crown Services; he will never lie, I think.

And you'll—*[interjection]*

**Madam Speaker:** Order please.

I would just encourage all members that probably in the context of our debate that we not even bring up the word lie in one way or another. It probably doesn't serve the value of the debate at all

and just tends to be an inflammatory word. So I would encourage all members to put that word someplace else and that we not use it again in this Chamber. Thank you.

The honourable member for Tyndall Park (Mr. Marcelino), to continue.

**Mr. Marcelino:** Now, if I stuck to the notes that I was given—the Conservative government campaigned prior to April 19th that they will protect front-line services. And people believed it. Now, I will not say that it is a mile away from the truth; I will not say that, because when one of the first things that this government did was cut \$1 billion in capital projects—so I will not say that it's farther from the truth. I will not say that.

When this government came on board, there was a CancerCare Manitoba extension and expansion that was planned. Cancer touches everybody. I lost my mom and my dad to cancer. And one of the best things that happened to me when I was grieving was I saw how the care from CancerCare Manitoba was rendered. We went to St. Boniface Hospital with my mom, and she was given the best care, and also with my dad.

That's the reason why I said, why is this government going after CancerCare when it's one of the most painful diseases that could afflict anyone—not heart attacks, cancer. CancerCare should not have been cut.

There are a lot of others that are close to my heart. This international centre—

**Madam Speaker:** Order, please.

When this matter is again before the House, the honourable member will have 17 minutes remaining.

The hour being 5 p.m., the House is adjourned and stands adjourned until Monday at 1:30.



# LEGISLATIVE ASSEMBLY OF MANITOBA

Thursday, March 2, 2017

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