

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

*Published under the
authority of
The Honourable Myrna Driedger
Speaker*

Vol. LXXI No. 32B - 1:30 p.m., Thursday, April 12, 2018

ISSN 0542-5492

MANITOBA LEGISLATIVE ASSEMBLY
Forty-First Legislature

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

LEGISLATIVE ASSEMBLY OF MANITOBA

Thursday, April 12, 2018

The House met at 1:30 p.m.

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

Prior to proceeding with routine proceedings, I would just like to indicate that, as it has been discussed outside of the House, we are all wearing jerseys today because of what has happened in Humboldt and to show our support for Humboldt. But I need to officially ask, is there leave to set aside our usual dress code for the Chamber to allow members to wear jerseys in the House today, for this occasion only, for Humboldt? *[Agreed]*

Thank you.

ROUTINE PROCEEDINGS

Madam Speaker: Introduction of bills? Committee reports? Tabling of reports?

MINISTERIAL STATEMENTS

Madam Speaker: The honourable Minister of Justice, and I would indicate that the required 90 minutes notice prior to routine proceedings was provided in accordance with our rule 26(2).

Would the honourable minister please proceed with her statement.

Yom Hashoah

Hon. Heather Stefanson (Minister of Justice and Attorney General): Earlier today, I joined our Premier (Mr. Pallister) and many other members of this Assembly for the proclamation of Yom Hashoah, or Holocaust Memorial Day, in a beautiful ceremony organized by the Jewish Federation of Winnipeg.

Many of us also joined people from across our province this morning to read the names of those who lost their lives in the Holocaust, as part B'nai Brith Canada's annual ceremony entitled Unto Every Person There Is A Name.

The unimaginable horrors of the Holocaust teach us important lessons about human rights and responsibilities today. It teaches us about hatred and discrimination and the challenge of democracy in a multi-ethnic and multicultural society. The term Holocaust is derived from the Greek term for a burnt offering. In contemporary literature and

history, the term is used to refer to the systematic Nazi destruction of European Jewry, which began in 1933 and continued until the end of the Second World War in 1945. Madam Speaker, the Holocaust is estimated to have reduced the world's total Jewish population by over one third.

While the Jewish people were a primary target during the Holocaust, we also remember the millions of other victims: the ethnic Poles, the Russian prisoners of war, the Roma people, Jehovah's Witnesses, members of the LGBT community, people with disabilities and political enemies who also offered—suffered under Nazi persecution and violence.

Madam Speaker, today we remember the Holocaust, and the international complacency and social and political conditions that allowed it to occur, so that we may avoid similar events today and in the future.

We must also keep in mind, as members of this House, that the Jews—that Jewish people continue to face prejudice and discrimination, including right here in Manitoba. According to B'nai Brith Canada's annual audit of anti-Semitic incidents, 2006 was a record-breaking year for anti-Semitism in Canada. Their report identifies 1,728 incidents of anti-Semitism across the country, compared with fewer than 1,300 in 2015.

Even more troubling is the increase in anti-Semitic incidents in Manitoba and Saskatchewan, which reported an increase from 11 incidents in 2015 to 74 in 2016. These statistics show that we have plenty of work still to do. And we—and as we work to build a compassionate and just society, it is vitally important that we understand and learn from the Holocaust.

Madam Speaker, this horrific event teaches us about the human capacity for resistance, solidarity, resiliency and survival. It teaches us that democratic institutions, values and human rights are not a given, nor are they automatically sustained. They must be appreciated, they must be nurtured and they must be protected.

Madam Speaker, the Holocaust reminds us that silence and indifference to the suffering or persecution of others, or to the infringement of civil

and human rights in any society, can perpetuate that suffering. The Holocaust was not an accident in history. It happened because of prejudice and hatred. It is for that reason that we must never forget the Holocaust. It is for that reason that we must, and we will, remember the terrible things that happened, so that they may never happen again.

And, Madam Speaker, I want to thank and welcome Laurel Malkin, president of the Jewish Federation of Winnipeg, as well as Elaine Goldstine, as chief executive officer of the Jewish Federation of Winnipeg, who are joined with us here in the gallery today. And I want to thank them for their contributions to our province.

Mr. Wab Kinew (Leader of the Official Opposition): Madam Speaker, today we mark Yom Hashoah, Holocaust Remembrance Day. On this day we join Manitoba's Jewish community to remember the innocent lives lost in the Holocaust, the 6 million Jewish people who were murdered, the men, the women and children who were put to death simply because of who they were, simply because of their race, their culture, their faith and their traditions.

Together, we remember the systemic dehumanization of the Jewish people, who suffered from a spread of immense racism at the hands of the Nazis and their collaborators that took away every right of Jewish people across Europe, including the right to life.

Over the weekend, my mother, my wife and myself were honoured to attend the reading of the Megillat Hashoah, the Holocaust Scroll, at the Shaarey Zedek Synagogue, as we had in years past. This year my wife was asked to read a part of the scroll, and as she—some people know that she's pregnant right now—got to a part that talked about—that talks about the young children who were lost during the Holocaust. She had to stop, she was overcome with emotion and she had a lot of difficulty concluding that passage that she was supposed to read. As a husband, I was watching, and it was very difficult for me to see her in this sort of emotional distress, but I realized in that moment that it is not only important, but it is necessary for us to subject ourselves to that form of remembrance. As we raise our soon-to-be-born child, the story of the Holocaust will live on for another generation in our family, and that is why it is important on days like Yom Hashoah for us to listen to the survivors so that we may share their stories and repeat the truth of what happened to Jewish people

during the Holocaust. And that is not just a burden that ought to be borne by members of the Jewish community; that is a burden for us all to bear as human beings.

Now, indeed, it is important for us at this time, at this historic moment, to keep sight of this duty to remember the Holocaust. In 2016, of the hate crimes that were committed in Canada, the largest number were perpetrated against Jewish people. And just today in a survey published in *The New York Times*, there's evidence that memory of the Holocaust is decreasing; indeed, two thirds of people in my generation were not able to say what Auschwitz was.

And so we take this solemn moment to recollect and pay tribute to those lost, but also to reaffirm our commitment to stand with the Jewish community and to ensure that we will never forget, so that we can make true the promise of those words, never again.

Hon. Jon Gerrard (River Heights): Madam Speaker, I ask leave to speak to the minister's statement.

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

Mr. Gerrard: Madam Speaker, today is Yom Hashoah, Holocaust Remembrance Day, and the anniversary of the beginning of the Warsaw Ghetto Uprising in 1943.

* (13:40)

For many years now I've had the honour to read the names of those who died in the Holocaust so that we may never forget what happened to the Jewish people in the Second World War. When Naomi and I have visited Yad Vashem, the Holocaust Remembrance Centre in Jerusalem, the US Holocaust Memorial Museum in Washington and, of course, our gallery—Holocaust gallery here at the Canadian Museum for Human Rights, it's very clear how important it is that we remember each and every person who was killed or slaughtered in the Holocaust.

The Holocaust is a very sorrowful chapter in the history of mankind and womankind, and its echoes are still felt today. We still need even better tools, better ways and better processes to address and prevent racism and discrimination.

There is progress in understanding here in Winnipeg. A month ago, Naomi and I attended a remarkable interfaith Seder presided over by Rabbi Alan Green at Shaarey Zedek Synagogue.

As the number of Holocaust survivors dwindles and the years pass, it's more important than ever that we ensure that the stories are heard, that future generations learn about the horrors of the past, and we ensure that all of us continue the fight against anti-Semitism and against discrimination and racism more broadly here in Manitoba, in the rest of Canada and, indeed, around the world.

Thank you.

Hon. Steven Fletcher (Assiniboia): I ask leave to reply to the ministerial statement.

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

Mr. Fletcher: Yom Hashoah, or Holocaust Remembrance Day, was celebrated earlier this afternoon in this grand edifice. I was particularly touched during the service when the students at Gray Academy recited April Wind.

I was sitting off to the side—usually in the crowd or at the back, but today I was sitting off to the side, and it allowed me to see something that I haven't normally seen at these types of services. And that is, I was able to hear the service but also look into the faces of the survivors who remain alive, the survivors of the Holocaust. Looking into their eyes, thinking about what they have seen in their lives, it's something that must never be forgotten. That's why I'm so proud of the students at Sturgeon Heights Collegiate who, every year, have a Anne Frank memorial display, open to the public, on their own initiative; thanks to the faculty and students.

The Holocaust was one of the most horrific events in human history and, of course, for each individual, the most horrific event conceivable. The Holocaust reminds us that we should never forget about human rights. That's why I think we're all proud to be in the city where the human rights museum now stands and is now part of our currency, the \$10 bill. And I'd like to thank Gail Asper, David Asper, Leonard Asper, Izzy Asper—and former member of this place—for their support and vision in this regard.

World War II touched many lives, including my own family. My grandfather was a prisoner of war. He was used for slave labour under the Japanese on the infamous Burmese railway. For four years, my grandmother knew nothing. And that happened to too many people. And that's what happens when we forget about human rights—oh, and people, like me, with a disability, who would have just been killed if

the Nazis were successful. Like, you wouldn't have to worry about making a wheelchair ramp in the Chamber or anywhere else because there would be no one in wheelchairs. That is the difference between the good guys and the bad guys in today's context. We must never forget human rights.

Madam Speaker, I'll end by saying that some of you may know I was in Berlin on a work-related issue in December. One of the most moving experiences of my life was whipping between meetings late one night—dark, dirty, rainy evening—and I found myself in the middle of the Holocaust Memorial.

Madam Speaker: The member's time has expired.

Mr. Fletcher: Can I just finish the sentence?

Madam Speaker: Is there leave for the member to conclude his remarks? *[Agreed]*

Mr. Fletcher: There was another member in this place that was also at the Holocaust Memorial in Berlin, during the day. For some reason, I was there at night in the cold, alone with these edifices, black boxes representing lives, souls lost.

Madam Speaker, thank goodness the good guys won that war—Second World War—and that we will cherish human rights forever. And Winnipeg is a beacon for the world. If you have any questions about it, just look on your \$10 bill. Thank you.

Madam Speaker: Further ministerial statements?

The honourable Minister for Sport, Culture and Heritage, and I would indicate that the required 90 minutes notice prior to routine proceedings was provided in accordance with our rule 26(2).

Would the honourable minister please proceed with her statement.

Jersey Day in Support of Humboldt Broncos

Hon. Cathy Cox (Minister of Sport, Culture and Heritage): I rise today to recognize jersey day in support of the victims and families of the recent tragedy that claimed the lives of 16 members of the Humboldt Broncos and forever altered the lives of a community and nation.

Inspired by a group of hockey parents from Langley, British Columbia, today Canadians from coast to coast are wearing a jersey or a green ribbon as a sign of support for the Humboldt Broncos, their families, the community of Humboldt and the province of Saskatchewan.

In the words of one of the BC hockey parents, we are all one team. And although we are wearing jerseys every colour and kind, today we are truly on the same team.

Madam Speaker, we all—are all mourning today the loss of these young souls, who were taken much too early.

Today, I was humbled to join colleagues from all political stripes to join our support for Humboldt. It was a heartwarming experience and a heartwarming moment to gather with all of MLAs and share a moment in solidarity for our western neighbours and our western friends.

As a hockey mom, like many parents, my heart is broken. Words cannot express the sorrow that we feel for the Humboldt Broncos' families, but it is our hope they will find some solace in the unforgettable memories and wonderful memories that they shared with their boys. May God's love carry them through the dark days ahead.

Madam Speaker, even though it is just one small gesture, I hope jersey day will help show Humboldt that Canadians stand with them with, by their sides, every step of the way, on what we know will be a very difficult and long journey towards healing.

We are with you, Humboldt, today, tomorrow and always.

* (13:50)

Ms. Flor Marcelino (Logan): Today, we continue to mourn the immense tragedy in Saskatchewan that saw 16 lives taken from us, many of them young people.

This is particularly painful for a country that lives and breathes the sport of hockey. Manitobans have all known and grown up around the rink in varying degrees. As parents, our children have travelled with teams regularly, and as young people our teams have become like family. Today, we think of those families in Saskatchewan and their grief.

Fittingly, the sport of hockey is about community. Community has always been a member of the team. Communities have housed players, fed them, cheered for them and now we have grieved for them.

Since the accident, we have seen our national community grow even stronger. In this moment of complete darkness Canadians have brought light in their compassion and empathy. Driving down the

street, hockey sticks can be seen outside the door of many homes as an act of solidarity. The GoFundMe page has raised millions of dollars to cover funds for the families.

In honour of the Broncos, our Canadian community will be participating in jersey day by donning a sports jersey or wearing a green ribbon. By doing this, we show the families of Humboldt that we stand with them.

Today, we encourage all Manitobans to join in jersey day and stand with the Humboldt Broncos. Together, we are Broncos strong.

Ms. Cindy Lamoureux (Burrows): Madam Speaker, I ask for leave to speak in response to the ministerial statement.

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

Ms. Lamoureux: Madam Speaker, today people around the world are wearing their jerseys to remember the 16 lives we lost, those that are injured and so many more whose lives are forever changed.

The hockey community, Canada's community, is broken and grieving. The jersey day movement, the sticks out for Humboldt and the GoFundMe page for the families show us all how close of a community we truly are.

No amount of money can fix what happened, but it can help begin the healing and it can help support the families who are facing this most horrific tragedy.

Every day, Canadians travel across the country to play the sport they love for the team that they cherish. They play for their teammates, their fans, their families and for themselves. The Broncos did this.

We will remember them, and on behalf of all of us, we offer our condolences to the families and friends and the community of the Humboldt for their loss.

We pray for healing and for those still with us.

Madam Speaker, I ask for leave to have the names of the deceased added to Hansard today.

Madam Speaker: Is there leave to include the names of the deceased in Hansard? *[Agreed]*

Thank you, everybody.

Humboldt Broncos victims: Tyler Bieber, 29; Logan Boulet, 21; Dayna Brons, 24; Mark Cross, 27; Darcy Haugan, 42; Adam Herold, 16; Brody Hinz, 18; Logan Hunter, 18; Jaxon Joseph, 20; Jacob Leicht, 19; Conner Lukan, 21; Logan Schatz, 20; Evan Thomas, 18; Parker Tobin, 18; Stephen Wack, 21; Glen Doerksen

MEMBERS' STATEMENTS

Yisa Akinbolaji

Hon. Rochelle Squires (Minister of Sustainable Development): I rise today with great pride to recognize one of my amazing constituents in Riel. Yisa Akinbolaji is a local, national and internationally renowned artist. He was born in Ondo, Nigeria, and practised art in Lagos before immigrating to Canada in 1997. His career achievements, spirit of volunteerism and youth engagement continue to inspire many newcomers to our great province

For over 30 years, Yisa has engaged in extensive art practice working in a variety of media. He works in oil, acrylic, metal sculpture and print making. Yisa has been featured on the cover of Art Business News, New York, in 2001 and his incredible work has been exhibited in galleries and museums in Canada, the United States and Nigeria.

Yisa is the founder of Creative Foundation Inc., an organization that he established in Manitoba in 1999. This organization enlists professional artists, professionals in the arts, sciences, technology and the humanities to engage and mentor young people to promote creative thinking, art appreciation and foster harmony among youth of all cultures.

Yisa has received numerous awards and appointments in Canada as well as internationally. In 1997, he was recognized with his inclusion in Nigerian Artists: A Who's Who & Bibliography.

He was elected president of the Manitoba Society of Artists in 2001 and was appointed to the board of the Manitoba Arts Council in 2010, where he has received two reappointments to serve until 2018.

I am so pleased to acknowledge and honour Yisa Akinbolaji, a man who shares his immense artistic talent to enrich and enhance our community, and ask all my colleagues to help honour Yisa Akinbolaji and his family who are joined—who join us here today in the gallery.

Thank you.

Seven Oaks Hospital

Mr. Ted Marcelino (Tyndall Park): Since its establishment, the Seven Oaks hospital has been a vital lifeline for the residents of northern Winnipeg and its surrounding areas. With an emergency department that sees over 45,000 patients per year, Seven Oaks is one of the busiest emergency-care providers in the province and a leader in innovation in the way it delivers emergency care.

With the announcement to close the Seven Oaks emergency department, this government and the Premier (Mr. Pallister) broke their promise to Manitobans to protect front-line services that families and seniors rely on every day. The people who rely on Seven Oaks hospital are left without answers or solutions. Families and seniors have been left without any point of contact with front-line emergency health-care services and will have to travel much longer distances to get to an emergency room. These cuts come at a time when Winnipeg is rapidly growing and the demand on existing emergency rooms is already incredibly high.

Our NDP team stands with the right of all Manitobans to access quality, timely and trustworthy emergency health-care services. We will continue to fight against the closure of the Seven Oaks hospital emergency room.

Thank you, Madam Speaker.

William G. Barker

Mr. Jon Reyes (St. Norbert): Thank you, Madam Speaker.

How about those Winnipeg Jets last night?

And speaking of high-flying accomplishments, I rise today to honour and recognize one of Canada's eminent World War I heroes: Manitoba's own William G. "Billy" Barker.

Earlier today, Madam Speaker, I, along with my colleague, the MLA for Dauphin, were privileged to participate in a renaming ceremony and plaque unveiling at the Royal Aviation Museum of Western Canada. Formerly known as the Canadian Forces School of Aerospace Studies, the new name has changed to RCAF Wing Commander William G. Barker VC—Victoria Cross—aerospace college.

As we were reminded earlier this week on the occasion of the 101st anniversary of Vimy Ridge, World War I was a defining event in Canadian history. It transformed a quiet country on the fringes

of global affairs into a critical player in the 20th century—most important struggle. The bravery, courage and sacrifice made by our soldiers, Canada's soldiers, played a vital role in the freedom that all of us so easily take for granted every day of our lives.

Earlier today we paid tribute and acknowledged one of Manitoba's citizen soldiers, a farm boy from Dauphin, Manitoba, who volunteered for active service in Canada's fighting forces during World War I. Born on a family farm in Dauphin, Manitoba, Billy Barker grew up on the frontier of the Great Plains, riding horses, shooting and working as a youngster on his father's farm and sawmill. Little did he realize in his youth that he would one day be recognized as the most decorated Canadian in the history of military service. No other Canadian soldier, sailor or airman has surpassed this record. Lieutenant Colonel William G. Barker, one of the legendary aces of the war, remains the most decorated Canadian in military service.

The renaming of the school of aerospace and the unveiling of the plaque that will soon join others in the Hall of Honour at the Legislative Building commemorates Manitoba's proud military history and to help weave that military history into the fabric of our provincial and national identity.

In close, as Special Envoy for Military Affairs, I am proud to rise to acknowledge the relatives of William G. "Billy" Barker, Victoria Cross.

* (14:00)

Thank you, Madam Speaker.

Winnipeg Jets

Ms. Cindy Lamoureux (Burrows): Madam Speaker, I am very excited to rise today and speak about our amazing, our incredible, our outstanding—and they won last night's playoff game 3-2—Winnipeg Jets.

Madam Speaker, we know that the Winnipeg Jets are much more than just a hockey team. A few fun facts: because of the True North Foundation, did you know that members of the Jets go into schools during I Love to Read Month and read to students? Did you know that they arrange hockey camps for youth? And did you know that they go to the Children's Hospital to read and get to know the children?

Madam Speaker, we need to acknowledge that our team is the best: they're amazing players, their

families are fantastic and all of our fans. We sure have a lot to be proud of.

Now, Madam Speaker, I'm not very musically inclined, and I'm not quite as skilled as the member from Transcona in creating my own lyrics. However, yesterday I heard something from our friends at 103 Virgin Radio, and I could sure use the help of my colleagues here in the House by saying, go Jets go. Go Jets go.

Some Honourable Members: Go Jets go. Go Jets go. Go Jets go.

Ms. Lamoureux: From the North End to old St. B., throw them hands up and dance with me. Ask around and they know 'Peg city. Ask around and they say 'Peg city. Everybody chanting, go Jets go. Four lines deep everywhere we roll. Ask around and we know 'Peg city. Ask what's good and we say 'Peg city. Mic drop.

Thank you, Madam Speaker, thank you, colleagues, and good luck to our Jets.

Dauphin & District Chamber of Commerce Awards

Mr. Brad Michaleski (Dauphin): I'm not even going to try to follow that up.

Madam Speaker, right across Manitoba there are many great people, organizations and businesses that give in so many ways to our community and our economy. On March 14th, Dauphin & District Chamber of Commerce handed out three community awards that recognize these achievements and contributions.

Clayton Swanton received the 2018 Community Appreciation—Individual Award for helping to bring many active living initiatives to Dauphin. Clayton is an active member of the community, the Rotary Club and co-chair of the 2020 Manitoba Summer games.

The Community Volunteer Group of the Year was presented to the Rotary Club of Dauphin, an organization that contributes financially and with countless volunteer hours to many active living and community capital projects in the area. The Rotary Club also contributes to scholarships and sponsorships, and is able to fund these projects by hosting events such as the annual wine testing, the Manitoba Mudrun, LobsterFest and book fairs, to name a few.

The Business Persons of the Year Award were presented to Rick Ilnisky and Tom Zaporzan, the founders and owners of Ritz Machine Works. For nearly 20 years, Ritz Machine Works has been steadily growing and is a significant employer of engineering, machining, welding tradespeople in our region.

From their hometown of Dauphin, they began with a dream to develop a manufacturing business to serve the global market with precision manufactured parts and are now a valued supplier of OEM customers across Canada and the United States.

With the help of a supportive community, relentless hard work and an unwavering commitment to quality, honesty and growth, Rick and Tom are succeeding, and their success has had a significant impact in the Dauphin area.

Congratulations to all the award winners and nominees, and thank you for all that you do for the Dauphin constituency.

Introduction of Guests

Madam Speaker: Prior to oral questions, we have some guests in the gallery that I would like to introduce to you. Seated in the Speaker's Gallery, we have with us today Mr. Alec Mackenzie and Mrs. Marlene Mackenzie, and Mr. Mackenzie is the grandson of William G. Barker, Victoria Cross.

On behalf of all honourable members here, we'd like to welcome you to the Manitoba Legislature.

And also seated in the public gallery, from The Laureate Academy we have 15 grade 9 students under the direction of Stino Siragusa, and this group is located in the constituency of the honourable member for St. Norbert (Mr. Reyes).

On behalf of all honourable members here, we also welcome you to the Legislature.

ORAL QUESTIONS

Changes to Health Care Wait Time for Services

Mr. Wab Kinew (Leader of the Official Opposition): Madam Speaker, we got the first independent test results of an evaluation of the Premier's oversight of our health-care system and he's getting a failing grade.

We know that the numbers from these independent experts from CIHI show that patients are waiting 75 more days now than in 2015 for

hip replacement surgery and patients are waiting 72 more days now than in 2015 for knee replacement surgery.

Now these are the numbers for after the Premier launched his cuts to our health-care system. In fact, you know, we know that there's more cuts that will compound some of these effects, like the cuts to physiotherapy, which will affect hip and knee replacement patients.

Now, the Premier has so far refused to listen to patients and families, but now that independent experts are weighing in, will he listen to them? Will he stop his cuts to health care in Manitoba?

Hon. Brian Pallister (Premier): Well, as you know, Madam Speaker, the myth of cuts that the member keeps repeating is just that, a myth. We're investing almost two-thirds of a billion dollars more in health care just this year than the NDP government ever did.

The fact is we're also pursuing reforms to change what was a broken system and, Madam Speaker, after 17 years of going in the wrong direction it's going to take a little while to get us back in the right direction, but we have the perseverance and the courage to proceed where the previous government did not.

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

Mr. Kinew: Madam Speaker, these are not the cherry-picked numbers that the Premier or his minister's released in dribs and drabs, and, in fact, some of the trend lines which were moving in a positive direction as of 2015 are now beginning to regress; they're moving in the worse direction under this Premier and his government.

Manitoba is, in fact, not the most improved province, and that's a shame because it's patients who are suffering. It's the patients who now know that they'll also, in addition to facing longer wait times, have to go without outpatient physiotherapy and occupational therapy services. That may compound the problems in the system and could lengthen their recovery times, maybe even make them more likely to reinjure themselves.

With this evidence in mind, will the Premier now commit to restoring outpatient OT and physiotherapy services?

Mr. Pallister: Well, Madam Speaker, I think every member in the Chamber knows, though the members

opposite seem reluctant to admit it, that the system was broken and, in fact, according to the Canadian institute of health information's reports over the last number of years, when the NDP were in charge we weren't only 10th, we were getting further and further behind ninth all the time.

So, it takes seven miles to turn a freighter that's going full speed in the ocean, Madam Speaker—seven miles to turn a freighter. It's going to take a little while to turn the direction of a health-care system that was being ignored, that was being, frankly, victimized by underinnovation under the previous government, a lack of focus on solving the problems under the previous government—does not exist with this government. We're listening to the experts, we're following their guidance, and we know that it will take time but we will succeed in fixing what was so broken under the previous administration.

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

Mr. Kinew: The Premier speaks of turning a ship, however, patients and health-care professionals are telling us that the iceberg ahead of us is the Premier's cuts to health care, and in spite of these warnings and, now, evidence from independent experts he refuses to change course. That's not leadership; that's just compounding mistakes with ego, Madam Speaker.

Now, the Peachey report, from which they've cherry-picked which recommendations to pursue, noted, and I quote here: Manitoba showed progress, at least a 5 per cent increase in meeting hip and knee replacement and hip fracture repair wait times between 2011 and 2015, and I end quote. But that progress has now disappeared under this Premier.

*(14:10)

Will the Premier admit his errors and call off his plan to cut our health-care system and close emergency rooms?

Mr. Pallister: We'll continue to invest first and foremost in health care, Madam Speaker, but we will also not lack the courage lacked by the previous administration to address the problems within the system. Problems of growing wait times, problems of growing waits for diagnostic tests, problems of growing waits for surgical treatment, were well understood by the previous administration.

What is different, Madam Speaker, about the approaches is the lack of courage present in the

previous administration to address them. Courage, Winston Churchill said, is the first of human qualities because it is the quality that guarantees all the others.

Madam Speaker, this government does not lack in the courage to face the challenges of changing the system to make it work better for the people of Manitoba.

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

Changes to Health Care Request to Reverse Decisions

Mr. Wab Kinew (Leader of the Official Opposition): What is different with this government is that progress on reducing hip and knee replacement wait times has disappeared. That's the difference.

Now, the CIHI data showed that patients are now waiting 161 days more for cataract surgery than they were in 2015. What's the Premier's plan in response? Well, cut services at Misericordia, where many of these surgeries are done.

Now, the Premier was warned. Dr. Jennifer Rahman, chair of the Eye Physicians and Surgeons of Manitoba, warned the Premier not to close the Misericordia urgent-care centre. She sent a letter last July to the Premier, signed by 26 other physicians, asking him to keep the Mis open. What did the Premier do? He ignored the advice of all those experts.

Will the Premier finally recognize his error, and will he stop his cuts?

Hon. Brian Pallister (Premier): Abraham Lincoln was a pretty respected person in the history of humanity, Madam Speaker. I believe it was he who said it often requires more courage to dare to do right than to fear to do wrong.

The member rises in his place and speaks about the status quo as being good enough. We don't think it's good enough. He speaks about defending the previous administration and claims that they had solved the problems and were making progress where there is no evidence to support that thesis, Madam Speaker.

Ask Manitobans who were waiting record lengths of time. Four of the five longest waits in emergency rooms recorded by Canadian institute of health information existed where, Madam Speaker?

In the city of Winnipeg. Four of five—I repeat for the members opposite—of the longest waits in Canada existed in Winnipeg, and the member speaks in defense of that.

Madam Speaker, he's wrong; he's afraid. We're not; we'll act. The system they broke will be fixed by this government.

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

Mr. Kinew: I'm trying to ask questions about the CIHI data, and the Premier is bringing in quotes that he read on his motivational posters, Madam Speaker. It's not the right sort of response to what is a very serious issue to people in Manitoba.

Dr. Rahman, the same one who wrote that letter signed by 26 physicians, said, and I quote here: The future of eye-care services in Manitoba is at dire risk without the support and presence of an active urgent care at Misericordia Health Centre. End quote.

Now, we know that the wait times for cataract surgeries are moving in the wrong direction, and to add insult to the injury, they defied this advice from experts, and they went ahead and closed the Misericordia Health Centre.

Will the Premier, confronted with the data, now admit that his plan is wrong, reverse course and end his attack on health care in Manitoba?

Mr. Pallister: I can't speak to the member's personal antipathy to Abraham Lincoln, Madam Speaker. I don't know why he would ignore good advice from someone who is a historic person that's inspired generations of people, but perhaps he has a dislike that he's hiding from us. I'm not sure. As far as his dislike for Winston Churchill, I can't speak to that either.

What I can speak to is my dislike and our government's dislike for the longest wait times in Canada and our willingness to change them for the better.

Madam Speaker, we inherited a broken system: 17 years of neglect, 17 years of fear, 17 years of ignoring expert advice, 17 years of ignoring the pleas of Manitobans who wanted the system to be improved and made better. We hear those concerns.

We will make the system that was broken under the previous administration better, Madam Speaker. We are dedicated to that, and I thank my colleague, the Health Minister, for his dedication to that task.

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

Mr. Kinew: So in that answer, I heard the Premier say that ignoring the advice of experts is bad. However, we know that he has ignored the experts of—the advice of experts right here in our province, those who told him, don't close the Misericordia urgent-care centre because it's going to impact the eye surgeries that are performed there; don't end outpatient physiotherapy or occupational therapy because that is going to impact patients for hip and knee replacement surgeries.

There are patients behind the numbers, but we see percentages moving in the wrong direction there in this new CIHI data. The real impact is that people in our province are going to suffer, and when they look here to the Legislature, they see a Premier who is not willing to listen, who is not willing to reconsider his failed plan.

I would ask him again: With the patients in mind, will he change course, abandon this mistaken attack on our health-care system and instead commit to real investments in health care in Manitoba?

Mr. Pallister: I listen to experts, Madam Speaker, and the experts are telling us that change is needed, and they've made recommendations we're acting upon. Some of those experts were commissioned by the previous government and, in fact, they were ignored by the previous government. And I'm willing to listen to the member's entreaties too, and I certainly do. But what I hear all too often from him is fear. And I hear him playing to the fears in others.

Madam Speaker, to strive, to seek, to find and not to yield is a good axiom. The member might be familiar with it: to strive, to seek, to find and not to yield. It isn't easy to raise children, but we face the challenges of doing it. It isn't easy to get into good physical condition or to turn a business around, but those who commit themselves to doing it and stay with the task are rewarded by their efforts.

We are dedicated to the task of fixing our health-care system—badly broken, we will repair it.

Hip and Knee Replacement Increased Wait Times

Mr. Andrew Swan (Minto): Madam Speaker, we know from the independent CIHI report just how badly the wait for hip and knee replacement surgery has increased under this government. The number of patients unable to receive hip replacement surgery

within the benchmark of six months increased by 51 per cent from 2015 to 2017. The number of patients unable to receive knee replacement surgery within that same benchmark increased by 58 per cent.

The WRHA says it's no surprise. Well, I guess it is no surprise to any of us who've been watching the chaos in our health system.

Why are Manitobans having to wait longer for knee and hip replacement surgery?

Hon. Kelvin Goertzen (Minister of Health, Seniors and Active Living): The CIHI report said many things. It also indicated, of course, that we are among the leaders in the country when dealing with hip fractures. It did also speak about the fact that Manitoba is one of the best in the country when it comes to getting radiation for cancer treatment—very important things, Madam Speaker.

When it comes to hip and knee replacements and cataracts, there's no doubt that the measurement up until September of last year pointed to the fact that there are many things that need to improve. That is why we called for the wait times task force, which reported three months after the measuring period of CIHI. We are going to act on the recommendations of the task force. That's why we called it, because we knew the system was broken, Madam Speaker.

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

Mr. Swan: Well, we're left with the realization that this minister and this Premier (Mr. Pallister) are breaking the health-care system more and more every day.

Hip and knee replacements are about the quality of life for Manitobans. Without these surgeries, Manitobans are now waiting, on average—on average—for a year, sometimes with severe pain, sometimes with the inability to move about, sometimes with the inability to work. Mobility issues have a huge impact and even puts people at risk for other injuries and more time in the ER and more use of medical services.

Will the minister stop his obsession with cutting health care and have a plan to end these unreasonable waits for hip and knee replacement surgeries?

Mr. Goertzen: As I indicated in the first answer, in fact, the CIHI report measures the wait times on a variety of different things, some of which, when

it comes to radiation for cancer treatment, we're doing extremely well, others where there needs to be considerably more work.

* (14:20)

When it comes to hip and knee replacements, when it comes to cataracts, its measurement was 'til September of last year. We had the wait times task force, which was doing its work during that time. It reported in December. The member asked for a plan, that is the plan. The wait times task force report was commissioned, it was done, it was released last December, and we'll be acting on the recommendations, Madam Speaker.

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

Mr. Swan: The problem for this minister, Madam Speaker, is that the government's own report showed that Manitoba was making significant progress in reducing wait times for hip and knee replacement surgery prior to 2016. And what happened in 2016? A government came in that cared more about the bottom line and cared more about cutting costs, than providing care for Manitobans.

The wait for hip and knee replacement surgery is unacceptable. This government has allowed that number to skyrocket in just two years and people are in pain waiting.

When will this minister abandon this plan, put together a plan to deal with the chaos and get people the surgery that they need for their well-being and their comfort without further delays and excuses from this minister.

Mr. Goertzen: Madam Speaker, it is a serious issue and I won't try to say otherwise. Certainly, the CIHI report indicated there are things Manitoba's doing very well in. When it comes to radiation for—treatment for those who are dealing with cancer, it's doing very well. When it comes to hip fractures, it's doing very well.

But the member asks for a plan, but he ignores the fact that the plan was done; it was researched and it was released in December of last year. We'll be acting on the recommendations of the plan. That's why we called it, because we knew, for more than a decade, that this had been a concern that was not addressed under the former government.

Northern Health Funding Health Professional Shortage

Mr. Tom Lindsey (Flin Flon): Half the health-care positions in the Flin Flon are vacant and Snow Lake's losing its only doctor. We've been telling this minister for months that the issue is reaching a crisis. On Friday, I'll be joined by our health critic and the Saskatchewan MLA for the Cumberland constituency with the united message: the Pallister government needs to provide more doctors and health-care professionals in our region.

Will the minister and the Premier (Mr. Pallister) finally listen?

Hon. Kelvin Goertzen (Minister of Health, Seniors and Active Living): It was last week, Madam Speaker, where the member opposite referred to ministers and members on this side of the House travelling up to northern communities, referred to those as junkets. He called them government junkets. Now he's taking his health critic on a government junket and he's taking a member for Saskatchewan on a junket.

We're pleased that there's been six new doctors that've been recruited to the North. We know there needs to be more. This has been a problem for many years, from the end of the former NDP government, but we're pleased with the six new doctors. We'll continue to work while the member brings his colleagues on junkets, Madam Speaker.

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

Mr. Lindsey: Helga Bryant, the CEO of the Northern Health Region, said in a public meeting last month, and I quote, you can't serve a community of up to 9,000 people with three providers. It's impossible. There will be delays. End quote. And she blames the problem on the inadequate funding the government is providing, saying, quote, we have no budget for it. We have a very clear directive around our financial monitoring, end quote.

Madam Speaker, why is the minister starving people of the North from the care that they deserve? Will he restore funding to the North now?

Mr. Goertzen: We could restore funding to the NDP levels, when they left government two years ago, but that would require cutting the funding to the North, Madam Speaker, because there's actually been an increase of funding, not just for the northern regional

health authority, but for all the regional health authorities in Manitoba.

Can the member tell me why he wants us to cut funding in his regional health authority?

Madam Speaker: The honourable—[interjection]—order.

The honourable member for Flin Flon, on a final supplementary.

Mr. Lindsey: The minister's starving northern Manitoba of resources to meet the health care needs of our communities. Half the positions in Flin Flon are vacant. Snow Lake is going to lose its only doctor. Yesterday, the minister talked at length about his QuickCare clinic in Steinbach. So I urge him to think about his actions that are very quickly turning our clinic into a no-care clinic.

Madam Speaker, will he show some courage and hear first-hand from the people of the North, or will he continue to hide from those affected by his cuts?

Mr. Goertzen: The funding for the northern regional health authority has gone up. The member classifies that as starvation, which means it must have been a famine under the NDP, Madam Speaker, because there was significantly less for every year that they were in government. For the 17 years that they were in government, it was less funding to the northern regional health authority than it is now. And yet the member for Flin Flon is going to stand in front of his community, the good members—the good residents of Flin Flon, he's going to demand that funding be cut back to the levels when the NDP were in government.

I look forward to hearing that explanation from him, Madam Speaker.

Rent Assist Program Funding Reduction Concerns

Mr. Rob Altemeyer (Wolseley): Madam Speaker, this government's assault on Manitobans continues. Hot on the heels of the most recent revelations, verified independently, of our decaying health-care system, this government is yet again violating its pledge it made to every single Manitoban that there would be no cuts to front-line services.

Will the minister please justify to Manitobans how he can cut the Rent Assist program for the second year in a row, negatively impacting low-income and vulnerable Manitobans across this province?

Hon. Scott Fielding (Minister of Families): I can tell you the Rent Assist program under this government is one of the most—the—one of the best programs of any in all the country. I can tell you that it took the last dying days, when the citizens of Manitoba were going to throw the NDP out, for them to introduce any such a program. That's something this government fought for when they were opposition and will continue to fight for from now on.

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

Mr. Altemeyer: Only a Conservative Cabinet minister could look low-income Manitobans in the eye and say, I'm taking money away from you and it's a good thing.

The good folks at the Right to Housing Coalition—[interjection]

Madam Speaker: Order.

Mr. Altemeyer: —have actually identified something the minister does not want Manitobans to know: his cuts are so severe to the Rent Assist program that it has completely wiped out the inflationary increase low-income Manitobans were supposed to get this year, leaving them negatively impacted for the following year coming up. I table the documents right here, Madam Speaker, for the minister's consideration.

And for just one example, a low-income family of two adults and three children has lost \$2,000 over the last two years because of this government.

Mr. Fielding: I can tell you this government very much supports the program like the Rent Assist program. Under our government, more than 2,700 more people than the previous government are supported under the Rent Assist program. Under this budget, there'll be 600 more people added to that, for 3,300 more people supported than under the previous government.

That's something that we stand up for, that's something that we want to ensure: that vulnerable people are supported here in the province of Manitoba.

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

Mr. Altemeyer: Madam Speaker, the minister's spin is quite simply out of control, and I can't help but

think of the seniors who live in Lions Place in my constituency. Just a few months ago—[interjection]

Madam Speaker: Order.

Mr. Altemeyer: —they received word from this government that their \$169-per-month housing subsidy was wiped out. This government did nothing for them except say, well, go apply for Rent Assist. And now Rent Assist is going to be worth even less. All of this on the backdrop of this minister and every single minister in this Cabinet coming back a third time to protect their 20 per cent salary increase enshrined in law.

Let's just cut to the chase, Madam Speaker: they're governing for themselves; no one else's opinion matters; no one else's hardship matters.

Will the minister at least admit that much here today to Manitobans?

* (14:30)

Mr. Fielding: This government has done more for vulnerable, low-income families than that NDP government did in 17 years. More than—there's more than 3,300 more people who'll be supported under the Rent Assist program under this government than the previous government.

There's over 3,100–31,000 people that were taken off, that will not have to pay the—[interjection]

Madam Speaker: Order.

Mr. Fielding: —basic personal exemption as opposed to the NDP government. The 31,000—you could fit the amount of people that will not have to pay taxes in Investors Group Field, and I know the opposition know about the Investors Group Field because they politically managed that, costing taxpayers millions of dollars.

We as a government are supporting the national housing framework that's going to provide millions of dollars for vulnerable Manitobans. That's what I call progress, Madam Speaker.

Changes to Health Care Impact on Front-Line Workers

Hon. Jon Gerrard (River Heights): Madam Speaker, the ripple effects of this government's cuts to health care are impacting across the province. Front-line workers see the brunt of these cuts. Nurses are speaking out.

Recently, our caucus heard from a nurse who says: It breaks my heart to see my work family

stressed, leaving crying, sleeping on their breaks—if they get them—because they're so exhausted. The job was never going to be an easy one, but these changes have made it difficult to even cope with the day-to-day issues we face.

How can this government continue with these reckless changes knowing full well that front-line workers and patients are suffering?

Hon. Brian Pallister (Premier): I appreciate the member reading Dougald's question, Madam Speaker. I know that the member for River Heights couldn't deliver that question with any conviction or sincerity, because he was part of the largest cuts to health care in the history of Canada when he was in the Liberal Cabinet in the 1990s. I know he doesn't want to reference that part of his record, but it is a real part of his record. And now, with the second largest cut coming forward over the next 10 years—we're talking about a couple of billion dollars we won't have here in Manitoba alone, let alone across Canada, to help with health care—the member sits quietly by, says nothing, supports the Trudeau government yet again on something they themselves said they didn't believe in when the previous government proposed it in the first place.

So, Madam Speaker, there's no sincerity coming from the member. If he read the wait times task force report, the analysis the WRHA put together of our reform plan, he would know that use of overtime is down among staff. He would know that staff are generally very pleased with the process and supportive of it and he would stop fomenting fear and he would own up to the fact he's never stood up for health care in his entire political career.

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

Mr. Gerrard: Madam Speaker, I've fought for good health care all my life, but it's time this Premier stood up and took responsibility instead of trying to blame others.

Mandatory overtime—which should only be used in the rarest of circumstances—has hit a crisis level at St. Boniface Hospital. Nurses and other front-line workers deserve better than the unhealthy working conditions this government is imposing.

The same nurse continues: Before turning the hospital employees' workplace upside down, you should have consulted with the people that actually work there and with our patients. There always was a better way. Please don't let it get worse.

Will this government stop using their reckless health-care changes and start listening to the concerns of Manitoba nurses?

Mr. Pallister: Well, the member puts phoney information on the record, Madam Speaker, in terms of overtime. The overtime expenses at St. B. and elsewhere in the system and the WRHA are down year over year. They are down year over year by 33 per cent. *[interjection]*

Madam Speaker: Order.

Mr. Pallister: So when the member speaks about these things—I see the member for Minto (Mr. Swan)—*[interjection]*

Madam Speaker: Order.

Mr. Pallister: —has all the answers. He had his chance before he resigned from his previous position, Madam Speaker.

Let me just say I appreciate the member putting facts on the record. No one should appreciate him putting misinformation on the record.

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

Methamphetamine Crisis Progress Concerns

Hon. Jon Gerrard (River Heights): Mandatory work time, Madam Speaker, is when a nurse has worked a full shift and then is told—she's dead beat, she's exhausted—you're going to have to work another eight hours. That should rarely, rarely ever be used.

Yesterday, the Canadian Institute for Health Information released a report that states that wait times for hip, knee and cataract surgery are getting longer under this government's watch. We have a meth crisis, and we've had it for two years that this Pallister government has been there.

Of all things, Madam Speaker, the very person who is now in charge of health care, the Minister of Health—he went around the province learning about meth addiction—he has been blocking progress for two years.

I ask the minister: Why has he blocked progress on the meth crisis for two years?

Hon. Brian Pallister (Premier): Well, we've now learned, according to the member for River Heights, the meth crisis began and was caused by the Minister of Health, Madam Speaker.

Madam Speaker, this is the pathetic preamble that we have to listen to in respect of the Liberal position here in Manitoba. It's Ottawa-west. That's all it is; that's all, apparently, it's going to be. And that's unfortunate because yesterday we had a good conversation in Estimates. The member for Concordia (Mr. Wiebe) spoke supportively of a position of the official opposition in joining with us to oppose Liberal cuts to health care. I appreciated that. I thank the opposition for taking that position.

Some Honourable Members: Oh, oh.

Madam Speaker: Order. Order.

Mr. Pallister: Now, Madam Speaker, we can join together. We can join together in this House, oppose a reduction of \$2.2 billion from our health-care budget over the next decade. If only the member for River Heights and his beleaguered Liberal-west mini-team would join us, we'd have unanimity here in the House, and we could get these cuts and push them back and support Manitobans with better health care.

All of us should join together and do that, including the member for River Heights. It's never too late to turn over a new leaf, show a new side and get behind health care for Manitobans.

Child-Care Spaces New Investments

Mrs. Sarah Guillemard (Fort Richmond): Madam Speaker, we know that under the NDP, the wait lists for child care were out of control, and they failed to address this after 17 years in government. In fact, up until the last days of the NDP, the wait list continued to grow with over 12,000 children on the wait list for child care. This is simply unacceptable and proves that the NDP doesn't care about young families.

Can the Minister of Families share with the Assembly what important steps our PC government is taking—*[interjection]*

Madam Speaker: Order.

Mrs. Guillemard: —to address the child-care needs in the province?

Hon. Scott Fielding (Minister of Families): It was a pleasure to hear a great question coming up about child care. We've recently invested \$47 million with a partnership with the federal government on child care. We, in fact, just announced 20 new community and school-based projects, just in the last number of

weeks, that's going to create hundreds of new jobs—in fact, thousands of new jobs for Manitobans.

We were also in Brandon earlier on this morning with more great news for child-care centres and the member for Brandon East (Mr. Isleifson), where he announced over 20 new spots at Assiniboine Community College. That's something that Manitoba families want: accessible, affordable child care.

Join with us and support child care.

Northern Airports Local Responsibility

Ms. Amanda Lathlin (The Pas): This government cut hundreds of thousands of dollars from its northern airports in its last budget. Now we've learned the Province is trying to download responsibility for its northern airports to local communities and councils.

These airports provide life-saving services.

With who did the minister consult with prior to making the decision to divest itself of responsibility for northern airports?

Hon. Ron Schuler (Minister of Infrastructure): Well, Madam Speaker, if there's one thing that Manitobans do, and that is we get together in times of need, and yes, this is me wearing a jersey today. It's the first time I've ever worn one, and I, too, want to send my condolences to what happened in Saskatchewan on behalf of the department of Manitoba Infrastructure and our government.

And I'd like to tell the member opposite we will continue to work with the North to grow the North and have them prosper.

* (14:40)

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

Ms. Lathlin: Consultation with impacted First Nations and federal government is key. Everyone must be at the table.

We know the Province wants to undermine air services in the North. They tried to close Grace Lake airport in The Pas and want to sell government air services. Now they want to download responsibility for airports.

Will the government offer any financial support of its downloaded responsibility for northern airports?

Mr. Schuler: Only the NDP would, first of all, speak very negatively about trying to be smart shoppers. Like for instance, if our province were to follow the example, let's say, of British Columbia—the NDP British Columbia—or for instance, if we'd follow the example of Alberta—the NDP in Alberta.

We are going to test the market to see who can come up with the better price, Madam Speaker. We are always going to look out for the best interests of Manitobans. We will always be smart shoppers.

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

Ms. Lathlin: Northern airports. Northern airports provide essential services to many remote and isolated communities. They are the link to Manitoba's health-care system for thousands, and they require sustained and serious investment to remain viable.

If the Province will divest itself of northern airports, will it commit to providing operating and capital funds so that all Manitobans can access the health care they need?

Mr. Schuler: Well, Madam Speaker, as part of our government's initiative in the Look North, we have done something that wasn't done in 17 years. We actually went up North and we spoke with people in the North and we are constantly in consultation.

We know that the member for Flin Flon (Mr. Lindsey) believes that, when it's anybody else but him, that those are junkets, but Madam Speaker, we will continue to talk to the North and we'll continue to engage with the North in consultations and in discussions to ask them what they would like to see so that we can grow a very strong and vibrant northern Manitoba.

Manitoba's Affordability Outmigration Concerns

Ms. Flor Marcelino (Logan): According to the Manitoba Bureau of Statistics, Manitoba recorded a loss of 7,779 people to other provinces in 2017. That's the worst loss in 12 years. In response, the Pallister government is making life less affordable for Manitobans, including increasing tuition.

Madam Speaker, why is this government failing young Manitobans?

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

We're certainly very pleased to continue putting in place programs to help support students. In particular, one of which we're all very proud is the Manitoba Scholarship and Bursary Initiative, which the opposition predicted would fail to reach its goal, which has already reached its goal of \$20 million of support for students. *[interjection]*

Madam Speaker: Order.

The honourable member for Logan, on a supplementary question.

Ms. Marcelino: According to the Manitoba Bureau of Statistics, there were 2,189 less international immigrants coming into Manitoba than the year before. In response, the Pallister government implemented a head tax and is eliminating universal health-care coverage for international students. This is making Manitoba a less inviting place for those who may study here and who may ultimately choose to make Manitoba their home.

Why is this government failing newcomers to Manitoba?

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

Certainly we're a very open and inclusive province, and I would remind the member, and remind all members, that the previous year that she's talking about as an example is a year that we were very pleased to help support 3,200 refugees extra. So if she wants to do her year-to-year comparisons, perhaps she should factor that into the total.

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

Ms. Marcelino: Statistics Canada reveals that there were 7,500 less full-time jobs in Manitoba than one year before. The province is losing thousands of people to other provinces, and there are now 7,500 less full-time jobs.

The Pallister government's response has been to cut jobs and make life less affordable for Manitoba residents.

Why is this government failing Manitobans?

Hon. Brian Pallister (Premier): Madam Speaker, I relish the opportunity to correct the record. Stats Canada says that, in '17—I just have the final numbers for 2017—that Manitoba actually had the second lowest unemployment rate in Canada; self-employment increased by 8.8 per cent, that's the second highest amongst the provinces; average weekly earnings increased, second highest among

the provinces; capital investment, new residential properties—second highest among the provinces after years of languishing at the bottom of those rankings under the NDP; capital investment, industrial properties—second in Canada; sales of motor vehicles increased by 56 per cent in January of '18 compared to January of '17—No. 1 in Canada; international exports are up, second highest rate in Canada; and private sector—the members opposite will have to have that explained to them—private sector capital spending growth is a high—is expected to be the highest in Canada in '18, and we were second in Canada in '17.

Congratulations to this government, Madam Speaker, for growing a province where Manitobans can work and prosper.

Madam Speaker: The time for oral questions has expired.

PETITIONS

University of Winnipeg—Campus Safety

Mr. Wab Kinew (Leader of the Official Opposition): I wish to present the following petition to the Legislative Assembly.

These are the reasons for this petition:

(1) Students, faculty members, members of the community and/or individuals with close ties to the university—*[interjection]*

Madam Speaker: Order.

Mr. Kinew: —are troubled about the number of incidents that have occurred on and around the University of Winnipeg campus.

(2) Six notable incidents have emerged during the 2017-2018 school year, including stabbings, robberies, sexual assault and an attempted abduction.

(3) Individuals should not feel afraid to walk around the university or community at any time of day or night.

(4) The university's security/safety measures have changed over time to address these issues, but it has not been enough.

(5) Students should be able to trust their institution to protect them and make them feel safe during their post-secondary experience.

(6) The university is located in the downtown area, so it is still important to keep the university's doors open to the wider community.

We petition the Legislative Assembly of Manitoba as follows:

(1) That the provincial government be urged to support a funding increase towards the safety and security of the University of Winnipeg students, faculty members, members of the community and/or individuals with close ties to the university.

(2) That the provincial government be urged to recognize that the University of Winnipeg is an institution located downtown, which needs additional support to be able to make sure that the doors remain open to the wider community.

This petition was been signed by Gizelle Halili, Bilal Qasim *[phonetic]*, Megan Domolewski *[phonetic]* and many other Manitobans.

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

Mr. Andrew Swan (Minto): I wish to present the following petition to the Legislative Assembly.

These are the reasons for this petition:

(1) Students, faculty members, members of the community and/or individuals with close ties to the university are troubled about the number of incidents that have occurred on and around the University of Winnipeg's campus.

(2) Six notable incidents have emerged during the 2017-2018 school year, including stabbings, robberies, sexual assault and an attempted abduction.

* (14:50)

(3) Individuals should not feel afraid to walk around the university or community at any time of day or night.

(4) The university's security/safety measures have changed over time to address these issues, but it has not been enough.

(5) Students should be able to trust their institution to protect them and make them feel safe during their post-secondary experience.

(6) The university is located in the downtown area, so it is still important to keep the university's doors open to the wider community.

We petition the Legislative Assembly of Manitoba as follows:

(1) That the provincial government be urged to support a funding increase towards the safety and

security of the University of Winnipeg students, faculty members, members of the community and/or individuals with close ties to the university.

(2) That the provincial government be urged to recognize that the University of Winnipeg is an institution located downtown, which needs additional support to be able to make sure that the doors remain open to the wider community.

This petition is signed by Randi Johnson, Tianna Lawrie, Jessica Parong and many other concerned Manitobans, Madam Speaker.

Medical Laboratory Services

Hon. Jon Gerrard (River Heights): Madam Speaker, I wish to present the following petition to the Manitoba Legislature.

The background to this petition is as follows:

The provision of laboratory services to medical clinics and physicians' offices has been historically, and continues to be, a private sector service.

It is vitally important that there be competition in laboratory services to allow medical clinics to seek solutions from more than one provider to control costs and to improve service for health professionals and patients.

Under the present provincial government, Dynacare, an Ontario-based subsidiary of a US company, has acquired Unicity labs, resulting in a monopoly situation for the provision of laboratory services in medical clinics and physicians' offices.

With the creation of this monopoly, there has been the closure of many laboratories by Dynacare in and around the city of Winnipeg. Since the acquisition of Unicity labs, Dynacare has made it more difficult for some medical offices by changing the collection schedules of patients' specimens and charging some medical offices for collection services.

These closures have created a situation where a great number of patients are less well served, having to travel significant distances in some cases, waiting considerable periods of time and sometimes being denied or having to leave without obtaining lab services. This situation is particularly critical for patients requiring fasting blood draws, as they may experience complications that could be life-threatening based on their individual health situations.

Furthermore, Dynacare has instructed that all patients requiring immediate results, STAT's patients, such as patients with suspicious internal infections, be directed to its King Edward location. This creates unnecessary obstacles for the patients who are required to travel to that lab rather than simply completing the test in their doctor's office. This new directive by Dynacare presents a direct risk to patients' health. This has further resulted in patients opting to visit emergency rooms rather than travelling twice, which increases costs to the public health-care system.

Medical clinics and physicians' offices service thousands of patients in their communities and have structured their offices to provide a one-stop service, acting as a health-care front line that takes off some of the load from emergency rooms. The creation of this monopoly has been problematic to many medical clinics and physicians, hampering their ability to provide high-quality and complete service to their patients due to closures of so many laboratories.

We petition the Legislative Assembly of Manitoba as follows:

(1) To urge the provincial government to request Dynacare to reopen the closed laboratories or allow Diagnostic Services of Manitoba to freely open labs in clinics which formerly housed labs that have been shut down by Dynacare.

(2) To urge the provincial government to ensure high-quality lab services for patients and a level playing field and competition in the provision of laboratory services to medical offices.

(3) To urge the provincial government to address this matter immediately in the interest of better patient-focused care and improved support for health professionals.

Signed by Marilyn Koop, Jenn Kennington, Alex Daily and many others.

University of Winnipeg—Campus Safety

Mr. Matt Wiebe (Concordia): I wish to present the following petition to the Legislative Assembly, and the background to this petition is as follows:

(1) Students, faculty members, members of the community and/or individuals with close ties to the university are troubled about the number of incidents that have occurred on and around the University of Winnipeg's campus.

(2) Six notable incidents have emerged during the 2017-2018 school year, including stabbings, robberies, sexual assault and an attempted abduction.

(3) Individuals should not feel afraid to walk around the university or community at any time of day or night.

(4) The university's security/safety measures have changed over time to address these issues, but it has not been enough.

(5) Students should be able to trust their institution to protect them and make them feel safe during their post-secondary experience.

(6) The university is located in the downtown area, so it is important to keep the university's doors open to the wider community.

We petition the Legislative Assembly of Manitoba as follows:

(1) That the provincial government be urged to support a funding increase towards safety and security of the University of Winnipeg students, faculty members, members of the community and/or individuals with close ties to the university.

(2) That the provincial government be urged to recognize that the University of Winnipeg is an institution located downtown, which needs additional support to be able to make sure that the doors remain open to the wider community.

And this petition is signed by many Manitobans.

Madam Speaker: Grievances?

ORDERS OF THE DAY

(Continued)

GOVERNMENT BUSINESS

Hon. Cliff Cullen (Government House Leader): I have two requests today. First, could you please canvass the House for leave to alter the Estimates sequence for today and Friday so that the Department of Infrastructure will be considered in room 254 instead of the Department of Finance.

And secondly, could you please canvass the House for leave to alter the Estimates sequence for Friday so that the Department of Families will be considered in the Chamber instead of the Department of Health, Seniors and Active Living.

Madam Speaker: Is there leave to alter the Estimates sequence for today and Friday so that the Department of Infrastructure will be considered in

room 254 instead of the Department of Finance?
[Agreed]

And is there leave to alter the Estimates sequence for Friday so that the Department of Families will be considered in the Chamber instead of the Department of Health, Seniors and Active Living?
[Agreed]

Mr. Cullen: I thank each member of the Assembly for their co-operation.

Madam Speaker, would you call Committee of Supply?

Madam Speaker: It has been announced that the House will consider Estimates this afternoon.

The House will now resolve itself into Committee of Supply.

Mr. Deputy Speaker, please take the Chair.

COMMITTEE OF SUPPLY (Concurrent Sections) INFRASTRUCTURE

* (15:00)

Madam Chairperson (Sarah Guillemard): Will the Committee of Supply please come to order?

This section of the Committee of Supply will now resume consideration of the Estimates for the Department of Infrastructure. As previously agreed, questioning for this department will proceed in a global manner. The floor is now open for questions.

The honourable member for Elmwood.

Mr. Jim Maloway (Elmwood): I'd like to ask the minister—can the minister tell me the names and positions of all of his political staff?

Hon. Ron Schuler (Minister of Infrastructure): Yes, I can tell him right now. They are: Nancy Cooke—spelled C-o-o-k-e, but pronounced Cooke—and she is my special assistant. Then, working for me as my executive assistant is Marian Jaworski—spelled M-a-r-i-a-n. Jaworski is spelled Jaworski.

Mr. Maloway: Madam Chair, can the minister provide me with the names and titles of his senior executive team, from the director level and above?

And, if he needs more time, he can always take it, under advisement, on any of these questions. Just so the minister knows that, if he's going to have trouble—slowing you down, then this—but I want a—

some sort of timeline as to when I'm going to get these answers.

Mr. Schuler: First of all, to the member's question: yes, is the answer, and right now, is when I'll provide it.

So, first of all, there's Deputy Minister Bramwell Strain. B-r-a-m-w-e-l-l, although he prefers to go by Bram. Evidently, that's what he prefers.

The assistant deputy minister of Corporate Services Division, Leanne Solmensen-Lombard. The acting assistant deputy minister for Emergency Management and Public Safety Division is Jeremy Angus. A-n-g-u-s. Engineering and Operations Division is Ron Weatherburn. Water Management and Structures Divisions is Acting Assistant Deputy Minister Ruth Eden.

Mr. Maloway: There's a number of items of that have been moved into the climate and green fund, and then those monies are then recovered from the fund. I believe that includes the line 3.(b) the Maintenance and Preservation of Waterway Control Projects, as well as line 5.(d) Capital Costs Related to Water-Related Assets. Can the minister confirm that?

Mr. Schuler: While I'm getting those answers, I would seek some clarification from the Chair and from Chamber staff. Yesterday, I was given a green piece of paper to write down the spelling and the—of the names, and I filled that out. And then I don't know who took that list because last night I got an email asking me if the spelling was all correct. So, when we fill out this little green form with all the proper spellings, does that actually get to Hansard, because they emailed my legislative address and my constituency address for the proper spellings, and I just wanted to make sure that it gets to them.

Madam Chairperson: The paper was provided to Hansard, the department of Hansard, and we will look into the matter and get back to the minister.

Mr. Schuler: Well, I thank the member very much for that question, and to be brief on this one, it is part of our green commitment.

* (15:10)

Mr. Maloway: Can the minister provide the list of lines in his department that have been moved into the climate and green fund? Can he provide us with a dollar value that's been moved?

Mr. Schuler: Well, thank you very much, and the costs are related to water, including 'amortization' and interest, which are being recovered from the green fund.

Mr. Maloway: Can the minister tell us the amount of recoveries from the climate and green fund—if they are the same, then that's fine.

Mr. Schuler: Madam Chair, we have tried to have staff—rather than sitting here and suffer through two hours of a political debate like yesterday—that they would just send the answers over. Unfortunately, the system is not working throughout the building and our staff can't hear it in their offices, so we're going to ask them to join us. They're going to walk right over, so they can join us.

If there are other questions that the member has, it should take about five minutes and we will have individuals here who can help us with the answers that the member's asking for. However, it seems to be the microphones are not picking up for—within the building, and so we will endeavour to get staff here to answer those questions.

If there are other questions of a more global nature, we will get to the 'technical' questions as soon as they arrive.

Mr. Maloway: The minister can simply take the question as notice and provide the answer within 10 days.

Mr. Schuler: We will answer all those questions here today and get the member's answers right away, as soon as the officials are here.

If there are any global questions that the member has, we'll pick those up now and get him all the technical answers as soon as the staff arrive.

Mr. Maloway: So the minister agrees, then, that 10 days would be the limitation on the time that he would take to answer all of those questions?

Mr. Schuler: Actually, we will endeavour to get them to him in 20 minutes, as soon as the staff arrives.

Mr. Maloway: In the minister's annual report, it says that the line for the maintenance and preservation of waterway control projects includes maintenance of over 1,000 kilometres of drainage maintenance, including vegetation management—and I'd like the minister to confirm that monies from the climate and green fund are allocated for clearing vegetation from ditches.

I asked that question once before.

* (15:20)

Mr. Schuler: Okay, and to be very clear, we have within Manitoba a lot of very sensitive areas, for instance, south of Manitoba, there's a section of a highway where we would like to do some work on it, but there are toads that cross the highway at certain points in time. And as we go towards reconstructing that section of the highway, we will figure out how to best protect those. And the green monies are used for those kinds of projects.

We have another project where there is a floral species; it's almost on the endangered species list because if we lose this particular section of plants it might be the last ones and we use a lot of the green money to make sure that we're not spraying or damaging sections of flora or fauna that are endangered.

And we came to the Prairies and it was wide open and it was very wild and there were beautiful plants and flowers and we want to make sure that we preserve that heritage, so we use dollars out of the fund for that as well.

Mr. Maloway: So the government continues to clear culverts, mow grass and ditches, as the government's done in the past. So I wonder if the minister can explain why there's a special fund for this? Why are such routine activities now being recovered from a climate fund?

Mr. Schuler: Well, the member will know and from his time and experience here in this Chamber, we've seen shifting weather patterns, we've seen a change in where water comes into the province. We've seen increasing amounts. One of the concerns of the previous government and a concern of our government is that, for instance, our neighbours to the west have spent a lot of money cleaning out ditches. And that water, when they get a substantive weather event, that water comes to us very quickly. And that's all part of the green initiative. We have to be careful that we don't wash out wetlands, that we don't wash out communities. So we use that fund for those kind of things. And we're—we are going to have to be far more vigilant on our environment, the way things are done there.

Our Premier (Mr. Pallister) did speak to the previous premier, Brad Wall, and said to him, good neighbours don't flood out good neighbours. We do drain a lot—a good portion of North America comes through the Assiniboine and Red River basin, it

comes through our whole basin. And we have to be increasingly aware of what that means for Manitobans. So we've placed water—we've placed funds, not water, we've placed funds available for us to deal with those kinds of issues. And the environment is increasingly becoming an issue and we want to make sure that we're ready to take on the serious nature of what's going on in the environment.

Mr. Maloway: I'd like to ask how many full-time-equivalent positions did the minister have in his department in 2016-2017-'16-17. FTEs for '16-17.

Mr. Schuler: Well, first of all, to start with, the FTE count for 2018-2019 is projected to be 2,057.3 full-time equivalents. For 2017-2018, it was 2,068.3. And I would point out to members of the committee that because our department is very seasonal, we hire a lot of students who work on construction projects out on our roads and our highways, and whether they're flagging traffic or directing traffic or, you know, helping trucks enter the highway system. So our component of staff fluctuates depending on the season. It is at its low point, obviously, in winter, and then we ramp up in spring and into summer. So it's never quite the same every year. It depends on the students. It also depends on the kinds of projects we do. If we are doing a very major construction road project, that tends to involve a lot more students. If we're going to be doing a lot more maintenance and repairs of smaller structures where we don't need the same level of road personnel, then it's, obviously, less than that. But we try to be a good employer in the province of Manitoba, and many, many students who've gone to university have paid their way through because of the Department of Infrastructure. So the number does fluctuate a little bit, and that has more to do with seasonal activities.

Mr. Maloway: There's been a number of reductions since the government's first budget. Can the minister provide me with a list of those reductions by line? That would be reductions in FTEs from 2016-17 up 'til now, including this year's budget.

* (15:30)

Mr. Schuler: I'd like to point out to the member, and he would know this, also, from experience, having been here from time to time. Each department does carry a certain amount of vacant positions. And they're held there for multiple reasons. The sense is that at some point in time, they might need them,

or there just hasn't been the will or the desire to eliminate those positions.

So, in the case of the reductions this year, they are all positions that have had no bodies in them. They are vacant positions. They are being eliminated. Those positions were individuals who moved on to greener pastures, retired, decided they were going to try their hand in another department or got a promotion within government.

So, by and large, within our department, the changes that are seen are from vacant positions and, again, I'd point out to the member that because of the summer employment there can be quite a fluctuation that, if we're not going to be doing a major project or a major high-speed corridor project, rather, we're going to do smaller roads, smaller bridges, that kind of stuff, we don't need the same amount of road staff who help with flagging and ensuring that traffic moves through slowly.

So, other than—we had some senior management reductions, and that would have been done before I became Minister of Infrastructure. By and large, what we have done here is done a reduction in positions that were currently not occupied and there was nobody in those positions.

Mr. Maloway: There's a restatement of FTs due to a restatement of FT values for non-seasonal department staff resolving long-standing discrepancies on page 17 of the Estimates.

Does the minister have any comments about this? Can he explain this?

Mr. Schuler: And since approximately 2007, we had individuals who had been, whether they started off as seasonal employees and continued to work or moved from seasonal employees and then got into the department, and so they weren't being accounted—counted for properly, and what we have done is we are now accurately reflecting them in our full-time equivalent value.

So, if they are full time they are now being counted, and that's a correction that needed to be done that started in 2007, so we wanted to make sure that was the case.

The member had also asked a question about full-time equivalents back from '16-17. From 2016 and '17, I just want to make it clear for the record, the total FTEs was 1,929.25, and I'd put on

the record the '17-18, '18-19, just for the member so he has a comparative.

So this year we're looking about 2,057.3, and again, that would also reflect the 172 that had not been properly stated in the full-time equivalent numbers since 2007.

Mr. Maloway: How many vacancies does the minister currently have in the department?

Mr. Schuler: We currently have 138.7 vacancies. I also do want to point out to the member for Elmwood (Mr. Maloway), we now have departmental staff here. If he would restate his questions that he had in beginning of our Estimates process, we will endeavour to get his answers for him right now.

Mr. Maloway: The questions were all asked. They will be in Hansard. The minister has promised he'd have the answers within 10 days. I think we'll follow that approach.

An Honourable Member: Point of order.

Point of Order

Madam Chairperson: The honourable minister, on a point of order.

Mr. Schuler: Yes, we seem to be having a clear misunderstanding with the member for Elmwood, so we always want to make sure we clarify. We were very clear. We will answer all those questions right now. So, if he would like to clarify his questions again, we will answer them for the member.

Madam Chairperson: The honourable member for Elmwood, on the same point of order.

Mr. Maloway: Well, on the point of order, Madam Chair, I indicated that I would ask the questions; the minister could take time to respond. He has indicated he could do it within 10 minutes. The questions are all been asked. They're in Hansard. They've got 10 days to provide the answers.

Madam Chairperson: This is not a point of order. It is a dispute over the facts.

Madam Chairperson: And we will now resume questions.

Mr. Schuler: Okay. So the first question that was asked, the answer is \$32,000,595 is the green fund transfer. That was the first question that the member

asked. We will get him the next answer to the next question in one moment.

* (15:40)

Madam Chairperson: The honourable minister.

Mr. Schuler: Yes, and the member for Elmwood (Mr. Maloway) also asked about the monies and how it was broken down, so I've got the breakdown for him. Seven million dollars is for maintenance; \$11 million is for capital.

I would point out to the member that it is far more—and he'll probably not listen to this anyways, so he'll just keep asking me that same question—of that amount of money, there's also included, for instance, LiDAR, an announcement that we made. It's a cost-share program that we have with the federal government. They're kicking in money, and what LiDAR does is it gives a very good typography view of what the land actually looks like.

We try to do that with other means, but LiDAR is the best in that as we look at—if a major weather event hits, where will the water flow and where does it collect and how does it pool and how does it then get into bigger and bigger amounts and then become threatening to a community and such. LiDAR is very important.

Anyway, that is also part of that—part of the green fund, that we do actually endeavour to fund projects like that. LiDAR, which the member will remember, was announced earlier—was announced last year. We did it in last year. Approximately fall, I think, we made that announcement.

And, you know, these are really good projects to be investing in. They're good for the environment, and as our 'weder'—our weather patterns seem to be changing, it's good to know what the typography is and then how the result is going to be if we get a really strong weather event, and what kind of impact that could have on communities.

Mr. Maloway: The minister indicated he has 138.7 vacancies in the department. I'd like to ask the minister if he's actively trying to fill these positions.

Mr. Schuler: Well, last year, we had 331 processes of recruitment; most of those are internal. As the member will know, tends to be more senior staff that tends to retire; they've worked their way up the ranks and then decided they would like to enjoy some retirement years, and they leave and then we look at replacing individuals, and that tends to be mostly

internally. So there's always a flux, and that would have involved 331 processes.

Insofar as external processes, there is only one currently under way. I would point out to committee that usually what happens with our seasonal positions, they tend to be rehires. We do also look at co-op students. So we get co-op students through the universities, are placed with our department. So they get a little bit of job experience as part of their educational program. And I've met some of them. They're incredibly dynamic and bright young Manitobans, great to see them coming in. And I would point out to committee I think it's often we teach them something, and often they teach us as well. They bring new ideas, and it's great when they come in and they do—they—so, why do you do that? And it's explained and then, like young people do, they say, okay, so why do we do it? And that's always, I think, quite enjoyable for the department to get fresh eyes in. And so these programs are very important, but it also will leave an indication that there's a lot of change and flux in the department, but a lot of that is because it's seasonal and because it involves co-op students, that kind of thing.

And, just for the record, we have asked all the questions that the member had answered on Hansard. Like I said, we would do it in 10 minutes, and I think we were probably pretty much dead-on.

Mr. Maloway: Now, the minister indicates he has these 138 vacancies currently, though we note that there was no postings on the government job bank. There's only been nine external job postings since January the 1st. So could the minister explain how he has these vacancies but there's no active effort to fill them?

Mr. Schuler: Again, I'd like to point out to committee and the member across the way is that we tend to get our retirees—tend to be at the higher levels, individuals have worked for the department for a long time, so they're at more of a senior level position. So when they retire, the postings, then, are done internally. So the member may not see all the internal postings. Postings are done internally, and the positions are filled that way. So it's usually not a position that we have just posted publicly. The person comes in and then they decide to retire. Usually, they then try to take positions within the organization and move up.

So the member may not see that many public postings. We said that we are currently—we have one

external process in place right now, and the rest of it is all internal.

* (15:50)

Mr. Maloway: I'd like to—the heavy construction—Manitoba Heavy Construction Association sent out its newsletter, [*inaudible*] and in it they indicate that the construction in the highways Infrastructure budget was \$628 million in '15-16 and of course it was 520 the first year of the new government, 430 in '17-18 and is down to \$350 million as of this point.

So does the minister foresee a reduction in the departmental staff as a result of this nearly 50 per cent cut in the Manitoba Infrastructure budget—highways Infrastructure budget? It's—Madam Chair, it's almost half of what it was in 2015-16.

Mr. Schuler: Well, actually, the member's numbers aren't quite accurate. It's—if the member would look at the budget, it's \$350 million for roads and \$70 million for the Lake Manitoba channel and we believe that as we ramp up to the channel, that's going to be a very important project for Manitobans. We've always said it's been more than 50 years that it's been discussed. It's probably more like 60 years.

We laid out in our last Estimates sessions that this is an important project. It must proceed. It didn't proceed and we got caught in a very vulnerable position as a province. Not just was there a lot of heartache and a lot of loss, but we left Manitoba very vulnerable insofar as our obligations around Lake Manitoba.

If that channel would have been built 60 years ago or 50 years ago or 10 years ago—and it wasn't. We realize and we recognize with the kind of weather pattern changes that we've seen, with the kind of strong water-weather events that we're having, to not build the channel would be a problem for Manitoba. We cannot leave Manitoba exposed like that again. We must build this channel.

So it is actually a part of the budget. I would suggest to the member that he read the budget documents correctly. It is \$350 million plus \$70 million for the channel.

Mr. Maloway: Of course, that wasn't the question at all. The question was how many—how big a reduction—what is the number in the reduction projected in departmental staff, given that the highways Infrastructure budget is half of what it was two years ago? And if he doesn't know the answer then just say so.

Mr. Schuler: Well, one of the things that's very important at committees we also need the member for Elmwood (Mr. Maloway) to focus a little bit more because we keep answering his questions and then he does the, well, I'm confused thing.

Well, maybe he should focus more, and we've been very clear: It all depends on the kind of construction projects and what kind of demand there would be for more employees. So, for instance, I'll lay it out a little bit more for the member for Elmwood, who doesn't seem to get anywhere near the perimeter or beyond it, so we'll try to lay this out for him.

Where there is a big project, for instance, where a lot of road work is being done and we need individuals flagging traffic, we will need more seasonal staff. Then we go out and we hire more employees to work on those projects.

If the projects that are going out will need less seasonal staff, accordingly, we hire less seasonal staff. In fact, if you look at the budget from 2016-17 and the number of employees that were in that year—do you have the budget from the year previous?

Well, let me lay out for the member for Elmwood this: So, 2015-2016, the number of staff in the department were 1,931.25; 2016-2017, the number dropped by two, went to 1,929.25. For 2017-2018, number rose slightly to 2,068.3, and for 2018-2019, the projected FTA number—FTE number is 2,057.3, keeping in mind, as we already pointed out, that we had to make a correction from an error that was made back as far as 2007 when the member for Elmwood was in charge. I always seem to be correcting his errors, and I'm okay doing that. I understand I'm the clean-up crew for the member for Elmwood. I always have to clean up his errors, so that had to be added in.

So I'd like to point out to the member for Elmwood the number in the last years from 2015 all the way to 2019, it does fluctuate, and I'll do a very quick math, it fluctuates approximately a hundred-and-some individuals.

So, if you went to 2015–2016–2017: 1,929, to 2017-18, it hit a high of 2,068.3, so the number does seem to fluctuate in there somewhere, but again, this all depends on the kind of projects and what kind of seasonal staff we would need to hire for our projects.

* (16:00)

Mr. Maloway: And, before we go on to the next question, I just want to point out to the member that he makes reference to me not getting beyond the Perimeter, and here we have a minister who has not even been to see the Lake St. Martin site other than the flyover, and, I 'suppose'—I suppose, in a government helicopter. I'm sure he's not paying for the gas for the helicopter himself—viewing it from the air as opposed to the critic—his critic, me, who drove out to Moosehorn, had the royal tour of the project, you know, got to see the farmers that are being not well treated by—in this process and saw the project first-hand and I'm just going to suggest to him that maybe he would like to try to do the same thing. But don't cast aspersions by suggesting somehow that I don't go beyond the Perimeter Highway. I mean, I've been right out there on the ground, as opposed to him who's flying over at government expense, and I don't know how good a view he can get, you know, from the air. I'm assuming if the weather was nice, he probably had a good view of it. But I can assure him that I had an excellent view.

So like to ask the minister, in terms of—corporate information has seen activity moved into that line and then cut. Can the minister tell me what has been moved and what has been cut?

Mr. Schuler: I—again, going to have to correct the member for Elmwood (Mr. Maloway). He struggles with facts, he struggles with staying in his seat, but we will put some corrections on the record. I'd like to point out to the member for Elmwood that I too drove up through the Interlake. We drove up to Ashern, spent time there. More importantly, Madam Speaker, I actually got out of my estate, which the member for Elmwood owns along the luxurious riverbanks of the Red River in his beautiful dacha.

And, in 2011, I actually went up to Lake Manitoba and sandbagged for homeowners along the way and took—actually arranged carloads of friends to go up. And the last time we went up to St. Laurent to help sandbag, we got there and there were two carloads of individuals that we had organized, and we got there and they'd run out of sandbags. So, whatever we had left, we sandbagged around homes. And it was after that that the storm hit.

And the other sad part was it really didn't make a difference. You could have sandbagged all you wanted. When that storm hit, it—in fact, the sandbags just were—ended up being a worse hazard.

And I can remember because we'd run out of sandbags. We thought we'd be really good. So, in

case a storm came—they had this beautiful pool table in the back room, so we went and we got all kinds of blocks and we blocked it all up, like a foot and a half, so that, you know, if any water came in, it wouldn't damage it. By the way, after everything was said and done, the only thing left of the pool table—and it was a certified granite bottom pool table—the only thing that was left in the cottage was a little bit of the green felt. That's how damaging that flood was. The granite, everything, I guess it's in the bottom of Lake Manitoba somewhere. But it just devastated everything.

In fact, I'd like to point out to the member for Elmwood, because he's into this, you know—and we know his—the greatness that he holds of himself in his own mind. I would like to just point out to him that I also went out after the flood of 2011, and I actually took time, my personal time, and I spent weekends up there helping individuals trying to salvage what they could in their homes. And there was one individual in particular who had come here as an immigrant from India. And he had done an amazing job. And we kept saying to him, I'm sorry, but the oven, the refrigerator are ruined. They're rusted out. They're no good. And he fought us on it because this was his stuff. This was his personal—what he had paid for. And we ended up at the end of his driveway creating a huge pile of stuff that had to be discarded. All the couches, all the beds that hadn't been ruined, we cleaned and cleaned. And we took the pressure washer and we washed the cottage down with the pressure washer because it was down to the two by fours. And we pressure-washed. I spent one day just cleaning all the wood and then cleaning all the mud out of the main floor of the cottage.

So, to the member for Elmwood, who struggles with staying in his seat, who struggles with showing attention—we know he's got these struggles—I just want to point out to him, yes, I also drove up. I also had a look. I also sandbagged. I also helped individuals. I also got into helicopter. I had a good view of where the channels are going to go. I don't think the member for Elmwood actually walked or drove, as he tried to indicate, where those two channels are going to go. None of that is reasonable. We're glad that once in a while, he leaves the city, he leaves his dacha in Elmwood and gets out. We're happy for him. It's important for him to do that. But I would like to point out it would have been nice if he'd have left his dacha and his comfortable lifestyle of the rich and famous and would have went there and would have been in his rubber boots up to his

elbows in mud cleaning out people's homes and hoping to salvage the little that was left from that storm because it was ugly, and thank you, Madam Speaker.

Ms. Amanda Lathlin (The Pas): In line 3.(c), in regards to northern airports and marine services, it states that the—it was declined by \$1.7 million since this government's first budget in 2016 and 2017. Can the minister detail for me: What was removed from this line?

* (16:10)

Mr. Schuler: Well, I thank the member for the question, and I'd like to point out to her, one of the things that we always discuss in that wonderful office called Manitoba Infrastructure, one of the historic offices of the Manitoba Legislature, is that not just does the Golden Boy, but the office of Infrastructure looks north. And one of the reasons for that is—or one of the main reasons is because it was always felt that the future of Manitoba would be in the North.

And I think that the individuals who had the political foresight, (a) to build a magnificent building like this for the people of Manitoba, and, more importantly, that viewed the future of Manitoba to be in the North, are going to be proven right in both cases, that our future will be in the North. And, for those who don't view it as such yet, will come to that conclusion someday. And that is increasingly realized.

So one of the things that we've had a discussion with the leadership team of the department is, how can we have the North become masters of their own house? How do we help the North take on economic advantages and grow and build and develop the North?

And I would segue and take, for example, there used to be a time when the federal government ran all major airports in the country. And at some point in time, somebody said, why do we do that? Why don't we give it up to provinces, to cities, and have them develop the airports and use them as economic drivers, because why would it be done from Parliament Hill? Why would we run the airports from Ottawa when they can just run them way better from their local city, from their local community?

And, if you look at the Winnipeg Airports Authority, that has really proven itself to be the case. We became our own entity. It's ended up building a beautiful airport. They're really doing a lot

of amazing things, very progressive things. They're seen as a dynamic board, a dynamic group of individuals running a really good operation.

So, if that works, Ottawa to City of Winnipeg, should we not look—at least look—at the same kind of a model for the North where we allow northerners to become vested in their own economy, where they start to look for opportunity, where they start to look where is it that we can grow and develop.

And I've been up to—and I know the member for Elmwood (Mr. Maloway) will want to know this, he'll want to write this on one of his many, many pages in front of him—I've been up to Churchill and I've had conversations with a lot of individuals along the way. We travelled throughout the North. And young people, the next generation of citizens of this world, are looking less for things and stuff. They are looking for life experiences.

And probably be shocking for this committee, as Canadians, to appreciate that there are many people who've never seen snow and never been on ice. And northern Manitoba is incredibly beautiful in winter. And as we develop and grow, you know, to open up the North and say to individuals who have never seen snow, who have never experienced the beauty of the kinds of views and the kinds of scenes that we have in Manitoba, open up Manitoba for all kinds of different opportunities.

Ice fishing—we had a guest who, a friend of my son's, he flew in from Germany, he lives near Stuttgart, and a group of individuals took him ice fishing. Inconceivable, that you would have that kind of an opportunity in Europe to go ice fishing. And out of everything that he experienced here, I thought for sure it would be, you know, the moments and times spent in our home—oh no, it was ice fishing.

And what we want to do is give those kinds of opportunities, those kinds of opportunities to be part of the economy, to be entrepreneurs, we want to give northern Manitobans those opportunities, become masters of their own future, of their house, of their own economy.

Ms. Lathlin: Thank you for sharing with me in regards to the Golden Boy. Whenever I go into the classrooms and talk about the role of an MLA, how a bill is passed in classrooms, I always have to share that the Golden Boy points to the North. And I ask the kids, I said, why do you think that. And they said, I don't know. I said, because we're the best. So thank you for tooting our horn about the northern economy.

So, in regards to airports, especially with the threat of our Grace Lake airport almost being closed last year and our poor folks sitting on the edge of their seats every three months with a new deadline to be evicted off that land—so it was good news.

I have great relationships with the Missinippi airport staff and manager, and especially with our medevac nurses there as well, whereas I've been medevac'd with my daughter and for myself, emergency. So I'm really glad that it's sticking around, and the fact that Missinippi has control of it now.

So, in regards to provincial funding, how much is, how would you say, how much is not being supported now anymore now that Missinippi has full ownership and the Province has nothing to do with it?

Mr. Schuler: Well, I am going to have to agree with the member, and when she says north is best she's absolutely right because, as the member will know, I also represent a northern seat, north of Winnipeg. And so, you know, I always, you know what, the member opposite and I are siblings, almost, and we certainly agree on a lot of points.

* (16:20)

And I would like to point out to her that it is only in the North—northern Manitoba where we have lakes so pristine and so pure that you can actually swim in the lake and drink water at the same time. I mean, that is unheard of in most places in the world. That's how fresh the water is and the air is so beautiful. Having—I actually took the opportunity—and the member for Elmwood (Mr. Maloway) will want to know this, he'll probably want to write it in his many, many sheets of paper in front of him—that I actually—when I was minister of Crowns, I actually drove up the entire side of western Manitoba all the way up to Flin Flon, then we drove over and crossed over to Thompson and then drove all the way up to Gillam and to Kewatinook. And I would say to the member opposite: some of the most unbelievably beautiful scenes you will ever see and the fresh air and the fresh water—actually, I tested this. We stopped along the way and we were thirsty and we would just find a beautiful stream and just go and drink water. It was just absolutely beautiful. So she's correct in saying North is best and both of us representing northern seats, hers being slightly more northern than mine, I would agree with her.

I'd also like to point out to committee that for the first time ever, we had with medevac two indigenous

female medevac pilots. Isn't that just something else? I mean, that is just great, and there is where we see where, in the North, we start to train our northern citizens, get them involved in the economy, and hopefully, these two young individuals will one day own their own airline and be flying around the North and maybe that is in their future going to be a great business for them to be an airline that services northern Canada. That's what we would like for them.

Insofar as the airports, I would be very careful and mindful as minister as we are currently under negotiations and discussions with the various parties involved, with the various airports, so I want to be very careful that I'm not seen as negotiating with anybody at this table.

All to say that in our discussions the prism that we work through is that we get northern Manitobans engaged in their economy and not somehow think that everything has to be done here out of this building or out of this city, that northerners are as smart or smarter, in some respects, as good or better, in respects. They can do anything we do here and they can do it as good, and probably when it comes to the North they can do it far better. Then why don't we help the North take over these businesses, these enterprises and start doing it for themselves? That's our goal. It just—just like we've done it for other regions of the country, why wouldn't we do it? Why wouldn't we give northern Manitoba a—economic advantages that not just do they work in the North, they also own the means of the business and they make the profits and they benefit all the way around, not just as employees but also as owners and as entrepreneurs and looking for new ways of doing business in the North? And who would be better to do that than anybody else? Well, people who live there.

Ms. Lathlin: Thank you for that pep talk. Really appreciate it.

Now let's get back to infrastructure as in regards to airports and O&M. Access to health care in the North isn't quite the same for us northerners having to come down south, which—since we're in front of the Minister of Infrastructure (Mr. Schuler), Highway 60 is a dangerous highway. Number 10, 60, 6, I travel it every week along with our patients that have to drive it and I do have pictures about the edges of our highway. They're quite dangerous. If a inexperienced driver just hit that shoulder a little bit and panicked, they could

probably lose control and go into the other line or just go into the ditch. So those are concerns.

So, if we're not driving to Winnipeg to access health care, or Brandon, we're flying. So many of our communities are isolated, and they need air services to get access to health care. And I find that, you know, most—some of us in the province take that for granted because we're—you're lucky; you're near Winnipeg. You're within the city; you have access. We don't have to leave our families to go see specialists.

So, again, today, if you want to reflect on our questions today, in question period, I was asking about, you know, if the minister's divesting these airports, will you at least sustain operating and capital funds for these communities to ensure us northerners, Manitobans, can access to health care? So, you talked about ownership and whatnot, but what is your role going to be in providing operating and capital funds?

Mr. Schuler: Well—and I appreciate the question very much. And we are currently in discussion—keeping in mind that some of these airports, or many of these airports, are on First Nations land. So, we are in discussion with INAC, the federal government—involves ourselves as the Department of Infrastructure, AMC, MKO, other First Nations leaders, and we also have to have northern communities. So, that's the towns and villages who might be adjacent to a First Nation or are up in the North.

And, again, we're having conversations. And I think as long as you're having good conversations, you're having a good discussion, and overriding is that we want a sustainable model. We want not just that northerners have the opportunity to take these opportunities in hand and enhance them and drive them and not just be employees, but owners, right, because how long do you want to be just the employee? At some point in time, you want to be also the owner of the enterprise. But it has to be a sustainable model, and that's what we're working on.

I, again, have to indicate to the member, I don't want this to be the negotiating table. We're very mindful that we're not the only ones at the table, that there are a lot of different parties. I want her to know that we are looking at something that would strengthen the North, make it even a better place than it is right now. The member, in her own worse—own words said the North is the best. That's a great saying. You know, she might want to just trademark

that one. And that, we want to have. We want to have that the North is the best, and we will keep negotiating with all the partners that we have a sustainable model.

Ms. Lathlin: Just one comment, I'm looking forward to having these discussions in the future, so thank you.

* (16:30)

Hon. Steven Fletcher (Assiniboia): Madam Chair, I was just in Estimates in the Chamber with the Minister of Health, and may I say he was a delight to question. His answers were short, punctual, proportionate to the questions, and we were able to get a lot of work done in a short period of time. There was no animosity, condescension, personal attacks, family mentioned. No, it was based on public policy and was short, quick and snappy. I hope we can follow that excellent minister's role in how he presents himself and treats this process with the respect that it so much deserves.

Madam Speaker—or, Madam Chair, I'd like to direct my first few questions to the deputy minister.

Madam Chairperson: All questions in Estimates must be directed to the minister.

Mr. Fletcher: Well, Madam Chair, this is an interesting conundrum, then, because on one hand, the minister says, no, I had nothing to do with the decision-making process. I have it right here, yesterday. I—you know, we set policy, he says, and the department tells us what to do after that. We can't—there's no yes or no—or, it's only yes or no. There's no other choice. He goes on to say that—compliments the—I'm sure what is the expertise of the department, but he said—but he—I don't know what goes on. I don't know how the sausage is made in the—and I don't want to know. And then he says, oh, it's government policy, it's government approved. It's gone through the process. But then, when we ask about the process, no, no, no, that's the department. I can't talk about that, or I don't know about it.

So which is it? Is the minister involved—which I don't think he is, actually, in this—in these decisions. As I mentioned yesterday, it would appear the timelines are that the minister inherited this mess of the sole procurement at St. Martin to the outrage of—certainly the free 'marketeters' of Manitoba, conservatives, free traders. But, when we try and shed light where there is darkness, we hear from the minister: No, I don't see, because I don't look. Or does he look and just doesn't remember?

That's fine. Let us know. Or maybe there was a mistake, and that's fine.

Can the minister either apologize for the mistake, which is clearly against all the procedures in Manitoba—it was not an emergency situation. I have everything he needs to know, if that's helpful. Can the minister tell us if this procurement went through the regulatory accommodations or accountability commission—the regulatory accountability commission? Yes or no? And what was the result of that?

I would like to ask the deputy minister, because that's who the minister says is responsible and it was his decision. So who is it? Is it the minister or is it the deputy minister? We need an answer. Everyone's at the table, along with five other officials. Let's hear right now, and let's do it in a timely fashion. Yes or no?

Mr. Schuler: Well, the member for Assiniboia (Mr. Fletcher), who was just in Health Estimates, has indicated that he senses that the Minister of Health seems to have a far better critic than the Minister for Infrastructure. And well, you know what, Madam Speaker, I'll just leave it at that and wait for a question.

Mr. Fletcher: There were questions. Let's—30 seconds, let's have it.

Did this go through the Regulatory Accountability Committee, yes or no? And what was the result?

That's it. Let's keep the clock going.

That's it, I'm done.

Mr. Schuler: Well you know, I would suggest that probably most of us don't know how sausage is made and there's a reason why, because we're not sausage-makers. We, however, should know how legislation and how the legislative process works because we are legislators.

So the member for Assiniboia says that he is—because he doesn't know how sausage is made, he is not a sausage-maker, and I don't know what that makes him in this building because he says he doesn't know how legislation and decisions are made. Although he was once in the federal Cabinet—the federal Harper Cabinet, so he must have had some knowledge. He must have had, must have figured some things out.

I think if the member from Assiniboia wants to have a process—learning curve—and would like to be

briefed on processes, there are means within the building where the member for Assiniboia can avail himself how that's done.

I listened to the question, and—Regulatory Accountability Committee, or legs and regs—is usually a body that views and looks at legislation. Under the NDP for 17 years—I would suggest maybe they should have spent a little bit more time at having a look at some of their legislation. If the member for Tyndall Park (Mr. Marcelino) had been the chair of Regulatory Accountability Committee—or legs and regs—in his government, I think things would have gone better.

But I would point out to the member for Assiniboia, he should know that a decision on where money is spent in a department would not go to a body that oversees government legislation and vets it. That's what legs and regs—I think is what it was called under the NDP, I believe that's what it was called. Now it's got Regulatory Accountability Committee—it's basically the same thing, same process. But the member from Assiniboia should know that legislation goes to Regulatory Accountability Committee and not financing decisions.

Mr. Fletcher: Thank you, Madam Chair. And again I'm trying to focus on the public policy issues rather than the other issues.

The problem that the minister has here is that I know the process too well. I was not only the minister responsible for infrastructure for Manitoba and a great swath of Canada at a federal level, I was also on the economic prosperity Cabinet committee, social affairs committee, the Treasury Board for seven years—at every single meeting for seven years. And that is an all-powerful committee. There are things that I've been involved in that I will never be able to talk about, details that run deep.

And, Madam Speaker—or, Madam Chair, I will put it to this member that if he wants to see who's who and compare resumé's, I'm happy to do that. I'm happy to do that.

* (16:40)

Right now, the summation of my Cabinet experience is, I would submit, far greater than the summation of the entire provincial Cabinet experience at this point. Now, maybe if the government is—manages three terms, they'll start getting into the same scale. So, when the minister says that he does not know the—about the Regulatory

Accountability Committee, why did he cite that yesterday in his comments? Why would he say that?

This is what he said just yesterday: First of all—blah, blah, blah—making every decision is a government decision, ministers and Cabinet, and there's Treasury Board, and there's PNP; there's a Regulatory Accountability Committee. There's all the committees and all the caucuses, and that constitutes government.

Actually, that's not true. Government is the executive branch, and the member should know that. And he describes a process which he won't explain. He won't tell us if this sole procurement went through the—and we—you know what, we know it didn't without political influence because I will present to the committee the procurement policy manual for the Province of Manitoba. And nowhere does it say that sole procurements are allowable. Or, you know what, maybe I don't have to table it. I—because the minister will have access to it. He also has access to the interprovincial trade agreements; he also has access to the New West Partnership Agreement. Nowhere does it allow for sole-source contracting.

He says, oh, no, it's not me; it's the department. We just do what they say. Well, he's throwing the members of the department under the bus; he's not taking responsibility; he won't admit a mistake. Mistakes happen. You either—one thing that is not cool, not kosher at Estimates, regardless of what level of government you're at, and that is, throwing your officials under the bus, blaming them, not taking responsibility and ending up making all conservatives in Manitoba look bad because they're defending an indefensible decision

Conservatives do not believe in sole-source contracting unless there's an emergency or national security. But—well, wait. You wouldn't know about national security because that's beyond the scope of—

Madam Chairperson: The member's time has expired.

Mr. Schuler: Well, Madam Speaker, I don't know if there's value in engaging in angry and bitter political woulda-shoulda-coulda speeches. I don't know if there is.

But I will point out to the member that he put on the record that his time in Ottawa—he saw details that he can't ever talk about—ever—when he was Cabinet and Treasury Board and then sits and says, why won't you answer my questions. He

just answered his own question because there are things and details that he can't talk about, ever. It's called Cabinet confidentiality. It's called government confidentiality. He knows there are things that he is not allowed to talk about, as for instance, the member for Elmwood (Mr. Maloway)—well, no, he can talk about anything he wants—but members of the former NDP government, who would've been in Treasury Board and Cabinet, who then couldn't talk about what was going on.

The member for Assiniboia (Mr. Fletcher) says, on the one hand, you can't talk about things, as a minister, that you learnt in Cabinet and Treasury Board, and then the other hand says, so why aren't you giving me the answers about what went on and all the decisions that were made? The very thing he said he couldn't talk about, he then asked others to talk about.

Well, Madam Speaker, we—we've given the answers. We've been open and transparent. Everything is out there. We've put it on our website. It all can be accessed. We made the announcement in a very secretive, private location—yes, The Forks. Downtown Winnipeg. Open, there were people walking by. There were people stopping and listening and afterwards talking and asking what it was about.

The member just had to go on his Internet and he would've found press release from the government, and it was on the news; there was nothing secretive about this. And I know the member has nothing else, so this is where he wants to go. But, again, his own words he should reflect on. And I will quote them back to him: details that I can't talk about ever. His quote.

Well, that is part of government.

Mr. Fletcher: The Minister of Health is equivalent to the NHL—an NHL player. What we just heard would be equivalent to a beer-league answer.

Madam Chair, Estimates are part of accountability. What I was referring to, at the federal level, were things that exceed and fall within the federal constitution, and have nothing to do at a provincial level. This is not at that level.

At Estimates, as a minister, I was expected to answer the questions, and I did. This minister should be able, or at—or at least answer the question, and if he can't answer it, get the deputy minister to answer it. But don't throw the department under the bus and then refuse the answer the questions.

Where is the ministerial responsibility? Where is the Cabinet responsibility? And why won't this minister—well, we do know why. Because the minister—I'll let him off the hook. The minister was not involved, likely, in the decision. The minister was simply doing what he is told.

He won't let us discuss what actually happened with the deputy minister, though that happens at other committees. I remember when he was crowned—the Minister of Crowns, he was all too happy to have members from MPI answer questions—or the board. But it didn't happen at Hydro.

An Honourable Member: That's committee, not Estimates.

Mr. Fletcher: The member correctly points out that that was at committee, and we're at Estimates, which is all the more reason that the minister should answer the simple issue of how in the world did this sole-procurement occur without due process?

And the way out is to say: Sorry, it was a mistake and it won't happen again. That's all we want. That's all the Conservatives want. That's all the Manitoba Trucking Association wants, is the commitment that it won't happen again.

Will the minister commit to not doing sole-source contracting again, and follow his own procedures?

And, by the way, I'll table the aboriginal procurement portion of the aforementioned manual. And, Madam Speaker, in the future, I wish that the minister would be consistent day to day or even within the same answer. Just consistency.

* (16:50)

How much time do I have, Madam Speaker? *[interjection]* Good.

The minister isn't part of the process, we were told yesterday. The ministers are part of the government's decision on policy. Sole-source procurement policy or is it open tender? That was the minister's comment; says people can easily find bids on MERX—M-E-R-X. Not if they're sole tender, they can't. The minister goes on to say that he has no responsibility and then he says he has all the responsibility. Then, he—so which is it? He hasn't followed his own guideline. He says he trusts his officials, except he won't let the officials answer the questions and that could be a breach of what is often described as public trust. So Estimates are for exactly that: examining the costs and spending. That's

it. Personal attacks like we saw the other day or whatever, there's no time for that.

But let's talk about how spending occurs, and if there's a mistake let's own up to it. Don't try and hide and don't throw the department under the bus for political screw-ups.

Madam Chairperson: The member's time has expired.

Before I recognize the minister, the member for Assiniboia had mentioned he had documents to table. If they are public documents, there's no need to table them but that he can provide a copy to the minister. If he would like to table documents, he would have to have three copies.

Mr. Schuler: Well—

An Honourable Member: On a point of order. Can I respond to that?

Point of Order

Mr. Fletcher: I agree, Madam Chair. The—I have the document here. I'd ask that a page come and take the document and bring it to the minister, and if the Chair wishes, I will be happy to bring three copies, and while I'm doing the tabling, Madam Chair, I'd like to table the Winnipeg Free Press article by Chris Lorenc or give it to the minister. I would also like to—

Madam Chairperson: Order.

The Winnipeg Free Press is a public document. There is no need to table the Winnipeg Free Press.

The honourable member for Assiniboia, on the same point of order?

Mr. Fletcher: I—sure.

Madam Chairperson: Pardon me.

Mr. Fletcher: You're right, I use it as an expression. I would now like to ask the page to come and give the minister the Winnipeg Free Press article from yesterday. It's right there on my left.

And, Madam Chair, after the page is finished with tabling, I would also like to give the minister another document. I'm going to give him the economic development framework for Manitoba. It's in the purple clip, for the page.

Madam Chair, once the page has completed the transfer of documents to the minister, I would like to ask the page to present the minister with another document. I would like—

Madam Chairperson: Order.

I am going to ask the honourable member for Assiniboia (Mr. Fletcher) to pass along any documents that he has for the minister in one trip. Thank you. For convenience sake.

Mr. Fletcher: This is the most convenient way, Madam Chair. I can think of other ways to do it, but this the fairest way to do this.

So I would like to present to the minister the Agreement on Internal Trade signed in 1994, and once he has received it I'd like him to return it to the Legislative Library.

Madam Chair, I would like to—I'd like to table for the minister another document. I'd like to give him the briefing notes on the international—or the internal trade agreement published in, I believe, 2011. It's the circular book there. And again, I'd like to ask the page to provide this to the minister.

Madam Chair, I would also like to ask that the minister return that document to the Legislative Library once he's finished it.

Madam Chair, I have another document I'd like to table. I'd like to table for the minister a CBC story that appeared in the media on—immediately after the original announcement was made. Can I please provide this to the minister? I'd like to thank the page for her assistance in this.

An Honourable Member: I have to return that to the library too?

Mr. Fletcher: No, you can keep that. It was on the Internet. I printed it, but it's good.

Madam Chair, I also like to table another document—I'd like to introduce a document called the Manitoba government—

Madam Chairperson: Order. Order.

Just for clarity, the member is not tabling the documents, he is providing a copy. Correct?

Mr. Fletcher: Thank you, Madam Speaker—or Madam Chair. It's—thank you for the correction.

I'd like to table another document. This is the New West Partnership Agreement. This is the New West Partnership Agreement, and again, I'd like to provide this to the minister. And I would also ask the minister, once he's gone through it, if he could be so kind to return it to the Legislative Library.

Madam Chair, I have another document I'd like to table—not table, to give to the minister. Can I—am I able to do it? Okay.

Madam Chair, I'd like to give to the member the Hansard—the minister the Hansard with my highlights and comments on his comments from yesterday and—

Madam Chairperson: The hour being 5 p.m., committee rise—sorry—the time being 5 p.m., I am interrupting the proceedings. The Committee of Supply will resume sitting tomorrow morning at 10 a.m.

EXECUTIVE COUNCIL

* (15:20)

Mr. Chairperson (Dennis Smook): Will the Committee of Supply please come to order. This section of the Committee of Supply will now resume consideration of the Estimates for the Department of Executive Council.

The floor is now open for questions.

Mr. Wab Kinew (Leader of the Official Opposition): I just want to thank my colleague from Concordia, first of all. It sounds like he did an amazing job yesterday in Estimates, high praise from the Premier and all sorts of compliments. So, I didn't quite notice what exactly went down, but he's uniquely skilled, and I'm sure all adulation is well-earned.

Wanted to ask the Premier about Shared Health. Shared Health Services was scheduled to come into existence on April 1st. I'm wondering if the Premier can provide an update on the status of that organization.

Hon. Brian Pallister (Premier): I appreciate the member's preamble. I do think we could all seek inspiration in the conduct of the member for Concordia (Mr. Wiebe). His praiseworthy interventions were in sharp contrast to the earlier approach taken by the Opposition Leader and myself, as well. And I would say that civility, I think, has extra value because of its scarcity in the work environment. So I compliment, again—no, I can't. I promised I would not. The member from Concordia will, however deserving of compliment, not be complimented by me.

However, I must compliment the member for Fort Garry-Riverview (Mr. Allum) and say his new approach to his job is something that I think is

deserving of praise. I congratulate him on that. There is that admonition we give to our children, I think, without exception: treat others as you yourself like to be treated. And I have from my early days here tried and, of course, failed on numerous occasions to live by that admonition, but I do have high regard for the member for Fort Garry-Riverview (Mr. Allum) and I appreciate the approach that he takes in his—in praising his arguments even when I disagree with them. I think that is a sign of genuine mutual respect and I attempt to adhere to that. So I wanted to say that to the member.

This is a—it's a challenging work environment—

An Honourable Member: Can I mention that anywhere else?

Mr. Pallister: No, just here. A challenging work—I would appreciate if the member does not feature that quote on his upcoming brochures, as it would be a career-limiting move, I'm sure, for both of us. And—but I do think there is certainly room for that.

The—again, as I've said to the Opposition Leader yesterday, on some of these—the announcements in advancements in health care, I hope he would respect the fact that I would want to respect my colleague, the Minister of Health, in terms of announcing initiatives of any kind in respect of changes which are, of course, necessary in terms of improving our health-care system. So I will defer to my colleague, the Health Minister, and he's available across the hall for further detail and data as we speak.

Mr. Kinew: Yes, I'm glad the Premier (Mr. Pallister) sort of caught himself there, because I was starting to worry about the proud New Democratic reputations of my colleagues from Concordia and Fort Garry-Riverview, but all praise is, yes, certainly well earned by them.

The reason why I was asking about Shared Health is because it's a province-wide organization, will be taking a lot of responsibilities for different health-care services here in the province. And I would imagine that the Premier is pretty well briefed and well aware of what's under Shared Health as the mandate. And so I'm wondering, like, if he can update us on the status of the organization from his understanding. How does it fit into the overall direction health care is going in, and what sort of budget has been allocated to Shared Health?

Mr. Pallister: I'll ask my colleagues to assist me in providing the numbers to the member. I know that globally, over the last two years since we came to

government, that the Health budget is up in excess of \$600 million over the last NDP budgeted amount. I can also share with him, as he's aware that Shared Health was incorporated as a legal entity on April the 1st, so just a few days ago, and it, in essence, will function as a lead clinical and preventative services planning and integrator of services, a co-ordinator of support to health delivery across the province. And that co-ordination has been something that Dr. Peachey, in his report and others, have commented on as being necessary—not just necessary but as being in need of enhancement or improvement. So that is part of the goal of Shared Health, I would say.

The other vast array of responsibilities—I'll just touch on a couple of things. Physician recruitment and retention, Shared Health will take the lead co-ordinating that. And that is a critical and important aspect of how we manage care and delivery, obviously. We need professional people to assist us in every respect on the health-care side. And so that's—that is an important aspect of what Shared Health will be responsible for.

I would say also certain—and here, I would defer to the minister on the technical aspects of this, but my understanding is that certain clinical and support services are better co-ordinated on a province-wide basis, that would be under the mantle of Shared Health. The operation of Health Sciences Centre is one. Emergency Medical Services is another example. Interfacility transport of patients, managed under Shared Health. Lab and diagnostic imaging, certain support services as well as supply chain functions.

So the language that the minister has used is blueprinting, and I think my understanding of what blueprinting means is that we're looking to make a process overseen by a transformative team of Manitoba medical experts and leaders that clearly, more clearly than I can today in answer to his good question, will define what the roles are, what the responsibilities are and also the budgetary determinations of budgets for not only Shared Health but health—other health services delivery organizations as well. And then the—with that planning, blueprinting process, we'll have a better co-ordinated system that will be—to get the services to people better, faster, more effectively than we have in the past.

* (15:30)

In addition, Shared Health's going to be reviewing proposals from rural RHAs and northern RHAs as they come forward in the consolidation—phase 2 part of the process. And then they'll come up with recommendations to go back to the minister in terms of how we can improve the overall delivery of our services.

These changes don't totally emanate from Dr. Peachey's work, but they do emanate in part from Dr. Peachey's work as well as the KPMG research and report that was undertaken; the idea being, to have a more integrated system—more sustainable system with—that will improve access to services.

We should recognize the system was not functioning to a level that would give satisfaction to Manitobans, and that change, though difficult and challenging, is being undertaken and needs to be undertaken to improve the system.

Mr. Kinew: I thank the Premier (Mr. Pallister) for his response there and the information he shared. And I appreciate what he said about the budget totals and all that, but I'm wondering if he could maybe shed some light on how the structure of the budget operates.

Like, the budget for Shared Health—is that coming out of the RHA budgets? Like, does money flow to the RHAs and then they all contribute towards Shared Health? Can he explain how that process will operate?

Mr. Pallister: Again, I'll—with the understanding of the member, I'll defer to the Health Minister on the specific structuring of how allocations occur.

But I would elaborate a little more on the Shared Health objectives because I think it's important to understand. We're looking to—quite frankly—scale back in some respects the RHAs' multiple—some of the functions of the RHAs which have been siloed and are multiplied by each of them doing them—to centralize those under the rubric of Shared Health Services so that we can allow—with those types of roles being concentrated, and that expertise being gathered together—obviously with input from RHAs.

That will allow the RHAs to commit more of a focus on patient care, as opposed to certain other aspects of strategic planning or—even in some areas, from what I understand. Procurement, I think, is another aspect of this, where some centralized shopping, centralized co-ordination of buying equipment—not least of all really expensive, highly technical equipment—can be done better

through a co-ordinated buying strategy than it can be done separately at each—in—at—within each RHA.

So it's a provincial system. However, much of the planning and the service delivery has been done in silos around the province. And what we're—what we've seen as a result—on occasion, at least—is fragmented services, concern over quality and access, redundancy, some inefficiencies and challenges, obviously, for those who work within the system as well.

The—there are people who work in various—obviously, various aspects of health delivery who have really been supportive of these changes because they say—they see that the duplication, and the overlap, and the confusion around, for example, everyone doing their own thing in every RHA on HR, management, capital investments, digital technology and what have you, results in a lot of additional time and money and confusion. Whereas with a shared-health model, we can co-ordinate those better, deliver better services, and let the RHAs and the professional people there do what they want to do, which is really focus on client services, on patient care.

So that is—that has been the goal. That was the goal that was part of the report commissioned by the previous NDP government—presented to them, but not acted on. It is something that presents challenges, as all changes do, but it is something that will, we believe—and has, according to Dr. Peachey and other jurisdictions—improved services and improved the effective delivery of patient care at the front line by refocusing the organizational structure and improving its co-ordination.

So I think that would be the overall goal. I think it's—I hope it's one we all share.

I think the idea here is clear. We have to make improvements to our system. We have to make our system more sustainable. We can do both these things, if we're managing resources more effectively and better.

Mr. Kinew: So I'm curious to know who pays the staff at Shared Health, like, are they paid by the RHAs, or are they paid directly from Shared Health?

Mr. Pallister: Again, these questions are in line with fair questions, but, again, the Health Minister's across the hall. If you want detail on the internal structure of salary allocations, or other costs, that's something the Health Minister can share.

Mr. Kinew: Is there a board for Shared Health? Like, is it just the board of DSM that's going over to Shared Health? Is there a new board? Has there been a due diligence process? When will the board be in place?

Mr. Pallister: Fair enough. I would say, at this point, we're into the blueprinting stage, we're in the planning stage. Some of these questions are a little premature; others not. And I would, again, suggest that the member wants more detail from the Health Minister, he can certainly get it with a few steps.

I would, again, reiterate that the broader goal is what we're looking to address. We're in the early days. Obviously, we just established Shared Health's legal entity some days ago, and so some of these questions are perfectly legitimate and will be more readily answered either by the Health Minister, or in due course, as we move forward with our planning process.

Mr. Kinew: Is Shared Health going to reproduce an annual report, and when would it be released?

Mr. Pallister: I mean, the member knows, and I'm sure he's going there in a minute, CIHI, for example, gets data. We've improved the systems of releasing and keeping that data since the previous government left. So we're now going to be into a more transparent operation of our health-care system than ever before. Certainly, that data co-ordination has been done with the intent of making sure that we're able to be measured effectively and that that measurement is accurate. And so that's the goal we'll continue to pursue in whatever aspect of health delivery. But, as far as the specifics of where and which person looks after data accumulation, those are questions best answered by the health minister.

Mr. Kinew: So, just a few answers ago, the Premier (Mr. Pallister) referenced that part of Shared Health's creation had its genesis in the KPMG report on health. I know there's a few parts of that—or many parts, maybe—of that report that have not been released publicly. I'm wondering if the Premier is planning to release the remaining portions of that KPMG report in May.

Mr. Pallister: I would just say, in due course. But I certainly—I would certainly hope the member's investigation into harassment within his party is released sooner than that. I think it would be wise to have that out there, and for us to work together co-operatively on addressing the issues of harassment in the workplace. So I encourage the

member to make sure that that investigative entity that he established that apparently is going to be completing its work, or has completed its work, that its report being released.

I would say, in terms of transparency, we have released the bulk of the KPMG report. There are certain aspects that are to be finalized yet. But, in addition, we've also increased the level of transparency by releasing not only KPMG but the Peachey report and its work. Prior to that, we released, on November of last year, the Wait Times Reduction Task Force. We released, in February earlier in the year, the provincial clinical and preventative services planning for Manitoba, doing things differently and better report, which was submitted to the deputy minister of Health. Subsequent to that, we, in addition, released the Interim Evaluation of the Winnipeg Regional Health Authority's Healing our Health System Plan in full; that was in January of this year.

* (15:40)

And so, in terms of transparency, I think we are making major progress happen in terms of giving these reports out to himself, to his colleagues, to members of the media, to members of general public who are interested. Every step of the way, we are endeavouring to improve on the level of transparency, and that is better than getting blacked out reports on Tiger Dam purchases eight years after they were actually produced.

Mr. Kinew: So what is the timeline for releasing those other portions of the KPMG report on Health?

Mr. Pallister: Well, again I will trust in the very, very capable Health Minister and his department to make those determinations. I understand there are a number of technical aspects to be considered, so I would say very likely in the fullness of time.

One thing that the member can count on, though, is that we are very much striving—as I just outlined—to improve the level of transparency over the previous—not just over the previous administration, because it isn't hard to go from last to ninth, but to move much higher up the ranking level so that we're demonstrating that we can actually live up to the commitment of being transparent.

We're releasing more information than ever before. As I referenced, we've—we released previously the provincial clinical and preventative services planning for Manitoba: doing things differently and better report that was submitted

February of last year, in full. We released the Wait Times Reduction Task Force: Final Report, November 21st, 2017, in full. We released also the interim evaluation of the WRHA's health authorities' Healing our Health System plan.

I should mention that the Wait Times Reduction Task Force: Final Report was actually only completed two months after the most recent CIHI data—showing some serious problems of wait times—came to light. In fact, the Canadian institute of health information's data was compiled in an earlier period, April to September ballpark, prior to us even launching the—or completing the Wait Times Reduction Task Force. The final report came out after that.

And so, as opposed to the very depressing tone the member took in respect to his preambles on the Canadian institute of health information data today in question period—almost a fearful tone—I would urge him to buck up.

I do think that there's reason to be motivated by this data. There's reason to be motivated in our co-ordinated approach to improve these outcomes. We should be focusing on improving the outcomes, not fearful of data that actually was compiled prior to the Wait Times Reduction Task Force report being completed and tabled. Now, he's seen in the Wait Times Reduction Task Force: Final Report—it's conducted—it was the result of a tremendous amount of effort and work by a great number of very, very strongly dedicated professionals from Manitoba, principally, and we're excited. We're excited to see improvements and change for the better.

We will not take the short-term thinking of the member too seriously in terms of his fear around this issue because that would cause us to avert our eyes from the prize, which would be a better health-care system for the people of Manitoba. That's the goal we have strongly in mind and will remain focused on it.

And I would say to the member, if he would choose to read or reread the WRHA report that was compiled by the Centre for Healthcare Innovation, an interim evaluation of the Manitoba Regional Health Authority's Healing our Health System plan, we both know that it's early days for this plan. We both know that it was Manitoba who asked for this plan to be embarked upon, and we both know that pulling up a shrub after it's just been planted isn't going to help it grow better. We both know that dedicating ourselves to a longer-term task, which repairing our health-care

system will be, will be the way we'll get better results.

So the interim evaluation that the member can read was written by Manitoba with renowned expertise: Keir Johnson, MPA, from the WRHA; Tara Stewart is a Ph.D. from the Centre for Healthcare Innovation; Paul Beaudin's a Master of Science Ph.D., Centre for Healthcare Innovation; and Jason Klainchar is a RN, B.N. with the WRHA. They were the co-authors of this analysis. They show—and we can get into it more—I think it's worth getting into, but they show a number of areas of concern. And I know the member would share those with me and with all colleagues. But they also show some positive short-term advances.

We're not going to solve, you know, years of inaction overnight, but we are focused as a government on making sure we do the right thing. And we hear from experts, we listen to them, we've consulted, as the report notes, extensively with front-line workers in terms of not only the planning of our actions but also in the review and ongoing evaluation of progress. They've made suggestions on things we can do better. I hear those, I take them sincerely, and I want us to do a better job in terms of the suggestions they've made.

But one thing is clear to me: the member has not demonstrated a commitment to recognizing that the system needs repair. Certainly, the professionals that we've heard from throughout the health-care system are committed to repairing the system.

Mr. Kinew: I think the Premier's (Mr. Pallister) timeline is a bit off. We know that he announced his plan in April of 2017 and that the review that he referred to was completed in September, though they didn't release it 'til the end of the year.

I also know that there's a number of differences between some of the recommendations that they've—well, when I say they, I mean the Premier's government—have received from some of these reports, that he's making reference to and what they're actually implementing.

So I'm wondering if the Premier has developed his own clinical services plan. Like, is there another document that's been developed that would be the playbook for, you know, the Premier's roadmaps to the changes and cuts he's making to health care?

Mr. Pallister: Well, again, the member's—errs in his assertion about cuts. We are investing close to two thirds of a billion dollars more in this year's budget

in health care than was ever invested by the NDP, that their record budget two years ago, just prior to the election, was, again, two thirds of a billion dollars less than this year's budget.

So, if—he will have to look up the word cut, I suppose, and see if he can find a meaning that would be accurate. But I would say, if anything, the investment that we've made in health care since we became government is exemplary and stands far ahead of most other provincial governments.

But, of course, it's not just the gross numbers that matter; it's the actions in terms of making things work better that matter. That's the key, and that's why I'm emphasizing to him the work that's been done—undertaken by this government just in two years—less than two years—in terms of important research, in terms of using and gathering from the research that was commissioned by the previous government—who obviously recognized there was a problem, or why do the research? Why commission it? So, you know, hearing very little from the member in terms of positive comments, I suppose, shouldn't surprise, but I'm not hearing any ideas. It does disappoint.

In terms of the wait times reduction task force, much of the work was done over a period of several months. The report itself was submitted November 21st, 2017. And I'd like to share with the member, because it—I'm not questioning that he's read it, I'm questioning whether he's comprehended it. And so I would go into it a little bit, because I do think it's important to comprehend what was suggested and to understand that, though he likes to personalize all changes that he doesn't like to me—and I don't mind that, I'm quite prepared to accept that and be accountable for those changes—that, in fact, our plan and our actions reflect listening. They reflect research. They reflect consultation as well.

And so I'll begin by discussing the emergency departments because, fundamentally, it's clear he doesn't understand the need to consolidate resources that was so apparent from the Peachey report—so obviously undertaken by virtually every other major city across Canada except Winnipeg in the past. I'm—I guess, in part, because the previous government was afraid to make changes that were so obviously necessary.

* (15:50)

But the section on emergency departments is explanatory and, I think, would be helpful to the

member to understand, you know, why we will proceed with a reorganization of our emergency departments, as has been done in virtually every other major metropolitan centre throughout Canada. The emergency departments wait times reduction committee was established under the direction of the Minister of Health, Seniors and Active Living (Mr. Goertzen). The department's section of this report—which I can get into in more detail later, I'll just read some summary aspects of it here—was informed by extensive consultation with front-line health-care professionals, emergency room managers, emergency department managers, hospital executives, regional health authority leaders and those most affected by wait times, the general public.

There was an extensive review of available evidence, reports, surveys and expert opinion, and this resulted in recommendations on ways to improve access to emergency care and with the goal of decreasing emergency department wait times for Manitobans. There are seven chapters, and the member will be pleased to know I won't read them all to him, but would really encourage him to read them. The overview part of this document looks at the big picture. It covers important concepts, definitions, metrics that'll be revisited throughout the rest of the report the member could read.

For many people—and members use this word quite a bit out of fear, but I would use it as a way of describing the health-care system to most Manitobans—it's confusing. It is confusing. It was confusing before when people sat in emergency rooms waiting to get looked after. It was confusing before when people were reluctant to get in an ambulance that came to their door because they knew they'd get a \$500-plus bill if they got in it. That was confusing, too. The kind of confusion that is, you know, causing Manitobans harm is that kind of thing where people aren't sure if they go with their aunt to the hospital emergency room if she's going to get care in less than six hours. That's confusion.

What we're talking about here is improving the system, and I'll give the member more examples of why that needs to be undertaken and how it'll be addressed in a minute.

Mr. Kinew: Can the Premier (Mr. Pallister) provide a copy of his road map and blueprint for the transformation of the health-care system?

Mr. Pallister: I'll definitely give the member the website. He can go on the shared services website, get all the information he wants. I'll also repeat the

names of these reports that he may not have read with comprehension: Health Intelligence Inc. and associates, produced in February—on February 1st they released, 2017, they released provincial clinical and preventative services planning for Manitoba: doing things differently and better.

On November 21st, 2017: Wait Times Reduction Task Force: Final Report was submitted to the Minister of Health, Seniors and Active Living (Mr. Goertzen).

In addition, November 21st—no, that's just the title page—where's that third report at here, I want to tell him about that third one. Oh, yes, the interim evaluation came out. This was done by the professionals I mentioned earlier, there. Centre for Healthcare Innovation produced this analysis, early days analysis, on January 24th, 2018. It was called an Interim Evaluation of the Winnipeg Regional Health Authority's Healing our Health System Plan.

If he goes to sharedhealthmb.ca he'll find lots of information on the technical side. Just say to the member that for most people who haven't had a health problem I think that it's exceptionally confusing because they never really think about the health-care system until they've got a problem, and then they get into a system and they're not sure because it's a new experience for them.

When somebody has a sudden health concern, it would be natural they would gravitate to an emergency department with the expectation that no matter how serious that situation is or how benign it is, that that's the right place to go, and the member for Concordia (Mr. Wiebe) talked about this yesterday. It's a—and I think a real—oh, I don't want to praise him, I'll just say it was an observation he made that people could—I do want to praise him, actually, it's a fair observation he made—that people don't know where to go necessarily, that there is confusion about where to go. Right, that's true.

But the confusion we had before was—there wasn't that degree of confusion. Everybody just went to the emergency department, and then they waited for six hours. So that wasn't good either, right? So, you know, members can argue it's simpler that way; everybody goes to the same place. But then everybody waits. Or it puts a tremendous amount of pressure on the professionals who are working there to try to figure out who's going to go where and when and who gets looked after and who sits and waits. And for a growing number of Manitobans, that means sitting and waiting so long, in fact, that a

growing number of Manitobans just walked out after five or six hours and said, I'm going home. I guess I'll have to deal with this some other way. There's got to be a better system than that. That's why we're trying to change the system, make it better.

So 24-7, in the old days, just go to an emergency department, and here in Winnipeg, we found that people just went to an emergency department, and they were forced to sit and wait longer than everywhere else, almost every other place in Canada, ever. The people of Manitoba had to sit and wait. So four out of five hospitals that were in the top five rankings for wait times, four out of the top five, right in the city of Winnipeg. That was the old system. And too often, I think, what I see—I could be wrong, but I don't think I'm wrong—what I see from the member is he's talking about the problems with changing away from that system, which tells me he's trying to defend that system. That system wasn't working. It was broken, a broken system, not good for Manitobans, bad thing for Manitobans.

Now, sometimes, seemingly innocuous symptoms might be serious, and that's why you need people to, you know, have access and to be able to see professional people. But when an interlinked system doesn't work smoothly, it manifests as overcrowding in an emergency room, and that's exactly what we saw over the last number of years, a growing problem that was pointed out. That's why this work that I've outlined in brief today has been undertaken: to heal a broken system.

Mr. Kinew: So, when I asked for the road map and blueprint, I was not referring to the documents that the Premier (Mr. Pallister) was referring to there. At the end of last year, the DM for Health sent out a letter to basically all the people in leadership positions in Health saying that the government was developing a road map and a blueprint for all the changes in the health-care system that are taking place. The blueprint was supposed to describe the what—essentially, what is the scope of all the changes—and the road map would describe the how.

Now, the reason I'm asking for this is because the Premier has made reference to some other reports. However, the recommendations don't spell out the actions that we've seen from the Province so far. Some recommendations might come from one report; some recommendations might come from another report. But there's still actions being implemented which we don't see where those are coming from. So I'm asking for the Premier to share

this road map and blueprint. The DM for Health said that this was in development to be released in early 2018, so I'm asking if the Premier could share it with us.

Mr. Pallister: Yes, and that's precisely what I'm doing.

So the concept of patient flow, really important to understand if you want to know about emergency departments and how they function and how you can change them for the better. You'd need to understand the basics of patient flow. Patient flow is—the analogy could be used of water flowing in a river. If you think that way, understand that in the evaluative process, as they comment on it in the Wait Times Reduction Task Force, they use a—this was education to me—input, throughput, output model. Input, throughput, output. So that was—that's a concept that was introduced in 2003 in the literature of the study of emergency departments. If you understand that, again, that concept of input, throughput, output. It's important.

Sudden, heavy rain, which is a surge of patients or input, multiple obstructions—that would be the processes within an emergency room; that's your throughput—or a strategically located dam—that would be bed block or output—may all result in flooding. Again, each of those things—sudden, heavy, rain—that would be a surge of patients, obstructions in the system creating flooding—that's your throughput—and a dam strategically located at the end—that's your output. Again, each of those things—input, throughput or output—can all cause flooding in a river, and in the river that is patients coming into an emergency department—input, throughput or output.

* (16:00)

So an evaluation of the system's critical to understanding, well, what's causing this problem? What's causing this inability to deal with people in emergency departments effectively in a reasonable period of time? What are you going to do about it?

Well, you've got to have good data that tracks patient flow, that tracks care-provider performance, because obviously there are people providing the services to the people who are in there, and how they perform matters, that—good data that measures processes that you use. Are they working? Are they effective? And good data that measures pathways. Are people flowing in the right way through the system? And obviously, outcomes. All of this data is

necessary and critical to managing the parts of the—of a highly complex system.

The data quality, availability and analysis has been variable under the previous government, and that is a problem. And it has been a problem because if you can't measure some of these things, it's very difficult to ascertain—kind of a Rubik's Cube situation—what caused that problem? Why were—why was there a problem with throughput in St. B in March of '14? What caused that problem? Without the proper data, without consistency in reporting—which wasn't there, according to the experts, wasn't there to the degree it needed to be. It couldn't measure the problem. If you can't determine what the problem is, you're ill-equipped to deal with finding solutions to it.

And so what these folks are saying in their analysis is that it's a complex adaptive system at an emergency department. It's like the human body. It's not simple. We think it's simple 'til there's a problem with it, I guess. I speak from experience on that one. And it's—and we think it's simple, but it's not. And the system is extremely complex, as our bodies are.

And so there are multiple organ systems. They're—each of them has a specific function. Each interacts with all other systems interdependently, and to deal with one piece and not pay attention to the other, and the implications of that, is not to find good outcomes or improved outcomes.

It's critical we understand the changes that we direct at one area are going to interact and affect every other area of the system, and in particular in emergency departments. This is intricate. It's essential. It's important.

So I'll get into this a little more with the member because I think it's really critical to understand how the evaluation that hasn't been undertaken in the past is being—was undertaken in this report, but will continue to be undertaken so we can get to solutions.

Mr. Kinew: Metrics are important. Also, I'm glad that the Premier (Mr. Pallister) is visualizing the health-care system in terms of, you know, a river metaphor because that is the argument that we've been making to him since at least last fall is that in order to address the long-term challenges of our health-care system in Manitoba, you have to move upstream. Right?

Like, if you're looking at the health-care system as a river, you can try and wade out into the middle of the river and rescue people there, and try and find

ever more efficient ways of reaching people in the middle of the river and pull them to shore. Or an alternative approach would be to move upstream and try and find where people are actually falling into the river in the first place.

And so what we're proposing is to do more on prevention. And what we've been critical of, in the Premier's cuts and changes, are those programs that actually intervene upstream in a person or a patient's life.

So, for instance, when you cut a special drugs program, or if you cut coverage for sleep apnea machines, or if you cut other services that people need in order to have a good quality of life in the community—or in some cases, as with the special drug program, to stay alive—what you're doing is you're moving upstream, but you're doing it in a negative way. You're guaranteeing that more people are going to fall into the river and, to use the Premier's analogy, are going to end up in the emergency room.

So, for instance, if somebody with cystic fibrosis is not able to get the drugs that they need, then they are more likely to require hospitalization in the long term. Some of these situations may be more like eddies in a stream, as would be the case with a cut to outpatient physiotherapy, where you had people requiring hospitalization. But, when you cut the physiotherapy services, all of a sudden, their rehab is going to be compromised. And you put them at increased risk of repeat hospitalization, potentially, repeat surgeries.

And so that's the argument that we've been making. I'm glad the Premier (Mr. Pallister) is visualizing things with the right sort of metaphor. But, again, logic would dictate that if he's thinking about patient care, in terms of a stream, then the long-term way to improve the quality of care, both as measured by the quality of life for the individual patient but also in looking at the macro picture for the health-care system, there should be very important emphasis, very strong emphasis put on the up-stream interventions. Things like mental health care, things like Pharmacare, things like primary prevention as well. Preventing injuries, preventing chronic conditions through making good diet and exercise accessible and affordable, these are the sorts of things that are needed.

So I share that with the Premier for his due consideration. The report that I'm making reference to, this road map, and the blueprint, like, presumably

there is a written document. And I'm asking the Premier to share that with us, so we can review it. Perhaps there's a slide deck, as well, that you know, health officials might use to brief those that they manage. Perhaps people from some of the other health organizations outside the department, perhaps, you know, there's a slide deck to share with people in the RHAs or in Shared Health, or in other organizations across the health-care system. These are what I'm asking the Premier to share. Can he share the road map and blueprint documents or document? Can he share the slide deck or slide decks that are use to explain this.

Mr. Pallister: First of all, I appreciate the member's use of the river analogy. One thing for sure, there's no shortages of river money available to the member that he proposes to spend in virtually every department of government. Of course, that would that would have to come from Manitobans, working Manitoba families, seniors, small businesses and that would come in the form of higher taxes, now or later.

It's impossible to disagree with the idea, generally, of investing in preventative types of services. That's why we are doing that and that's why we're doing it at record levels. Great idea. But, if the member's suggesting expanding and including other services, his credibility would be strengthened by coming up with a source of that money. Where would that come from? Would that come from reducing programs in, say, the second biggest department there, or the third? Child and Family Services—maybe we could take some money out of that and put it over in these dreamy programs, because they sound really good. Maybe we could take the money out of education, or maybe the fourth largest department. Maybe we could take it out of the debt service. Oh no, you can't; you know, we have to spend a billion dollars servicing debt.

Okay, so there's a billion dollars we don't have to put into preventative programs and health. Why? Because of airy fairy ideas that came forward, from the NDP, year after year, that caused them to expand the deficit every single year and double the debt of the Province in six years prior to last election; in large part, that's why we're looking for more resources. We're looking for ways to find savings. The member hasn't come up with an idea on how to do that yet, but I look forward to him doing that, because I agree with him. Preventative services—great idea, wonderful idea.

That's why we're investing into this—that's why we're expanding services in a number of areas, that's why we're investing in 16 new full-time paramedics, so that people can have care when they need it. That's why we're lowering ambulance fees, so that people won't be afraid to get care when they need it. That's why we're expanding access for renal dialysis, almost \$8-million additional investment expanding capacity on that. That's—and the fact people need places to go to get fixed up is also true, but we have had, you know, major problems in terms of the neglect of capital investment in the past by the NDP, put most of the money in the salaries and benefits. So what happens, then, is that properties start to deteriorate. That's what happens over time.

*(16:10)

Now we're doing nine capital projects that will be completed or fully operational this year that have been neglected for a long time.

We've got a newborn screening program, speaking of prevention. You know, we are investing in preventative programs. But, again, you know, I encourage the member to understand that the money that he's so willing to spend comes from working people's pockets. It comes from seniors. It comes from small businesses that are out there trying to create an opportunity for themselves, for sure, but for their customers as well. And somebody has to pay for these things.

I'm going to go back to the emergency rooms, though, because you can only fix so many things at a time, and we're trying to fix the emergency-room mess we inherited, and I think it's important to understand the fundamentals of flow in our emergency departments. So, again, I refer the member to this report. It's well worth reading. But, again, that concept of input, throughput and output is—I found that to be illuminating when I read the report. I found that to help me understand where the challenges lie in terms of how you make an emergency department function better. You know, it's complex, but that doesn't—we shouldn't be deterred; we shouldn't be afraid. We should listen to the experts—and we are—and try to implement changes that will fix the system because it—clearly, it was not working.

The issues around repairing the system, I think, are issues that we need to confront as a government, and we are. And the member's fond, whenever something gets difficult or he gets an email with a fearful person writing to him, he's fond of pointing

the finger at me and saying that I'm directing all of this. I don't mind that, actually, because, you know, I like to solve problems. And in my life, I've focused on trying to do that for others as well as myself. And I don't mind that. But I do think it's important to understand it is a fundamental role of government to make sure that you have a system that solves problems. And it's not just one person's job. It's a team. And we have a great team of people on the government side that does like to work with each other and respects each other. And I think that's important to say because that's how we get—that's how we make progress happen. It isn't just about me. It's about our team. And I'm proud of the work our Health Minister's done and proud of the work that our legislative assistant has done as well, working with the Health Minister. I think they deserve to be complimented because it's a difficult and challenging task, but it's worth undertaking.

Mr. Kinew: Well, first off, I'm glad the Premier (Mr. Pallister) finds it impossible to disagree with the frame that I'm proposing we look at health care through. If we can win him over with that, then I'm sure that talking to the average reasonable Manitoban is going to be a conversation where we'll find a lot of people receptive to our ideas.

The services that the Premier talked about, most of them were examples of primary, secondary and tertiary treatment. We know that some of those CIHI indicators that we just heard, you know, provide evidence that under the Premier's watch, things are moving in the wrong direction. Not only are they moving in the wrong direction, but trend lines which were positive previous to his term have been reversed, and things are moving in a negative direction in terms of the impact it's going to have on people in our province.

So, again, the focus should be on primary prevention, right? Preventing the requirement for people to need to go to, you know, a walk-in clinic or what have you. Secondary prevention, tertiary prevention, preventing people from needing to have repeat surgeries or repeat visits to the hospital, things like that. Those are the sorts of programs that I think are needed. And, again, these are investments that reward, you know, the patient with a higher quality of life, in some cases preserving their life, depending on the scope and severity of whatever condition we're talking about, but also benefits the system writ large because the system as a whole will see changes in the medium and in the long term. So they're necessary decisions. They are difficult decisions. But

they're the ones that we ought to be making on behalf of the people of Manitoba.

But, again, the question was about the road map and the blueprint for all these changes to the health-care system. We know that in December of last year, the DM for Health sent this notice out to everyone. Says we got this new plan; it's going to be released in the first quarter of 2018, this road map and this blueprint for all the changes to health care that's going to explain things, going to explain, you know, integration, co-ordination. It's going to explain Shared Health, it's going to clarify roles, responsibilities. And I would just editorialize for a second to say I think, you know, a lot of clarification is needed because there has been a lot of confusion.

There's been a lot of people who work in health care stressed out. There's a lot of people who are upset, you know, that—you know, this official goes on to say that these documents, the road map, the blueprint, are going to shed further light onto phase 2 of the closing of emergency rooms. And, you know, that is something that, I think, would be appreciated for people who live in northeast Winnipeg, northwest Winnipeg, some parts of the Interlake that are served by hospitals like Seven Oaks.

So, again, I'm asking for the Premier (Mr. Pallister) to share this road map and blueprint. It was supposed to have been released by now, now that we're, you know, well into April 2018. So I'd ask the Premier: Can you share the road map and blueprint with us now?

Mr. Pallister: I wouldn't want there to be any confusion about what we agree upon. We agree with the importance of healthy living, active living of people adopting better practices in terms of lifestyles that prevent illness. We believe that people should enjoy good health, and we want to encourage them to do so in every respect. That we agree on. What we don't agree with is that good fiscal management should not be part of that type of strategy. The—under the NDP, fiscal management was such that it was unsustainable, under the previous government; doubling our provincial debt in good times was the actual occurrence that happened. It was a reality.

The member laments the fact I'm concerned about money, but, you know, we do use funds to pay for health care, and the member calls for us to use more all the time. So I would suggest to the member that when he calls for us to spend more on health care when we are spending over \$600 million more in health care than the NDP ever did, and when he

says preventative is the way we're going to solve our problems, what he's ignoring is (a) the importance of moving to sustainable fiscal management so we can sustain our health-care system going forward and not have to pay a billion, five in debt service costs instead of having money available to put into things like preventative health care; and (b) the real dangers of the costs of what he's proposing, which are going to be borne not by us alone but by all Manitobans in the form of higher taxes, whether now, or if it's a deficit, later, in terms of the principal repayments, while they have to pay the interest on it as well. With interest rates not likely to go down because they're at historic lows, we are looking at a real threat and we need to get in front of this threat, not wait for it to happen, because it will deplete more resources from the very important programs in preventative health that we're investing in, for example.

Under the heading of active list—active living investments, I can share with the member that we are putting significant investments into health equity and prevention by the Active Living, Population and Public Health branch. We've got chronic disease prevention initiatives. Healthy Together Now is a great program based on the principle of community development, with a goal of increasing community capacity to prevent chronic disease, focuses on physical activity, healthy eating, tobacco prevention, tobacco reduction, mental well-being.

We've got another program, school nourishment program. It's delivered by the Child Nutrition Council of Manitoba; supports school breakfast, snack and lunch programs, sadly needed in many areas of the province.

Financial support includes the Vegetable and Fruit Snack program, so we're getting kids eating healthier, getting them away from the chocolate bars I like too much, getting into healthier food. It's a good idea. Kids, don't eat the way I eat.

Healthy Foods in Schools program, we've got a program delivered by Dietitians of Canada. Healthy Food in Schools supports schools in Manitoba with consultation, education and resources, assists schools with their nutrition policies.

* (16:20)

We've got Farm to School Healthy Choice fundraiser. Ironically, I probably ate healthier when I was in a poor farm family growing up. Maybe the evidence was my size, I don't know. I probably ate healthier than I do today, in a poor family because we were fortunate enough to grow a lot of

our own food, produce it—most of it without too much in the way of chemicals, because we couldn't afford much additional input that probably wasn't good for us anyway. And I can say healthy food—it's key.

We've got a Northern Healthy Foods Initiative the member's aware of. Department of Indigenous and Northern Relations is working very ambitiously to improve access to healthy foods, build capacity for local production so you can grow your own food. It's wonderful. Talk a lot about growing pot lately—we should be talking about growing healthy vegetables so people could eat well.

We've got child-care nutrition strategies going forward—this is just some of the programs we're supporting this year. And so I want the member to know I share his concern about the upstream, but I don't think we should ever ignore the reality that people do get sick and get hurt and they need to get emergency care better than they got it for years under the NDP.

Mr. Kinew: I guess where we'd differ is looking at it as a zero-sum game, you know? It's not a zero-sum game. The two goals mutually reinforce one another. You make upstream investments to reduce the patient flow into the ERs. When you do so—that is the long-term way to deal with the demand on acute-care services.

And, again, if you make those investments in the right kind of way, then—as demographics change and demographic growth continues, you can meet a point of equilibrium where demand on acute-care centres is sustainable from a public spending—can be met with sustainable public spending in terms of acute-care services.

So, again, that is the approach that I'm proposing. It's the one that I believe in and I think it's the right one, both in terms of responsible approaches to our health-care system but also in delivering a good quality of life to people here in Manitoba.

But, again, the question was about the road map and the blueprint that the Premier (Mr. Pallister) either has developed already or is maybe a little bit behind on. But this is what I'm asking about, the road map and the blueprint.

I'm just wondering: Can the Premier share—is there a spending target that's a part of this? Like, is—have they arrived at, you know—I believe in years past it was 15 per cent across the board. You know,

it's just tell each RHA to find 15 per cent. Is there a similar sort of spending target as part of this road map or blueprint? Is there some other figure that the Premier can share with us just in terms of what sort of directives are contained within that with respect to how the health-care services in our province will be financed?

Mr. Pallister: Sure, the member's confusing a couple of things there.

The 15 per cent was a reduction in the size of the top of the RHAs, and generally across management in core. And we're moving on to reduce the size of the top of governmental structures and management by 15 per cent throughout the MUSH sector, as well as through the Crown corporations. No such directive is relevant or ever directed to RHAs in that respect.

Secondly, I asked the member to consider for a second the incongruity in his thinking. He says that we should invest—and I agree with him and we do—in preventative programs. He says the benefits are to be derived over the long term. That is quite accurate. Why then, if such is the case, would he cite negative CIHI data produced two months prior to the tabling of a Wait Times Reduction Task Force as an example of why we shouldn't proceed with a wait times reduction strategy? It doesn't make any sense. I mean, basically he's saying we should discard a strategy for improving wait times because wait times got longer.

I use this report, this CIHI data as motivation and inspiration to seek solutions to a problem he wants to run away from. It totally is contradicted by his statements about taking the long-term view on health-care prevention to suggest that we should depart from our focus on making things better in the health-care system. It doesn't make any sense.

Look, I was a very overweight, 19-year-old, depressed guy, and I knew I had to find some purpose in my life. And I knew I had to get my body in better shape. I knew that. I wasn't demonstrating any self-respect. I had very little self-esteem. I was a young man, a puzzled, troubled, young man. If I had embarked on a fitness program, which I did, and found it hard, which I did, and then quit, which I did not, I wouldn't be any better off as a human being. So I stayed with it, and I'm proud of that. And I know the member is very fit, and I admire him for that. He's a very fit individual, and I know he dedicates himself to take care of his body, because it's a temple, right. Ok, but it isn't easy.

So my point to him is, think about how he's lived. He's struggling to change and improve like we all are. That's not easy. That's an honourable task to undertake and I'm—I, frankly, I speak with respect about his endeavours to do that. I do.

But I would say, we're trying—and I ask for the same respect back—we're asking Manitobans to be patient as we improve health care. It's not going to be easy. And I really appreciate that the uncertainty that people experience who work in the system is real. I talk to many of them. But I've also found, in them, a great resolve to be part of making the system work better, because they work in it. And they don't want to be working in a system that doesn't work for other people.

So health-care professionals, front-line workers, health-care aides, many of these people are good friends of myself or members of our caucus. We talk to them, we listen to them, we hear them. Yes, you know, it's not easy. It's not easy getting moved from one hospital and being transferred and now you're nursing at another facility, because your special skills are better used there. It's not easy, because you're leaving behind relationships and friends and that's hard. It's hard for people and I respect that.

But, if we can make the system work better, the people who work in the system—never all but a great many—are saying to my colleagues in our caucus and to me personally, they're saying, good, it's good. We need to make these changes. We know it's hard. Stay at it; we'll get there. Same thing with the restructuring up-top in the health-care system. The system under the NDP grew like the Selkirk water tower. I mean, you spent—there was so much money being expended in upper levels of management. I know that the Clerk's uncomfortable with me saying this, but the fact remains that we are pursuing these changes across government, because they are going to result in a better focus on front-line services, because people can get the message through.

And I'm proud of the transformative strategy, largely written by the Clerk of the Executive Council, that we're embarking on as a government, to make sure that people who work in our system feel—again, with the harassment issues being in my mind—safe, protected but also overall listened to and respected. That isn't helped when you let the organization get too big at the top, because then people can't be heard. It's just too thick up-top; you don't get listened to and you don't feel respected.

So we're changing that, and I'd like the encouragement, obviously, of opposition parties in this, because I think that we can move to a system that's far better at showing respect and demonstrating effective communication with front-line workers if we make that effort to get ourselves back to a better balanced structure within our civil service.

Mr. Kinew: We are all on our own continuous journeys of self-improvement. Hopefully, we all try and continually get better over the course of our lives. The challenge, though, is that when you set out on a path of transformation, presumably it's well informed, it's been researched and you know what to expect along the way. So, for instance, if I was to adopt the Premier's (Mr. Pallister) metaphor of, you know, personal fitness regimen, if you switch to say, like, a keto diet or a high protein, high fat diet, you would know that ok, well, I should start seeing this amount of weight loss within, you know, a week after my body achieves ketosis and then, potentially after that, I might see some, you know, the law of diminishing marginal returns kick in and I shouldn't be dissuaded if I see these indicators start to change over the following months.

But, if we apply that analogy to what we've seen in the health-care system, what we saw from the Premier, was that he said, wait times are going to go down. Wait times are going to go down, they're going to go down, they're going to go down. And then, all of a sudden, we see that the first indicators that we have, wait times are going up, from CIHI, wait times are going up.

*(16:30)

So, in the absence of the Premier tabling the road map, or the blueprint, that I'm asking for or sharing the rest of the KPMG report, the only indicators that we have with which to evaluate the transformation plan or the, you know, the plan for cuts, as my colleagues look at it, are the indicators that the Premier himself have set out, and what he said is that we're going to reduce wait times and he, you know, we were joking yesterday that there's a mission accomplished banner printed up or something like that a few months ago, but that is what he served to do when he and his Minister of Health (Mr. Goertzen) went and talked about these things publicly, is they set the expectations.

And so it is rightful to be concerned if the indicators that you see along a path of transformation are not matching up with what is expected, and so that is why I'm asking for him to share the road map,

share the blueprint, so that we can more closely monitor and more closely evaluate changes that are taking place in the health-care system.

Now I do have some friends who are concerned with some of their own health-care issues, and I'm mindful of the fact that the Premier (Mr. Pallister) has a limited amount of time, but again these are very important issues to some people in Westman. I know the issue of ambulance station closures, EMS closures, has been top of mind for people in many communities here.

In particular, I've been hearing from some people who are concerned about the closure of the Oak Lake ambulance station. The reason why I bring it to the Premier is because I recognize that there is a process in place. However, based on what I've observed, these folks in the area around Oak Lake, is that they have gone through the process in the right sort of way. They have been trying to request meetings; they have been placing calls; they have been sending emails to both officials in the Ministry of Health but also to the Health Minister, and they are not hearing back from the Minister of Health, and they feel as though not only are their concerns about the closure of the Oak Lake EMS station not being heard, but just the validation that would come from having a meeting or an audience with the minister is not there for them.

So I would ask the Premier if he would direct his Minister of Health to set up a meeting with these rural councillors who want to raise the issue of the Oak Lake EMS station.

Mr. Pallister: We have a very hard-working Health Minister who is dedicated to his tasks, and I'm sure that that information, when shared with him, will be dealt with appropriately. But I would say that it is more than a little disingenuous for the member—more than a little disingenuous—to cite CIHI data, which was compiled prior to the release of the Wait Times Reduction Task Force final report as evidence that the recommendations acted upon in the Wait Times Reduction Task Force are not working.

This would be like criticizing someone for a significant deterioration in their physical condition due to inaction or a lack of exercise prior to them actually embarking on a program to fix themselves up and start into a program of renewing their health. That comparison is invalid; it is not justifiable; it is disingenuous.

We saw a problem, we recognized—*[interjection]*—yes, it is. Yes, it is and it's accurate, too. It's parliamentary and accurate. The fact is the member knows that the CIHI data comes from September and earlier of last year and the Wait Times Reduction Task Force recommendations came in after that in November. So he's criticizing us for a plan not working that wasn't developed 'til after the CIHI data came in.

I mean, I've got to ask the member to try to be fair in his observations. Nobody expects us to solve the problems overnight. Nobody should, but to actually foment the thinking that, you know, the plan isn't working based on data compiled prior to the enactment of the plan is—that's just—that's not only unfair but is dangerous, because what it'll do, I think, if anybody listens to the member or believes him, is that it'll make them think well, why should we keep working on this plan, and it will make the morale of people involved in the health-care system who are generally, according to analysis provided by those who reviewed the system, the Interim Evaluation of the Winnipeg Regional Health Authority's Healing our Health System Plan released in January of this year, said that overall staff satisfaction was very strong, that use of overtime was reducing, that use of sick time was reducing. This is all in the report, if the member would like to read it.

So going out and telling the people in the health-care system, oh, you know, that system that you're trying to support, that you're very cognizant because you're on the front line of the real challenges it creates—which I have acknowledged earlier, real challenges in change, no doubt about that—to tell them, well, now it's not working, is to demoralize the very people who want to see it work.

And he's saying CIHI data compiled in September of last year demonstrates the failure of a plan which was recommended to the minister on November 21st of 2017. It's just not logical, and it—frankly, I think it could have the dangerous side effect of hurting the commitment, reducing the commitment of those—not just front-line workers, but those who are involved in enacting the changes themselves, if they believed his assertions.

I don't believe them because I know they're not based on fact, and I don't think it would be wise for him to repeat them, because as I said earlier, Mr. Chair, I think it's beneath the member and I think it's disingenuous.

Mr. Chairperson: We are on a topic of some words—we're not completely sure whether they're not parliamentary or not. So I would just like to remind both members that we should be very cautious—

An Honourable Member: Both?

Mr. Chairperson: No, I'm just—let everybody, every—both sides—that we should be very cautious in the words we choose to use.

Mr. Kinew: All right. Yes, what I was referring to, in the previous question, was the fact that the Premier (Mr. Pallister) has been talking about reducing wait times since before the last election. That's what I'm pointing at. That's what—that's the expectation setting that he's done—

An Honourable Member: I couldn't have been. I wasn't the Premier before the last election.

Mr. Kinew: Well, I'm referring to the person who is now the Premier, their actions in the past, for greater clarity, for those reading in Hansard at some future date when they're trying to piece together what the heck happened to health care in Manitoba, you know.

So, there—therein lies the challenge. The Premier has made very clear what he says are the indicators that people should measure progress by, and now there's independent data that's been released, and it's indicating things are going in the wrong direction.

Cause of greater concern is that we know that some of the other changes that have been implemented—particularly on physiotherapy outpatient services being cut and the Misericordia Urgent Care Centre being closed—are likely to aggravate those situations.

So, that's why I lay out the argument that the Premier's plan is flawed, for one, but also that the reports to date are not matching up with what the expectations would be of progress halfway through the Premier's mandate. So, again, that's the point there.

But the question was about Oak Lake EMS. Some rural councillors there would like a meeting with the Minister of Health. They feel as though they're being shut out. Can the Premier direct the Minister of Health to meet with these councillors to discuss the Oak Lake EMS closure?

Mr. Pallister: Look, I'll just again remind the member that criticizing someone for being aspirational is—it's—I'm not entirely sure that it's

a good reflection of character, at the very least. We're trying to solve a problem, a largely inherited problem, a problem of inaction on the part of the previous government.

Previous government refused to take action on an issue where, frankly, they had good advice, and the advice that they were given is advice they did not act upon. Now he's choosing to be critical of me personally for aspiring to have us have lower wait times. I don't mind. I don't mind that criticism.

I don't like to see the wait times not go down in every category, although there was some really good news, which the member won't highlight, of course. In the CIHI numbers, in terms of different categories of services being offered through our health-care system, there was certainly a—different, contrary data that I wouldn't be anything but inspired by. I am inspired by it.

When I see our wait times get worse, I say let's keep focusing on solving the problem. Let's not run away from it. Let's not just, you know, decide that it's too hard and drop the whole plan. I haven't heard another plan from the member, but I'm interested, if he has one, on how we can do a better job of reducing wait times, then undertaking to research the issue with experts, undertaking to listen to those experts, undertaking to consult with front-line workers, with executive personnel and experts in our health-care system, as we have done. And then taking that data and that research, that tremendous amount of work, accumulated over a period of many months, and making it public, and acting on the advice. This is what we've done.

* (16:40)

And so a recommendation in terms of the wait time task force came out last year; it was released. We've begun acting on it. The CIHI data, which inspires me, was compiled on a period prior to that. I am not happy to know that Manitobans are waiting a long time for services or in emergency departments, but I knew that before. I'm especially not happy to see those results get worse, but I am inspired by it. The member is fearful of it, I suppose, or wants to point fingers.

Now that is also, sadly, the reality that the member has demonstrated in respect of things like hydro. He actually said, in the House, that he thought that it would be fine if the hydro rates went up, because he could blame the government for it. But the member who speaks so sincerely about

preventative issues fails to recognize causative factors; that seems a contradiction, because the causative factors are the problem with hydro are incredible, historic levels of mismanagement by the previous administration that caused an overbuild. And that overbuild had no payback for Manitobans, and they also circumvented the processes of approval for both the bipole west line and Keeyask, and moved ahead with record debt in hydro, which, frankly, is resulting now in pressure on the rates.

So the member's prepared to blame this government for hydro rate increases caused by the previous NDP government on the one hand, and, on the other hand, talks about investing in preventative investments and causative factors and upstream. Well, there's your upstream; your upstream is the previous administration overbuilding for American customers and causing hydro rates to inevitably go up as a consequence of that mistaken investment.

Now we're investing in health care, record dollars in health care, but what we're not going to do is simply throw money at the problem and hope it goes away. We're also using expert evaluative advice and analysis to make sure that we take action. We are also investing in preventative programs.

So the member has run out of ideas we're not acting on; we're acting on the program suggestions he's made. If he's suggesting we should spend a billion more on health care, maybe he could get us out from under the credit that we had to incur as a result of NDP debt doubling. You know, we'd have a billion dollars there for health care if we didn't have to service our debt. But we do. We have to. It's a reality. And it's not just a conspiracy either of, you know, western economic interests that we have this debt. It's a real debt. It's a debt that was created by incredible overspending by the NDP and a failure to realize that you can't simply jack up the spending to solve problems. You have to get expert advice to solve those problems we have, and we're acting on that advice.

Mr. Kinew: I know the Premier thinks it's unfair to have an opposition that criticizes, but I'm just going to have to agree to disagree there, particularly when there's so much fodder to criticize. So many mistakes being made in the health-care system alone.

But I wanted to maybe change track for a few minutes today, and just ask about one of the policies in the child and family services system. I know there's probably a lot to discuss, but this is a higher

level question, so I think it would be fit to ask the Premier.

There is a policy regarding the Child Special Allowances. Some people describe it as a withholding; other people, like, a clawback. Essentially, there's a Child Special Allowances for kids in care. The current policy is that that money is clawed back by the provincial government. I'm wondering if the Premier would entertain changing that policy.

Mr. Pallister: Yes, I don't have—I haven't had a recent briefing on that policy, but I do understand it was developed by the previous administration, adhered to for a considerable length of time, and that it would be quite a departure from the past practice. But we're departing on past—from mistaken past practices in other areas, so it's not something I would dismiss out of hand.

But, again, I'd have to review the briefing material to see exactly what is entailing—what is entailed by what the member is suggesting.

Mr. Kinew: Yes, it's—so it sounds like the Premier (Mr. Pallister) knows the issue, but it's a federal benefit for kids with kids in care, the Province essentially being their parent, if you will, that the argument was constructed that money should flow back. It was being clawed back, if you will, from the agencies.

This has been criticized by a number of agencies, essentially saying they're the ones delivering the care to the kids, that the money should stay closer to the kids in care, closer to the children themselves. So there's this movement there, or at least the pressure, I guess, to ask for these changes. And, you know, just being a leader of Her Majesty's loyal opposition, bringing forward a question about these kids who are the responsibility of us all collectively, whether the Premier would consider making this change, and rather than having the money be clawed back to the provincial department, that it be allowed to stay with the agency and used directly with the kids themselves.

Mr. Pallister: I had previously undertaken to research the issue, the suggestion the member makes. I think I understand generally what he's suggesting.

I think the larger issue is the number of kids in care. I think that's the issue, certainly, as I have met with First Nations community leaders in the last two years that—and prior to that. That seems to be one of the first issues that's raised, concern about the

number of kids in care, in state care. It's out of all proportion, I understand, to other jurisdictions. It's an issue that I know the previous government wrestled with, and I would—not with any measure of unkindness intended, say, we are attempting to depart from the practice of, you know, putting kids in hotels and motels and trying to—as the previous government committed to doing, as well—and making sure that kids who are taken into care have a better quality of care.

But at the same time, I know that our minister is very much trying to develop a plan—has launched a strategy to work with communities to reduce the need for children to be removed from their communities. In particular, in a number of cases, as we know, there's a high percentage of indigenous kids in care. And it's true that many of the community leaders are very concerned that young people being taken away from their community, positioned elsewhere and losing—they're losing their cultural connections, their familial connections with their home communities because of that. And there are many other aspects.

This is an area of public policy, I think, that is one of the most difficult ones. It is—it's an area we all, I think, feel needs to be focused on, and that's why we are undertaking ambitious reforms of Child and Family Services, because we do believe that the current system isn't meeting the needs of Manitoba children. So our options, as they are in health care, are: undertake the reforms necessary to make the system work better, or don't. And the previous administration chose not to, but we are in the mode of trying to make things better. And so that means embarking on a transform-child-welfare-in-Manitoba program that was announced by the minister last October.

And so the member raises a point I've undertaken to review, but we are, on the larger point, we are very much focused on better outcomes for children and families in four essential areas: in community-based prevention, in getting the communities empowered and strengthened so they can address these issues head on in the community rather than trying to impose solutions from Winnipeg or anywhere else to—I won't name a community, but to an isolated northern reserve, or wherever it may be—community-based solutions; in terms of reunification, as well—lifelong connections, reunification; in terms of trying to establish a sense of permanence in a child's life, which children need—that stability is important, recognizing that this is a

tremendously difficult area—good friends who are involved in Child and Family Services in an agency and have been for many years, as workers who describe situations to me—of course, respecting confidentiality always—but describe situations to me that I find maddening—that they must—that they deal with, and situations they deal with not just once, but repetitively. So, you know, it's—it is of great importance to our government to see improvements in this system.

* (16:50)

We know Saskatchewan, for example—I've heard, I haven't seen recent data; I think the members have heard this said too—that there are—it's almost double the number of kids in state care here in Manitoba versus Saskatchewan, yet our demographics aren't that radically different. And that sends a signal to all of us that something better can be done here.

We had great presentation, actually—I think I can share without breaking caucus confidentiality. We had some folks in who have worked in the CFS system come to address caucus, speak to caucus about some issues, and it's something I would encourage the member—and I know he cares deeply about these issues, as I do. These are important issues, and we can learn from the people in the system, but we have to make sure we focus on reforming the system as well.

Mr. Kinew: So, just like, as a point of clarification off the top, I heard the Premier (Mr. Pallister) say he was going to undertake something. I just want to make sure. He said he was going to undertake to review this policy. He wasn't taking this matter as an undertaking that he's going to come back with, like, a note or something like this. This is him saying he's going to look at it; he's going to review it, and potentially there'll be some sort of—he's undertaken to review, essentially, is what I believe I heard there. I'm seeing a head nod. Yes.

Mr. Pallister: Yes. Yes, I'm willing to re-read the briefing note on the issue. I understand it's a practice of long standing here in Manitoba. Doesn't necessarily mean it's not a practice that could be changed. Happy to re-read a—re-read the briefing notes on the issue, talk to the minister, see what he thinks about it.

I would go further though and say on this—on the child welfare thing—issue the member raised. We—the minister's been working very hard, as have, actually,

all members of caucus, in respect of outreach, and I think, just like health care, it's really important to understand that the system we inherited is broken. If you understand that, then you understand. And that's certainly what the northern communities, the northern chiefs, the southern chiefs, the Assembly of Manitoba Chiefs, were united in communicating to us: the system is broken.

It's—so, that's a tough reality to accept, but that's the reality we accept as a government, that we're going to work to repair that system. And if we're going to do that, I believe, and our minister believes, and our colleagues believe, that the best way to make sure the changes to this system are meaningful, that they're successful, that they're lasting, is to ensure that the process and the solutions that we arrive at are led by the community, that the community has a critical role to play in this process, that this is a community-based problem and a community-based solution.

And so we spent the last two years reaching out, I believe, to every single First Nations community in Manitoba, in addition to reach out to the Manitoba Metis Federation and other Metis organizations in the province, as well, and to hear from the people who work in the system, as well, as to what—you know, because we all have a stake in having a system that works. We all have an interest in having a system that works, and we know that the system's broken.

So, I know that the minister had met with Keewatinowi; he'd met—he had met with MMF; he has met with stakeholders; he's got community input, and we've heard loud and clear that community greater community ownership over the decisions that impact affected children needs to be a reality.

We've also heard that the community should have a primary role in supporting vulnerable families and that the community has a role in terms of effective community intervention where a child is in—perceived to be in danger, to prevent—hopefully to prevent a child from having to be apprehended in this first place.

So the member spoke earlier about upstream, and this is a good example where that hadn't been the case as much in the past as it was in other jurisdictions, and it is going to be more the case in the future with our government's approach.

There also has to be a stronger culturally appropriate family and community-centred support for reunification with families. The legislation also has to change to support that plan, and we're moving in respect of that. But these are just some of the areas of change that have to be undertaken with that system, which clearly, clearly was damaged and not working, similar to our health-care system.

Mr. Kinev: So the child special allowance, in 2016, I think the value or the dollar amount was \$32 million. So it's about \$32 million that we're talking about that would potentially be—you know, if the Premier was to make the decision here to reverse this or if this was to be changed at some point in the future, potentially, it would be \$32 million that would not be with the Province; instead it would be with the agencies. So I acknowledge that he said that he's going to reread the briefing note; he's going to talk to the minister. His minister, on this issue, has previously said that he's also willing to review it, again, not too clear which way he's leaning there, but just, I think, similar to what the Premier said: Just because it's something that's in place right now under this government doesn't necessarily mean that it will stay that way; this policy could potentially be up for review.

So I think an argument could be made that when you're talking about things like support for families, support for kids who are under the purview of a CFS agency, one of the challenges that has been repeatedly articulated, including by one of the agencies that this government has consulted with and used as, I guess, maybe a best-practice case, Sandy Bay CFS agency, is that a lack of flexibility with how the agency can deploy funds often gets in the way of them being able to prevent kids from being apprehended or it gets in the way of offering family supports and additional forms of programming to kids, to their parents, that might prevent the children from having to be taken into care. They've highlighted rigidity, if you will, with how their dollars are supposed to be used as being one of the barriers that they face in not being able to focus on some of those prevention initiatives.

So, with that in mind, it seems that an argument could be constructed that through things like the child special allowance, perhaps through other changes in the regulations under the CFS act, that there may be the ability to provide agencies such as this one, with greater flexibility to be able to provide those additional supports, the wraparound services, counselling services, maybe even respite care, so that

parents would—biological parents would be able to keep the kids with them before things reach a crisis point.

So, as I understand it, in some of the conversations, and I've had many conversations on this issue, both with people who work for the agencies themselves, but also with some of the political leaders and other people in, you know, I guess, the CFS world, if you will, so people who are maybe not directly working with the agencies or as political staff to some of the indigenous organizations, but people who are advocates, people who are academics, you know, they highlight this as an important reason or important rationale for revisiting the child special allowance decision.

So, again, that's sort of, I think, where some of these calls are coming from. It has to do with needed changes in the CFS system. There's always a question of resourcing in—I'm sensitive to the fact that there are resource questions at the departmental and at the governmental level. But, of course, there's also just a question of resources for kids, resources for families, and that is one of the, you know, reasons that I'm bringing it up here is, again, this is something that a lot of people have identified, lot of people are asking me about. So I figured I'd bring it forward here today and share that with the Premier.

Hopefully, he's, you know, willing to maybe go beyond just rereading the briefing note and talking to the minister but maybe really engage seriously on this, maybe direct the minister to come back with a recommendation for Cabinet to consider. Perhaps he can, you know, maybe just put a little bit more, I guess, emphasis on that undertaking that he's committed to here today, the undertaking to review this policy. But again, this is a—not an insignificant amount of money.

Mr. Pallister: Right. Neither is \$600 million more in our health-care budget this year than the NDP invested.

Mr. Chairperson: The hour being 5 p.m., committee rise.

*(17:20)

We are in committee room 255, for the record.

The time being 5 p.m., I am interrupting the proceedings. The Committee of Supply will resume sitting tomorrow morning at 10 a.m.

HEALTH, SENIORS AND ACTIVE LIVING

*(15:10)

Mr. Chairperson (Doyle Pivniuk): Will the Committee of Supply please come to order. This section of Committee of Supply will now resume the consideration for the Estimates for the Department of Health, Seniors and Active Living.

At this time, we invite the ministerial and the opposition staff to enter the Chamber.

I guess I'll get the minister to introduce while the staff are coming in.

Hon. Kelvin Goertzen (Minister of Health, Seniors and Active Living): We have our Assistant Deputy Minister Bernadette Preun and Dan Skwarchuk, our finance guru, I think it says on his card—something like that.

Mr. Chairperson: Okay. Thanks, Minister.

As previously agreed, questioning for the department will proceed in a global manner.

The floor is now open for questions.

Mr. Andrew Swan (Minto): Yes, as has been our practice, I think this is now our fifth day of Health Estimates, I'll invite the minister if there's anything he wants to put on the record from questions in past days.

Mr. Goertzen: There's one clarification, probably also in the category of underpromising and overdelivering.

So in response to a question from my friend from Minto yesterday, I noted that the square footage of the area being renovated at St. Boniface general hospital was in the range of 2,214 square feet, and I think I may have gotten that from a newspaper article; I won't name the newspaper. However, we are confirming that the total phase of both 1 and 2 is 9,000 square feet in total with 8,717 being usable square footage, and so the number that I quoted yesterday did not take into account phase 2. And so the total of phase 1 and 2 is 9,000 square feet.

Mr. Swan: I thank the minister for that. I know there's still some other information coming which will hopefully clarify that, but if there's more questions, we'll ask that when the RHA staff are back.

I am, Mr. Chairperson, just going to defer to the member for Assiniboia, who, I believe, has a few questions today.

Hon. Steven Fletcher (Assiniboia): Can the minister share with this Chamber the letter of intent from the Province of Manitoba to the City of Winnipeg to buy the property known at 255 Hamilton, the parks and recreational site in Assiniboia? Can he share that letter of intent from the Province to the City?

Mr. Goertzen: Just to confirm with my friend from Assiniboia, I'm assuming he's talking about the proposed Bruce Oake centre. Is that correct?

Mr. Fletcher: I'm specifically talking about the correspondence between the Province to the City that initiated the selling of the land that is zoned parks and rec at the moment, with—and this is the land that there has been a lot of discussion about—to that foundation.

Mr. Goertzen: Thank the member for the question. It was not an initiative of the Department of Health.

Mr. Fletcher: As the—can the minister table the letter? I'm sure he was cc'd on it.

Mr. Goertzen: Officials indicate that we do not have a copy of the letter. We were not copied on the letter.

Mr. Fletcher: Emails? Other indications? How was this initiated by the Province? The member is also a member of Cabinet.

Mr. Goertzen: My understanding from officials is that the lead department on this was the Department of Housing.

Mr. Fletcher: Sorry, I didn't hear that.

Mr. Goertzen: My understanding is that the lead department in government is the Department of Housing.

Mr. Fletcher: Yes, we know that. The Minister for Enterprise–Growth, Enterprise and Trade divulged that during questioning a long time ago. I'm asking this minister if he has a copy of the correspondence, from the Province to the City, to acquire this land for, apparently, the purpose of the—for an addiction facility.

* (15:20)

Mr. Goertzen: Officials indicate that we have not been involved in terms of any correspondence. The

lead department, the Department of Housing, would have to provide the information. We were not copied in any fashion, according to officials.

Mr. Fletcher: Therefore, the minister is saying that the Department of Health has nothing to do with a major facility that deals with addictions—nothing at all—zero, zip. So if I asked the member—well, I'll let the minister answer that because I—this opens up a whole range of wonderful questions and answers.

Mr. Goertzen: Well, there's no involvement—I thank my friend for the question. There's no involvement in terms of the land acquisition from the Department of Health. I wouldn't want to preclude what future involvement there might be in terms of the actual treatment that might take place at the facility. I've not met with the foundation. I don't believe there's been any formal request for funding from our department for the foundation. I went to the fundraiser that they had where I think Scott Oake's son, he's a magician, was doing a series of shows, I think at the Burton Cummings Theatre, so I bought three tickets for myself and my wife and my son. It was a wonderful show—sold out show, so at this point the involvement in terms of finances from my department is limited to the personal contribution I made at that fundraiser.

Mr. Fletcher: I'm pleased that the minister paid for his own tickets and certainly the objectives of the foundation are laudable and deserve to be considered. However, what the minister is telling us is that the Department of Health has had no involvement in the Vimy Arena proposal. The minister is telling us that the Vimy Arena is not part of a provincial plan dealing with addictions. The minister is telling us today that there are big holes in the Bruce Oake Foundation business plan because there is government involvement through social insurance bonds and other investments.

The minister is also—the Minister of Health is also telling us that his department did not do any due diligence on the actual program that deals with addiction that is going to affect the lives of many, while at the same time beds and other addiction facilities across the province are empty. Other organizations are underfunded, and yet there's more holes in the Bruce Oake business plan than there are in the ozone layer.

Mr. Goertzen: Well, I'm not going to comment either on the state of the ozone layer or on the state of the Bruce Oake Foundation business plan. I think I indicated to the member I attended a fundraiser. I bought some tickets. I think I've supported notionally

in a letter the need for new addictions treatments of a variety of kind. I'm not sure that it would be remarkably different than, you know, a variety of different treatment facilities in Manitoba.

So Teen Challenge, for example, doesn't receive operational funding from the Department of Health, although if I were to go back in time, I think they may have received support in getting their building on Edmonton Street across from Central Park, back in the mid-1990s—in that range—and have, you know, been operating through donations and—of vehicles and thrift stores, or—a variety of different ways that Teen Challenge raises money. I'm not involved with their operational plan either.

And so, you know, Bruce Oake Foundation coming out of—of course—the death of Mr. Oake and the leadership of Scott Oake on this has decided that they're looking to support the addictions treatments in Manitoba privately. I understand they're doing that through private donations. As I mentioned, I'm part of that private donation. I've made my modest contribution—modest compared to others, I'm sure—to the foundation. And I think it's positive when people try to take a negative circumstance in their life and turn it into something positive, which I know the member himself will understand is a valiant and critical thing to do.

So I—as I've mentioned, our department wasn't involved with the land acquisition. I don't believe that Health would have been involved with the land acquisition of the teen challenge building 20-some years ago, but I wasn't minister 20-some years ago, so maybe I won't go too far into that. But I look forward to seeing what the Bruce Oake Foundation can do in terms of treatment facilities.

I'm not going to comment on the state of their business plan, of which I know nothing of and—other than I certainly wish them well in their efforts.

Mr. Fletcher: I hope the—I'm trying to keep my questions pointed and timely, and I hope the answers will reflect the same.

Is the minister aware that a program called fresh start in Calgary will be, quote unquote, as close—this new facility will be as close as possible to the fresh start facility—be the same program but in Winnipeg. Is the minister aware of this?

Mr. Goertzen: As I indicated, we've not received a proposal or request for funding that I'm aware of or that officials are aware of from the Department of Health for the activities of the proposed Bruce Oake

centre. So we've not analyzed any proposals. I think I read in the paper the article—I think the member himself may have been quoted in it. I think he visited Calgary. But we've not done any analysis on the proposal because we've not been asked for any funding.

So, again, there are a number of different addictions programs in Manitoba that operate without direct government support from the department, and we don't analyze the programming that they offer because they're not directly linked and responsible to government.

Mr. Fletcher: So what the minister is saying is that this facility for addiction in no way is co-ordinated with any of the other addiction facilities in Manitoba. There's no government funding, yet there's government involvement through Housing.

Since when is housing—the housing renewal corporation responsible for addiction? Either—is it now part of Health, or is the minister handing off responsibilities that would appear to be in Health to the Families Minister, who's responsible for housing? What does housing have to do with addiction? What kind of plan is this?

* (15:30)

Now, I will just say one thing. I have a lot of respect for the minister, and I like him very much as a person and I think he's very good on—but, on this sliver issue, which has caused outrage throughout Manitoba—and I've been tabling petitions—the minister should be aware that the Fresh Start program is closely associated with Pure North, and the Pure North, it says in the annual reports of Fresh Start, is a vital to the success of its program. According to the Winnipeg Free Press, the Pure North program is a voluntary and offers life-altering vitamin and mineral supplements, heavy metal reduction, replacement of dental a-m-e-l-g-a-m fillings and contains mercury, and in severe cases even teeth replacement, states the Fresh Start 2016 annual report. According to the 2015 annual report, the Pure North health program, provided to residents at no charge, has helped improve people's life in their first year of recovery and second year; that's good.

But the Alberta government abruptly cut off the funding to the controversial private health foundation last year after learning the alternative medical treatments being offered out of its provincially funded clinic were not based on scientific evidence. Pure North denounced the Alberta government's

funding cut. Now this is the NDP government in Alberta. They cut the funding to this facility, which is interesting. It would have to be particularly disturbing for the NDP to have cut any funding to anything.

In addition, Alberta Health, according to the Free Press, Dietitians of Canada, Health Canada, have also gone on the record contradicting claims by Pure North. And in the next question I will go on, on this vein, but the point is the science does not support the treatment facility. And housing, health, they give away for one dollar that the Province forced the City of Winnipeg to sell the land for, is ultimately paid for by the taxpayer.

So why is the provincial government not have a plan for drug addiction, not providing a scientifically based model for drug addiction, associating itself with discredited organizations that even the NDP won't fund. What kind of drug addiction program is this? When are we going to get a plan?

Mr. Chairperson: The honourable member's time is up.

Mr. Goertzen: I thank the member for the question. I know he said he's—and I have a great deal of respect for the member as well. We have a long personal friendship that continues to this day and I don't think will end on this day. But I'm always concerned when somebody starts off a question with, with all due respect, because I know what's coming next is probably not all that respectful. But I do appreciate the question, and I'll try to answer it in the way the questions came that I remember.

I don't believe that I'm trying to off-load some of my responsibilities to Housing, although there have been many days when I've considered off-loading responsibilities in a variety of different ways as the Minister of Health.

But you know, housing is related I think in many ways to addictions. I think there's a correlation between the ability for an individual to get good housing and to get shelter to addictions, and so certainly I think the Department of Housing has had initiatives that also corresponded with the issue of both mental health and addictions. So there is a connection in that way certainly.

The member asks, you know, whether I'd cut funding to the program. I don't—there is no funding out of Health to cut. So, first of all, I'm, you know, not looking, despite what the member for Minto (Mr. Swan) might feel, not going around looking for

ways to cut funding on these types of programs. But there isn't any funding out of Health so there is nothing for me to cut from it.

You know, we don't license the facility, because we're not a funder of it; the Department of Health is. And I don't believe, you know, other facilities like Aurora, I think which operates in the Gimli area, I think there's Tamarack. You know, there's a variety of different private facilities, some of which we have relationships with from the department, some of which we don't. But at this stage, I'm not aware of a funding request from Bruce Oake, so there wouldn't something to analyze, and there isn't funding that would be cut.

Now, in terms of, you know, the member asked, you know, why don't we have a plan when it comes to addictions and mental health? That is a very good question. And the answer is, we do have a plan, we received it about two or three weeks ago. It's the VIRGO plan. We'll be releasing it, either late this month or early into May, I believe. It somewhat depends on Dr. Rush, who was the author of the plan—his availability to come to Manitoba to speak to it. And so that will guide a lot of the decisions that are made. But that doesn't preclude those who are doing private drug treatment from doing the work they do, like teen challenge does, or others. And, if there's a time when those entities—teen challenge, the Bruce Oake Foundation, other facilities that are operating—where they become, you know, more tied into government, in terms of funding then, of course, there'd be a bigger assessment when it comes to government's role.

It probably speaks to the issue of having to do drug addiction differently in the province of Manitoba. And I think that there are ways where we can rely more on providers who are outside of the government system to offer that support, which then would, clearly, require more of an assessment both in terms of need but also the type of programming that's being made available. There are different things that help different people who are dealing with addiction. There isn't a one-size-fits-all solution to addictions, particularly when it comes to programming, and so, you know, to move to a model that was more reliant on outside providers, outside of government, you'd want to have a myriad of different options, because not everything will support one addiction. I know that from family experience; I'm sure other members do. Some things work for some people and some things don't, both in terms of the type of treatment but also the length of treatment. So there are some

people who can go into a long-term, six-month treatment program; others can't leave their lives in that way and won't leave their lives in that way, so they need either a shorter term program or maybe day treatment.

So the member's point's a good one, in terms of needing a plan. We have one. We're looking at how that fits in the current context, how things are going to change. One thing I am sure, is that the addiction system in Manitoba will change. What role the Bruce Oake Foundation plays within that, I don't have an answer to, because we've not been involved with the proposal and nor has there been a request for us to be involved in the proposal.

Mr. Fletcher: Thank you friends and frenemies, and everyone else. The fact is that the government is involved. They initiated the ask for the property. And they didn't do an inventory of what was available in Manitoba—no accounting. They just asked for this piece of residential property when there's obvious other facilities. Like the Shriners Hospital on Wellington Crescent, which already is owned by the Province. It's empty, it's beautiful, but it's on Wellington Crescent.

For a few million dollars, it can be easily renovated to meet the Bruce Oake Foundation goals. Instead of spending the \$14 million that's proposed for this new site, while also destroying green space and recreational space that's existed for over a century, along an urban waterway. Why not use property that's already zoned, Province already owns, has been part of Winnipeg since its—basically the beginning. The Province is involved, Mr. Chair. They have to do a proper inventory of their assets and then come up with a plan. They haven't done that, obviously. The plan also has to fall in ethical realm.

*(15:40)

Now, the president of the Dental Association, when asked about the practice of certain feeling—fillings and the belief that they can potentially release dangerous amounts of mercury into the body, the president of the Manitoba Dental Association

said that: I'm not aware of any scientific material that would support that position. Given that many of its health claims fall outside of accepted medical practice, the guidelines and ethical concerns that govern medical research should be in effect for Pure North, said the president.

When it comes to research, there are certain things that need to be in place before the work can go forward. The research needs to be submitted for peer review by groups of experts and that's to make sure it's done in a scientifically valid manner. The second thing is that it needs to be in place—anything that needs to be in place needs ethical approval. People who are part of the study need to be aware of its research and give consent in a free and informed manner.

In other words, the Fresh Start program, which is based in large part on the Pure North program, according to its own material and the material from the Winnipeg Free Press article, which, by the way, came out two days after city council voted. So city council wasn't voting with full information, but they were forced to by this Province, by the member from St. James, the Kirkfield Park portion. No wonder they've not discussed this much, because the people of St. James are outraged.

Mr. Chair, the government is very involved. We're doing health experiments in Manitoba without the Health Department being involved or Manitoba Health. We have Manitoba Housing doing addiction research and treatment. This is not a plan. It's not even facing reality.

Mr. Chairperson: The honourable member's time is up.

Mr. Goertzen: I've never served as an MP in Ottawa. The member and I had a discussion about this one time, about the possibility of running for federal politics. It was a private discussion that I won't divulge publicly other than to say, you know, there are days when I'm not sure the member's advice was exactly spot on, and then there are days I think I probably should have followed his advice.

But regardless of that private conversation, having not served in Ottawa, I'm not sure how their Estimates process—if there's a parallel to it, to what we're dealing—doing here, but this, you know, isn't—this isn't government Estimates. This is Health Estimates and, you know, we have a Health budget and I'm accountable to do my best, although people can question the quality of my answers, but to answer the budgetary expenditures of the Department of Health.

I think I've said to my friend, we don't have any budgetary expenditure in this budget or in the past budget for anything on the Bruce Oake Foundation that we're aware of. I think I've indicated publicly,

and probably in writing, general support for additional treatment facilities in the province. That certainly includes Bruce Oake, specifically. We were not involved in any land issue that they had in terms of acquiring land. They've not asked, that I'm aware of or officials are aware of, for any operational funding from the Department of Health.

So I'm not sure what it is the member wants me to say. I don't have a copy of their business plan. At least, I've personally never seen one. He's reflected on the veracity of that plan, and I'm not going to comment on that. I have both great respect for Scott Oake and great respect for the member, and so I'm not going to get in between two friends, I suppose—our people that I have respect for. I wouldn't want to suggest I'm friends with Scott Oake, because I'm not actually sure that I've ever met him. I don't believe so. But I've certainly seen him on TV many times, just like I've seen the member for Assiniboia (Mr. Fletcher) on TV many times. And I have great respect for both of them.

And so there's nothing for our department to re-examine in terms of funding for the Bruce Oake Foundation because they've—neither receiving funding from the department nor asking, that I'm aware of, for funding from the department.

Mr. Fletcher: I'll wrap up. I'd like to thank all parties for allowing me the opportunity to ask some questions. And the minister is right; the advice I have given has always been excellent advice, and in this particular incident that we're speaking of, over a course of many years, my advice would have worked out great for him. It is me who was the victim of my own advice. But that's another story.

I encourage the minister to take my advice now. And that is, recognize that addictions in Manitoba is a serious issue, that there was no transparency, accountability, public input, in this transaction, which directly or indirectly falls within his area of responsibility. And he could argue that it's not, and that's bad; can argue that it is, and that's bad. The member's a member of Cabinet; he's aware of these decisions. I know he has greater sense than to allow these things to happen on his own accord.

Why has the government attached its credibility on social insurance bonds, which are a whole different story? Why has the government forced the City of Winnipeg—and they—make no mistake about it; they forced the City of Winnipeg to sell land worth millions of dollars along an urban waterway and green space for \$1. And they did this in spite of

having many facilities that are underfunded, dealing with addiction. They have done this in spite of the scientific evidence of this facility and the support thereof from the experts. The ethics have been questioned. The science has been questioned by people in the know.

Mr. Chair, it's not too late. There's a way out. And that is to do an inventory, look at the options like the Shriners Hospital on Wellington Crescent. What would be better as a symbol of progressiveness than to have a facility on the most, quote, unquote, established and wealthiest street in the province? It would say so much about not only inclusion and the importance of addiction treatment; it would be done in a place that meets all the guidelines by the foundation; and it would use space that is currently not used at all. An old hospital—a hospital—a beautiful, gorgeous hospital on major thoroughfares, transit routes, employment, residential, whatever you like, it's all there. It's not there in Assiniboia.

* (15:50)

So, yes, the government is responsible. The Health Department is responsible. But it's not done; it can be reviewed. The business plan can be examined.

And will the minister endeavour to provide—or search for the material that initiated this whole mess in the first place? And will the minister undertake a review on the science and the validity of this facility?

Mr. Chairperson: The honourable member's time is up.

Mr. Goertzen: Well, with all due respect to my friend, I think there's a few conspiracies floating around there. You know, the issue that this was somehow done secretly—I, again, it's not been from my department, so you know, the knowledge that I have of it is watching the news, to some extent.

And, you know, I understand this was an issue of public debate at City Council, that there were presentations for and against at council. There were—there was a vote, I think, at council, so that doesn't feel like a secret process to me.

There's been lots of discussion about this in public; it's been written about in the newspapers. Member's been quoted in those newspapers. It's been the subject of town halls, some of which may have either been organized by the member or he attended them. It's been on television.

None of that feels like a particularly, you know, star chamber secret process to me. So, you know, people can have different opinions of these things, as they do on every issue of public policy in government, but it certainly doesn't rise to the accusation of being something that was done secretly.

In terms of, you know, turn of locations for facilities, again, other than the member, I've never heard that there's some aversion to putting treatment facilities in individual places, other than the member himself, who's raised concerns about having treatment facilities in individual places.

I can tell him, as former vice-president of the Steinbach food bank for many years, at one point there was a discussion about where the food bank, which had sort of outgrown the premises that it had, which was being leased and they're looking to actually own their own facility—where it should be located.

And it was a matter of public debate even in my home community. And there was a decision to put it on Main Street in Steinbach, and not everybody agreed with the decision. Again, it was a public debate. My view was, and it still is, that, you know, it was the right location for a number of reasons, most clearly, accessibility.

And while some might have thought they would've liked it a little bit more hidden from public view than Main Street, I think that the strength of a community isn't that they hide the challenges that they have but that they demonstrate how they're dealing with those challenges.

And, far from being something to be embarrassed about, the fact that you're willing to say publicly, and put out in a very public way that, yes, we have challenges, like every other community, but look at how we're trying to deal with them, because we're a compassionate and caring community, to put it right out front.

Now, the food bank in Steinbach has been at that location now for many, many years, and I think it's been nothing but the right decision. Ultimately, when it comes to the Bruce Oake Foundation, I imagine in the fullness of time, through the work that Scott Oake and others involved at the foundation will do, will determine what level of a success it has, in terms of moving forward as an addiction facility. And everyone can judge the decisions that were made at the various levels of government based on that.

Mr. Len Isleifson, Acting Chairperson, in the Chair

But I do, as the member asked, yes, you know, this should be taken seriously, the issue of addictions. I take very seriously, and, you know, we have a report that talks about some improvements that can be made in the—in Manitoba. We'll release that report publicly. We'll see some actions that will come from that and I've committed and said publicly I think there needs to be changes in terms of how we deal and deliver addiction services in the province of Manitoba.

People will criticize some of those changes, I'm sure, too, and that's okay. That's part of the public debate, but, you know, in terms of the member and his concern with the Bruce Oake Foundation, again, there'll be many people who will see the need for additional support and treatment. There'll be some who will be concerned about the location and maybe the nature of that treatment. Those are all valid public issues of debate, but we should never forget that the issue itself in terms of dealing with those with addictions is critical and needs a response, and I'm looking forward to speaking more about that response in the future.

Mr. Swan: Deputy Chair, welcome to the office. I will actually continue on with some questions on mental health and addictions this afternoon, knowing that we don't have officials from the regional health authority here by—with previous notice by the minister—I want to make that clear.

Just before I do that, though, each year, of course, the department does provide each regional health authority with written notice of what their budget—or how much money is coming from the Department of Health.

Can the minister undertake to provide copies of those letters for each of the regional health authorities in Manitoba?

Mr. Goertzen: It's my understanding from officials that the funding letters to the regional health authorities have not been issued yet.

Mr. Swan: Would the minister undertake to provide those once they are issued now that we're in the fiscal year?

Mr. Goertzen: Well, this isn't—my understanding—an unusual thing, from what I understand. When the former government was in government, there were many years where the funding letters to the RHAs would go out in June, July, August, so I don't want to

leave the member with the impression that this is somehow not—well, he might not like the timing of it, but that it's somehow some aberration or something different or something nefarious or new about it.

And so I think that what's happened in past years, and it's the truth in this year, that regional health authorities, you know, begin their work into the fiscal year under the assumption that they certainly won't have any less than they had last year despite the myths and the fear mongering of members opposite, and they begin the year in that fashion, and then the funding letters with the actual numbers come later, so that was the—how it was done previously.

I suspect that we'll be—have our funding letters out much sooner than many years that the former government did and he's certainly free to ask for those funding letters through the traditional means at that point in time.

Mr. Swan: All right. We'll move on to, as they say, some questions about mental health and addictions.

And is it fair to say that generally, of course, the department funds its own division mental health and addictions as well as funds the Addictions Foundation of Manitoba in a general sense that's dealing with assisting people who are actually having mental health issues and who may suffer from addiction. Yet there's also the division Active Living, Population and Public Health, which, if I could describe it globally, is intended to prevent those problems from happening in the first place.

Is that a fair way to describe what those different divisions do?

* (16:00)

Mr. Goertzen: So the part of the department, the division that deals with addictions and mental health is primarily responsible for policy, planning and oversight when it comes to addictions and mental health. The vast majority of funding from the department in terms of the actual services flows through the services insurance fund. And then there's funding under appropriation 21.6 that flows to the Addictions Foundation of Manitoba.

And just for clarification, then, under the Health Services Insurance Fund, that would include Selkirk Mental Health, which is still under the department operationally and provides the services through that fund.

Mr. Swan: So which part of the minister's department is tasked with preparing Manitobans with the upcoming legalization of cannabis?

Mr. Goertzen: So, on that particular file, the member will likely know that the Department of Justice is the lead, as it is in, I think, the majority of provinces in Canada, if not all of them. I recall from our Health minister meetings in October, I believe that most of the provinces identified that Justice was the lead in their jurisdiction, as it is in Manitoba. However, there is, you know, a governmental working group on these issues, and so we tap into that, as well as dealing with some of the specific health issues in their department.

So both in terms of being involved with the working group led by Justice and then internally in the department, the—Manitoba's public health officer, Elise Weiss, would be heavily involved, and then the division that deals with public 'healse'—public health, sorry, led by deputy minister Avis Gray, would also be considered a part of the lead within the department under the overall lead of Justice.

Mr. Swan: So I think it's—I think the minister and I would agree that some of the goals with cannabis is to prevent its use among youth, but also to—as much as possible—make all Manitobans aware of issues that can arise with cannabis.

I have seen the public information campaign that Manitoba Public Insurance is running to try and make Manitobans aware there can be concerns with driving after consuming cannabis. I haven't seen anything from the Department of Health—or, I believe, anywhere in government—with general information along these lines, at preventing use among youth or making people otherwise aware.

Have I missed something? Has there been anything that the Department of Health has done by way of a campaign, or otherwise, to make Manitobans aware of those concerns?

* (16:10)

Mr. Goertzen: You know, the member raises a—good questions about the issues, of the dangers of the use of cannabis and there's a number of different parts to that.

Certainly, the driving portion of it, the impaired driving portion of it is critical. Lots of challenges, as he knows, from his life—not life experience with cannabis, but life experience in law—that it's a particular challenge when it comes to testing those

who are driving drug-impaired. And there's been some public awareness related to that. There is work being developed in terms of public awareness, when it comes to the dangers of young people in particular using marijuana. Whether that's Internet-based education, for example. And that work is being done in co-ordination with both other provinces, to get a sense of what is happening there, in terms of public education.

So we're having somewhat of a similar message, this being a new issue in Canada. But also the federal government, which is, I believe committed to do some work on that as well, when it comes to public education, to align messages as much as we can. And we're in agreement, of course, on the messages. So Manitoba Health will be involved in terms of providing awareness and public information, as we already have. I mean, there's obviously been a number of—this isn't a secretive issue either. There's been lots of discussion about it. We've certainly indicated, both in words and in action, our concern about what impact this can have on young people. I think that the fact that we have taken a very cautious approach in terms of where cannabis can be consumed is critical. Certainly, I hope that legislation makes its way through the House quickly.

Member's expressed his concern as well, so I'm assuming that he will ensure that it does move through quickly, as a demonstration of that concern. But both through actions and through public information that'll be provided both in Manitoba and nationally, I think there's a demonstration of that concern.

Mr. Swan: Well, I—presumably the minister is talking about bill—I think, it's Bill 25, if his office wants to contact mine and arrange a briefing, I think that would be a very helpful thing to move the bill ahead. But we can discuss that off-line.

We know that cannabis is going to be legalized, if not July 1st, then at some point in the following months. But cannabis has existed for some time. The minister's saying that information is now being developed. So the minister's acknowledging that in the past fiscal year, up to last—up to March 31st—there was no public information campaign, or any other resources made available by the department to provide information on cannabis to Manitobans, is that right?

Mr. Goertzen: I won't get into a discussion about what staff is contacting who, or hasn't contacted

who, but I can assure the member that if not by the end of this Estimates session, then certainly by the end of tomorrow, he will be invited to a briefing on the cannabis bill, which I know will then, given his comments, expediate the passage of it.

The—I think there's been lots of different points of education around this issue. Not just education that's provided through the media, through the discussion of it, and there's been lots of discussion of that. I know that the Addictions Foundation of Manitoba, in the discussions that they've had publicly and at public forums as it relates to drug addiction—and they did a number of public forums last year, and that was supported by the department financially, that had parents at them and that had young people at them, that the good information about drugs and drug addiction was provided at those forums.

We recognize that the effects of driving while under the influence of marijuana, it's not safe, that there is a myth out there that somebody is driving safer under the influence of marijuana. It's just that: it's a myth. And so that information has been provided.

Certainly, we're hoping that the federal government will also take a lead role in this, given that it's their decision to legalize marijuana. It's—and I've been given that sense, of course, from the federal government, that they are going to be actively involved in that campaign. You know, there are other issues at play, too, as we've, you know, waited to find out some of the different things related to the legalization of marijuana from the federal government.

It's one of the reasons why we've indicated that we think the timeline has been rushed, and not because Manitoba won't be ready. Manitoba will be ready in whatever timeframe. It is working its way through Parliament, but, certainly, we believe that having more time, more lead time, for the implementation of the legalization of marijuana would have provided every province, including Manitoba, more opportunity, not just on the education side but on other issues as well. But that has not been the decision of the federal government. Now, they may—they are providing more time, I think, just by virtue of the legislative process in Ottawa; that's slowed things down, and so that's been not unhelpful. But it's also not been an active offer by the federal government. It's simply, I think, because the legislative process has prevented them

from implementing it on July 1st, as they had once planned to do.

Mr. Swan: Well, I accept there have been stories in the media. We know the Addictions Foundation has done some work; MPI has done work. The question, though, is about this government, and the question I had was: What, if anything, has the minister's department done to provide information to Manitobans about cannabis in the last fiscal year? And I still haven't heard anything, because I think there's nothing. But, if there is something in particular the minister can point to, I'd ask him to put it on the record now.

Mr. Goertzen: Well, I can say it over and over again. I can't make the member accept it or understand it, of course.

We do know that there's a number of different issues that are happening when it comes to public education. There's the issue of impaired driving, or those who are drug addicted driving, I should say, education around that and the harms of that.

The Addictions Foundation of Manitoba has ongoing education and programming. Of course, we're—as he knows, we're not just a key funder, but I think, you know, the sole funder for the Addictions Foundation of Manitoba and they continue to provide information, whether that's through public forums or other ways.

I've indicated to the member that online resources will be made available, as well, when it comes to public education on the legalization of marijuana. But I think that the provinces, all the provinces, including those that are governed by NDP jurisdictions, have signalled strongly to the federal government that we're expecting sort of a robust public awareness campaign from them as well, and, in particular, because they have dictated the change in the legislation, regardless of what one thinks about it. It is something that they are driving. They're making the legislative changes and so, you know, we, as provinces, have said we want the federal government to be taking on the significant role in public education, which they've indicated that they will. But the other reason, of course, is we need a commonality of message. This is a—uncharted waters, maybe not in North America but certainly in Canada, and there's a need I think to have a common message as well.

*(16:20)

So, yes, there are things that have happened already and that will continue to happen in Manitoba when it comes to the issue of public education, but the federal government, as the lead changer in this particular piece of legislation, needs to be an active part of that as well.

I would, however, again, say that I think the greatest thing that any province can do is to ensure that their legal structure, their legal framework, is one that is clearly on the side of public safety. And when it comes to this government, I'm very proud to be part of a government that has said we will take a clear and strong stance on the issue of public safety when it comes to the legalization of marijuana. So, that is both in terms of the legislation, as it applies to those who are driving under the influence of marijuana, but it also applies to where marijuana can be smoked and vaped.

And so, when it comes to indoor public places, we're applying essentially the same rules as applies to smoking, so that, you know, and I've used the term normalization, the act of smoking. As The Lung Association, the cancer society have said, we don't want to normalize the act of smoking after having spent so many years and so much dollars trying not to, or try to prevent people from taking up smoking, so that's a big part of it, and then the restriction on outdoor public places as well, which essentially is how liquor is regulated, although it goes a little bit further than liquor.

So I think that there is no greater signal and there's no province that's been stronger on an overall framework when it comes to the use of marijuana than Manitoba, and if there was a stronger signal that could be sent, I'm not sure what it is. But I know that the member would join us in moving that legislation quickly. We'll have a briefing, I'm sure, next week, and he'll want to see that legislation move quickly through the House to ensure that he also stands four squares on the side of concern when it comes to young people taking up marijuana, as I know he does. And I want to say that I know the member well, and I know that he would have similar concerns that I would, in particular when it comes to young people and the consumption of marijuana.

Mr. Swan: Well, I do, which is why I asked the question, why I'm concerned that the minister has now made it clear that his government hasn't spent a single cent on dealing with giving that information to Manitobans. He talks about the Addictions Foundation of Manitoba. We respect that

organization a lot. Of course, it had its funding cut last year, and its funding this year is now flat, although I expect some portion of the education requirements are going to fall on the Addictions Foundation of Manitoba.

I would specifically ask, then, about the communication budget within the department of Active Living, Population and Public Health. Last year's print communication budget was \$1,142,000. This year's print communications budget is exactly the same, \$1,142,000. Is that the pot of money from which any future information campaigns or other efforts to educate Manitobans that aren't paid for by the federal government are going to come from, or is there some other source that we should be aware of?

Mr. Goertzen: Well, it's really a whole-of-government approach that's being taken, and that's demonstrated by the fact, you know, there's different departments that are coming together under the lead of Justice and certainly, the great work of our Minister of Justice, the member for Tuxedo (Mrs. Stefanson), who's not only taken a provincial lead on this issue, but in many ways has taken a national lead when it comes to working with her counterparts across Canada.

And so, as a whole-of-government approach, the member might say that not a single cent of Manitobans' money is being expended, which I don't think speaks well of his views of the tax dollars that are provided by Manitobans in a variety of different ways. And so, we do know there's been a campaign, particularly when it comes to drug—those who are driving under the influence of marijuana. There's been information that is continually provided on the issue of drugs and addictions through the Addictions Foundation of Manitoba, which is provided with millions of dollars—tens of millions of dollars, I believe, from the Province.

Now, I remember my friend and my predecessor, Jim Penner, who—lovely individual, I think, who all have fond memories of, who served with—used to say that government has no money other than the money that it gets from taxpayers. And that is true. And so, when I say that money's been provided to the Addictions Foundation of Manitoba for the provision of information, as they've been doing through public forums and otherwise on the issues of drug addiction and drugs, which, of course, includes the issues of marijuana, now that's taxpayers' money, even though it moves from the Department of Health to the Addictions Foundation of Manitoba. Government, in

general, doesn't have any money other than what it gets from taxpayers.

And so I take exception to the fact that the member opposite doesn't believe that taxpayers' money is being used to provide information and provide support. But, again, I think the greatest thing that any province can do is to do more than simply provide information, and there'll be—our expectation is there'll be consistent and robust information provided federally across all provinces. But the greatest thing a province can do in terms of the regulation of which it's responsible for when it comes to marijuana is to ensure that the places in which marijuana is smoked, it can be limited to ensure that the act of smoking, as the Cancer Society and the lung association has described it, doesn't become normalized, and to ensure that young people understand, through those restrictions, that there are significant concerns when it comes to smoking marijuana at—under the ages—25 and under and, of course, in many circumstances, even over that age.

Mr. Swan: Well, I'm sorry that the minister's clearly upset about me asking a question in departmental Estimates about money being spent on prevention initiatives. You know, a couple of days ago, I asked, what, if any, money was being spent on prevention initiatives, and what new prevention initiatives had started in the last year, and the minister couldn't give me a single example. So that's why I am asking the question.

The communications budget in print last year for the division of Active Living, Population and Public Health, again, was \$1,142,000. What did the division spend that money on, then?

Mr. Goertzen: Well, I hope the member doesn't feel that I'm upset. I know that Hansard won't pick up the inflection of my voice, Mr. Chairperson, but, for those who have served with me for some time, they've probably have seen me upset in this House at various times, and I think I'm quite far from any of those points in time.

I appreciate this line of questioning. I think it's important. I'm very proud of our government, and the role that it's taking is one of the strongest in all of Canada, in looking to restrict where marijuana can be used in indoor public places and in outdoor public places. I think that's a leadership role.

Of course, you know, it's an evolving landscape, and things will change over time, and, in particular when it comes to medical marijuana, we'll need to

look at that more closely in terms of the usage and places that it can be used to not run afoul of any sort of constitutional responsibilities that exist for ensuring individuals can use their medically prescribed medicine. And so we'll do that. And I'm far from being upset. I'm quite happy to be part of a government that has taken this as seriously as it has, and I think more seriously than almost any province in Manitoba.

Again, the Addictions Foundation of Manitoba has done significant work when it comes to public education, when it comes to this and when it comes to marijuana and, you know, drugs in general, not just marijuana but those discussions, of course, come up in public forums and in other places. There'll continue to be information provided and information provided on the Internet. But I don't want to minimize the role of the federal government in terms of providing a national campaign with a unified message when it comes to drugs. This is new for Canada. It is uncharted waters and, as such, I think a unified national campaign. And all provinces feel this way; it's not just Manitoba. It was a clear ask from us, in October, from the federal government. Federal government responded positively to that ask. I think they see the need for that strong national campaign; that's whether it's New Democrats in British Columbia, or Liberals in Ontario, or Liberals in Ottawa, or Progressive Conservatives in Manitoba. We feel the same when it comes to that.

* (16:30)

Now, there was one time when I was somewhat upset that I'll disclose for the member, and that's several years ago, and it was sort of referenced by the member for River Heights (Mr. Gerrard) in question period today, although I don't agree with any of the actual particular references that he made. And that is when the issue of methamphetamine, which is not a new issue— and I know the member for River Heights feels that it only started up 24 months ago—but many years ago the issue of, when methamphetamine was relatively new to the province of Manitoba and where virtually every young person, you know, wasn't aware of meth, and there was concerns about meth labs, you know, potentially springing up in the province of Manitoba as it had the Midwestern United States, I went to the NDP government and I asked just for brochures or information on methamphetamines, so I could provide it to the schools. I was told at that time by minister responsible that no such material existed

and there didn't seem to be any plans to provide or to make any of that material.

So I went down, on my own initiative, down to the United States to meet with justice officials in the US who had boxes and boxes of information on methamphetamine and the harm of methamphetamine. And I took those boxes of information, I brought them back to Manitoba, even though they were clearly American information—and they were shocked, of course, that we didn't have this information in Manitoba—but clearly American information. I brought it back to Manitoba, and I provided it to schools and to other places.

Now the member for River Heights seems to object to that efforts, and objected to it in questioning period, but I was both happy to do it, even though I was upset that the information wasn't available in Manitoba. Now it took several months after that, but I think the NDP government then felt ashamed enough that they decided to produce, locally produced material, which I supported and then also provided to other schools and within the community.

So I'm certainly not upset today by this line of questioning, but I was upset at that time when it was clear that there was no information when it came to methamphetamine in the province and we had to go down to the United States to get that.

Mr. Swan: The minister spent very close to five minutes avoiding answering any of the question I asked him, which is how much of the communication budget in the division of active living, population and public health was actually expended last year and what was it spent on.

Mr. Goertzen: Rather than wait for the information to come electronically, given the relatively smaller number of staff that we have here in the Chamber, we'll commit to bringing back some information for the member either later today, if there—if it's provided then, or tomorrow or Monday—whenever the Estimates process resumes.

Mr. Swan: I thank the minister for that undertaking.

And the minister did in his answer speak about methamphetamine. How much—or what initiatives were there in the last year by the department to try and prevent Manitobans from using and, unfortunately, in many cases, becoming addicted to meth?

Mr. Goertzen: So I thank the member for the question, and there's a number of parts to the answer.

So the member will know that at—you know, at any given time, while the focus might change, the issue of addictions doesn't go away. So his predecessor, rightfully so, you know, spent a lot of time both in question period and Estimates in the last go-round speaking about opiates and opiate addiction, and wanted to sort of declare a crisis around that. Now, a year later, there seems to be more attention paid to methamphetamine. And I think the member for River Heights today, you know, was talking about—that that's a crisis.

What doesn't get enough attention is the whole issue of addiction to alcohol which still, I think, in terms of percentage of those that are being dealt with in addiction at the—at AFM in particular but maybe other places, as well—is by far the largest majority in Manitoba. Well, you know, the member hasn't asked specific questions about that, but he might yet. And, while there's a desire—or not a desire but a natural response to focusing on different things at different times depending on, maybe, certain things that happen and that become public, the issue of addiction remains, regardless of where that focus is at any given time.

So, you know, when it comes to opiates, for example—so I—you know—we took a specific effort to put Suboxone as one of the key treatments—front-line treatments for those who were dealing with that particular addiction. I've had, you know, the opportunity to meet with parents who've lost kids to opiate addictions—and sometimes not addictions, you know; they sometimes use it one time and die. And those are, you know, very difficult meetings, obviously, for the parents involved or for those who are overcoming an addiction. And, while they're difficult emotionally for anyone who is involved in those meetings, they're incredibly important because of the learning you get from it.

So, early on, what I'd heard from those individuals is that Suboxone is a better replacement therapy than methadone. And, in some cases, those who are dealing with the addiction said they were scared of using methadone. They'd seen what it had done to either themselves individually or to their friends, and that Suboxone was a far more effective way to deal with the addiction. Now, we had to move Suboxone to becoming more available to doctors. We had to train doctors. We—you know, sometimes there's a reluctance of some doctors to do addictions

work. I know in Minneapolis, when I was speaking to individuals there, they'd moved Suboxone to become more publicly available and they thought—not that they thought that would be the solution to the problem, but they certainly thought it would have more effect. And the effect wasn't as great as they'd hoped, because there were doctors who—there weren't enough doctors who were signing up to do the treatment.

* (16:40)

And so, you know, we had to work with the college and with doctors to make sure that there was enough doctors who were willing to provide Suboxone treatment or addiction treatment generally. When we made it more available, and we've done that and I think that that's been well-received and the number of those who are using Suboxone has increased significantly in the province of Manitoba. So that, I think, was an important initiative.

Obviously, the work that VIRGO has undergone has been significant, in terms of their consultations around the province of Manitoba. They've had not just consultations with stakeholders but with Manitobans more generally. I've received the VIRGO report, I think there'll be things that are specific to methamphetamine in there, but also generally to addictions.

We also know that there were additional beds that were opened up at the Health Sciences Centre. I know the member for River Heights (Mr. Gerrard) believed that those were phantom beds, that they didn't exist; I was happy to provide him information from the CEO, interim CEO, of the Winnipeg Regional Health Authority that those beds actually did exist, and to try to undo any of the damage that might have been caused by putting that misinformation on the record.

So, certainly, there have been efforts made and I think the member will see more efforts flowing from the VIRGO report as well.

Mr. Swan: The minister is doing his best to avoid answering the questions. I asked him about cannabis and he wanted to talk about methamphetamine. I've now asked him a question about methamphetamine; he wants to talk about opioids.

The question is this: What, if any, new initiatives did the department start last year to try to prevent people from using methamphetamine in the province of Manitoba—because I've seen absolutely nothing. If the minister has something then let me know what it

is, and if there isn't, then just admit that there was no new initiative by his department.

Mr. Goertzen: Well, you know, I understand the member's frustrated that he's getting answers in terms of things that we're doing with addictions. I think I said to him that, you know, addictions, for those, whether you're dealing with alcohol addiction or methamphetamine or opioids or other addictions, that's important to you. And I hope the member's not trying to minimize different types of addictions because I know, as he does, how devastating they can be on families.

And so if he's, you know, concerned that I've answered questions about how we're dealing with the opioid addiction, you know, it was his colleague, the member for Concordia (Mr. Wiebe), who last year demanded the—a public health emergency be called in and now he doesn't want to hear any answers in terms of the responses that we've been having when it comes to opioids. So I think that that's an odd sort of reaction from my friend from Minto, but I'll just rack it up I suppose to him being tired from the game yesterday.

But there are a number of different things when it comes to addictions that continue to be done, some more specific to methamphetamine and some more general. So I mentioned to him the additional beds that were opened up at the Health Sciences Centre. There's been additional beds that have been opened up at the women's treatment centre through the Addictions Foundation of Manitoba and, of course, those would deal with people who are dealing with a variety of addictions. So there has been additional capacity that's been added, so that's part of what's happened over the last year. Also, there's been information.

And I know when I met with the—I think they called themselves, you know, meth walkers a couple of days ago at the invitation of the member for River Heights (Mr. Gerrard) and the member for Kewatinook (Ms. Klassen), one of the things that they said in particular when it comes to methamphetamine they were lacking was information. And so, within several hours, I asked Addictions Foundation Manitoba if they could go to that community and have information provided. They indicated they would, and so, you know, within just a few hours, we got a commitment to have more information provided, as requested by the walkers.

The Addictions Foundation itself has been holding a number of forums across the province. I'll

give the member some more recent examples of that. As of—or on, I should say, February 7th of this year, there was an information session that was held in Prairie Mountain Health. It involved AFM, Adult & Teen Challenge of Central Canada, the Brandon Fire and Emergency Services, Brandon Police Service, Brandon Women's Centre. It involved the Canadian Mental Health Association of Westman, the City of Brandon, Community Mobilization, Samaritan House Ministries, Westman families and addictions, a variety of different sections of Prairie Mountain Health, as well.

There have been other forums held in Winnipeg. I'll give him the most recent example. In February of this year, February 14th, in Winnipeg, there was a number of participants in that as well: the Aboriginal Youth Opportunities, Addictions Foundation Manitoba, of course, Addictions Recovery Incorporated, Assembly of Manitoba Chiefs, Aurora Recovery Centre, Child and Family Services, the College of Physicians and Surgeons of Manitoba, Communications Services for Manitoba, Dakota 'objiway'—Ojibway—sorry—Tribal Council—trying to read them quickly here—First Nations and Inuit Health Branch of the federal department. There was Healthy Child Manitoba, HSC addictions unit, HSC psych unit, the Laurel Centre, the Main Street Project, Marymount, Manitoba Justice, Manitoba Housing, and department of family services, Manitoba Adolescent Treatment Centre. MKO was involved. New Directions, the northern RHA, the office of the chief medical officer, the Public Health Agency of Canada, the RCMP, RaY Incorporated, Sagkeeng family treatment centre, St. Boniface Street Links, St. Raphael centre, Sunshine House, Tamarack Recovery, Two Ten Recovery, College of Physicians and Surgeons, Winnipeg fire and paramedic services, Winnipeg Police Services and the Winnipeg Regional Health Authority were all involved, as well.

So there is the issue of additional capacity when it comes to the Health Sciences Centre. There is additional capacity when it comes to the Women's Centre, through AFM. There's the information sessions. I'll stop now, because I'm out of time, but I'm sure the member will say that I didn't say anything in the last five minutes, and I'll happily repeat it for him when he asks the question again.

Hon. Jon Gerrard (River Heights): Just some follow-up on some issues. First of all, the minister noted today that there was a good performance, in terms of radiation therapy for cancer. It's another

example of what I've been talking about to the minister, and that is that CancerCare is the best organized specialist service in the province, and it's actually performing very well. Second, on the self-regulation, we discussed this with relationship to radiation technologists, or radiation protection officers, and clearly, the timeline that the minister's working on, which is achieving about two per year, is going to be too slow, and there must be some way to speed that up. Either have a goal of something like five per year, or at least, have the ones that are lower down in the queue working—starting to work on the details so that they can be moving along instead of being just completely blocked for years and years, while the ones ahead of them get the treatment.

And, thirdly, the lab closures and medical officers. I mentioned that, and the minister said he was going to get back with some follow-up.

And, fourthly, I asked about suicides, and so let me repeat the question here. What is the minister's approach to the issues of suicides in Manitoba?

* (16:50)

Mr. Goertzen: So the member raises a number of questions within the question. Certainly, I agree with him when it comes to CancerCare in Manitoba. It is an organization that does very good work, and certainly I would hear many of the reports from patients that he does about the work that they do, and, of course, more specifically about treatment that's provided. But, more so than that, I say the nature of the treatment; tremendous compassion provided by those who are working at CancerCare Manitoba, and I think that's as much as anything what I often hear about from those who are involved with CancerCare.

So, you know, I'm glad he raised the issue of radiation treatment in Manitoba, and that Manitoba, according to the CIHI report that was released today, is doing very well compared to other provinces, recognizing that there's more work to do when it comes to hip and knee replacements as well as cataracts. But we don't want to lose sight of the fact that there was also many areas, including radiation and also areas that showed that we were meeting the time frames as set out in terms of the targets by CIHI and they were meeting them quite well. And so we don't want to lose track of that, that there was good news involved there as well. But I appreciate him raising the issue of CancerCare.

When it comes to self-regulation, you know, as I said yesterday, they are moving it about two a year, it takes tremendous amount of staff resources; it takes a good deal of legal resources in terms of moving professions under the act. I think we're actually moving them faster now than they were under the previous government. You know, the nursing profession is going to be moving under the act; there's work that's now begun when it comes to doctors in terms of the consultations. That's begun. There is active work happening on the paramedic self-regulation, and they'll move under the act as well. But it is a time-intensive, resource-intensive procedure. And so there's no question that it doesn't happen as fast as we would like, but other provinces who are undergoing the same process with similar kinds of umbrella acts when it comes to self-regulated professions are having the same time frames. And so I understand Alberta is the closest example, and they are also moving at about two a year.

So he'd like it go faster, I'd like it to go faster; there is a limitation in terms of resources. However, we have provided guidelines to all of the 20 or so, or offered guidelines for all the 20 or so occupations that are in the queue when it comes to moving under The Regulated Health Professions Act. Those guidelines allow them to begin some of the work in preparation for moving under The RHP Act and it allows them to begin that preparatory work for themselves.

So I understand the member's frustration. I'm sure he's expressing it on behalf of the profession, but I can assure him it's not a lack of desire, but it is a time-intensive process that involves consultation, that involves legal drafting, that involves a great deal of work with the individual professions. It is happening now at a rate that is equivalent or greater than has happened before under previous governments. We've given now actually a queuing for the next five professions which wasn't provided before. I can understand why professions were frustrated because they didn't know where they lined up in that. Now they might not be happy that they're not in the top five, but at least they have an understanding of where things are going and that's important too.

So try to be transparent on that, even if people don't like the result of that transparency, and also providing the resources that the department has to

ensure that they're moving forward by giving options in terms of preparation for others to do some of the work with their colleges as if they are further down in the queue.

Mr. Gerrard: Yes, so lab closures in medical office—the medical—the minister's approach to suicides, and let me add one thing more, the Premier (Mr. Pallister) mentioned, that he was very keen on innovation. Underlying innovation in health care is research, and so I'm interested in the minister's approach to research as it relates to health care.

Mr. Goertzen: I appreciate the member's question on research. Being a physician, of course, he'll have not only a great deal of knowledge, but I'm sure a great deal of opinions on that topic as well. He'll know that, you know, we work closely with Research Manitoba when it comes to the different areas of research in health-related fields.

He'll also know that the University of Manitoba, it's where we really have the repository for the information in Manitoba, where we can do and commission different research reports based on the health information that is stored there collectively, and I think in many ways we're the envy of many provinces to have the data housed in one location where researchers and others can make application to use some of that information, of course protecting privacy, so the information is used as an aggregate, not used as individual information, of course,

because protection of health privacy and health information is critical.

So that depository at the University of Manitoba and the reports that are generated from it, either from the centre itself or from others who are accessing the information is very important. I think it's one of the most enviable places to be in the province of Manitoba. I think the fact that we have a province of a certain size, I think that that's particularly important.

You know, would we like to see more co-ordination in research, both in terms of the kind of research that's being done and how information is being used? I think we could be more co-ordinated in Manitoba. Of course, it's a competitive industry, right, in terms of research, and people are applying for grants, you know, often federally, and there's—it can be competition between that as well. I think we could do a better job of co-ordination, both in terms of the access of information and also the kind of research that's being done.

Mr. Gerrard: Yes. Just one quick question: For physicians and—who are leaving, like at Snow Lake, is the minister making sure that there's exit interviews done to follow up why people are leaving?

The Acting Chairperson (Len Isleifson): The time being 5 o'clock, I'm interrupting the proceedings. The Committee of Supply will resume sitting tomorrow morning at 10 a.m.

LEGISLATIVE ASSEMBLY OF MANITOBA

Thursday, April 12, 2018

CONTENTS

ROUTINE PROCEEDINGS			
Ministerial Statements		Changes to Health Care	
Yom Hashoah		Gerrard	1306
Stefanson	1295	Pallister	1307
Kinew	1296	Methamphetamine Crisis	
Gerrard	1296	Gerrard	1307
Fletcher	1297	Pallister	1307
Jersey Day in Support of Humboldt Broncos		Child-Care Spaces	
Cox	1297	Guillemard	1308
F. Marcelino	1298	Fielding	1308
Lamoureux	1298	Northern Airports	
Members' Statements		Lathlin	1308
Yisa Akinbolaji		Schuler	1308
Squires	1299	Manitoba's Affordability	
Seven Oaks Hospital		F. Marcelino	1309
T. Marcelino	1299	Wishart	1309
William G. Barker		Pallister	1309
Reyes	1299	Petitions	
Winnipeg Jets		University of Winnipeg–Campus Safety	
Lamoureux	1300	Kinew	1310
Dauphin & District Chamber of Commerce Awards		Swan	1310
Michaleski	1300	Medical Laboratory Services	
Oral Questions		Gerrard	1311
Changes to Health Care		University of Winnipeg–Campus Safety	
Kinew	1301	Wiebe	1311
Pallister	1301		
Changes to Health Care		ORDERS OF THE DAY	
Kinew	1302	<i>(Continued)</i>	
Pallister	1302	GOVERNMENT BUSINESS	
Hip and Knee Replacement		Committee of Supply	
Swan	1303	(Concurrent Sections)	
Goertzen	1304	Infrastructure	
Northern Health Funding		Maloway	1312
Lindsey	1305	Schuler	1312
Goertzen	1305	Lathlin	1319
Rent Assist Program		Fletcher	1321
Altemeyer	1305	Executive Council	
Fielding	1306	Kinew	1325
		Pallister	1325
		Health, Seniors and Active Living	
		Goertzen	1343
		Swan	1343
		Fletcher	1344
		Gerrard	1356

The Legislative Assembly of Manitoba Debates and Proceedings
are also available on the Internet at the following address:

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