

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

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

<b>Member</b>	<b>Constituency</b>	<b>Political Affiliation</b>
ALLUM, James	Fort Garry-Riverview	NDP
ALTEMEYER, Rob	Wolseley	NDP
BINDLE, Kelly	Thompson	PC
CLARKE, Eileen, Hon.	Agassiz	PC
COX, Cathy, Hon.	River East	PC
CULLEN, Cliff, Hon.	Spruce Woods	PC
CURRY, Nic	Kildonan	PC
DRIEDGER, Myrna, Hon.	Charleswood	PC
EICHLER, Ralph, Hon.	Lakeside	PC
EWASKO, Wayne	Lac du Bonnet	PC
FIELDING, Scott, Hon.	Kirkfield Park	PC
FLETCHER, Steven, Hon.	Assiniboia	Man.
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	Ind.
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
LAMONT, Dougald	St. Boniface	Lib.
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
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MICHALESKI, Brad	Dauphin	PC
MICKLEFIELD, Andrew	Rossmere	PC
MORLEY-LECOMTE, Janice	Seine River	PC
NESBITT, Greg	Riding Mountain	PC
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SARAN, Mohinder	The Maples	Ind.
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SMOOK, Dennis	La Verendrye	PC
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WISHART, Ian	Portage la Prairie	PC
WOWCHUK, Rick	Swan River	PC
YAKIMOSKI, Blair	Transcona	PC

**LEGISLATIVE ASSEMBLY OF MANITOBA**

**Thursday, May 23, 2019**

*The House met at 10 a.m.*

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

Please be seated. Good morning, everybody.

**ORDERS OF THE DAY**

**PRIVATE MEMBERS' BUSINESS**

**Ms. Nahanni Fontaine (Official Opposition House Leader):** On House business.

Am I supposed to—no. I apologize, Madam Speaker. I'm sorry.

I call this morning bill two—

**Madam Speaker:** The honourable member for St. Johns?

**Ms. Fontaine:** I call Bill 235, The Emergency Medical Response and Stretcher Transportation Amendment Act.

**Madam Speaker:** It has been announced that the House will consider second reading of Bill 235 this morning.

**SECOND READINGS—PUBLIC BILLS**

**Bill 235—The Emergency Medical Response and Stretcher Transportation Amendment Act**

**Madam Speaker:** I will now call second reading of Bill 235, The Emergency Medical Response and Stretcher Transportation Amendment Act.

**Mr. Tom Lindsey (Flin Flon):** I move, seconded by the member from St. Johns, that Bill 235, The Emergency Medical Response and Stretcher Transportation Amendment Act, be now read a second time and referred to a committee of this House.

*Motion presented.*

**Mr. Lindsey:** I rise this morning to introduce for second reading this amendment to the emergency response and stretcher transportation act.

In that we want to ensure that people, particularly people from the North, that need an escort to come to the city or to come from their home community to seek medical care—even if it's coming to Flin Flon, The Pas or Thompson—that they are ensured that they can have that escort.

Now, we're not talking necessarily about a medically required escort. We're talking about potentially a senior, somebody's grandmother that needs to travel and is not used to travelling, that needs a little help getting around perhaps that's not directly related to why she's necessarily coming to the city—

**An Honourable Member:** Does not speak English.

**Mr. Lindsey:** Yes, people that English is not their first language, for example, may need an interpreter to come with them, and certainly there are many folks in the First Nations communities that English is not their first language and coming to the city is not something they do with great regularity.

And particularly with bus service the way it is now, Madam Speaker, people get dropped off on the sidewalk somewhere, close to a hospital, and are expected to find their own way to get to the actual hospital. Some of the things that I've seen already are seniors that basically are blind, that they're coming to Winnipeg to see an ophthalmologist. They do get transportation covered to fly to the city but then to get from the airport to the doctor's office, they're left on their own.

So a lot of times, people need that extra help which somebody living in the city—it's easy to ask the next-door neighbour to get their son or daughter to just drive them to the hospital and make sure they get where they're going. It's not so simple when you come from the North and potentially have to take days off of work.

So what this amendment does is really make sure that the most vulnerable of people are afforded a sense of humanity so that they can travel unimpeded so that they can get to the medical care that they need.

Now we know that medical care is a basic human right. It's guaranteed by the constitution; it doesn't matter where you live. Accessing that care is also the basic human right.

So making sure that people who need assistance can actually get it is really what this bill is about, and it really is an attempt to clarify the existing language because the problem, the way it's worded right now, is your doctor says yes, you need assistance, but a clerk—working for Northern Patient Transportation in an office somewhere that you never get to see—decides no, that's not required, without ever understanding what the circumstances of the individual are.

Now some people perhaps will stand up and say, well, that never happens. And I can tell you, Madam Speaker, that I've dealt with any number of people in my constituency that that in fact has happened to, that even though their doctor says, yes, you need somebody to go with you, not necessarily because of the illness or injury that you're going to the city, but simply because you need that extra assistance to get from point A to point B, to make sure you get on the right plane, to make sure that you can get a taxi once you get here, to make sure that somebody's there to help you up the stairs. Just because you're having problems with your eyes doesn't necessarily mean you're not also having problems with your legs or your back or something else, that you may need that extra assistance.

So what the purpose of this bill is—is to make sure that people get that assistance. Now, once upon a time, it was a given that if somebody needed that, that it just happened, but due to cutbacks and due to government telling the northern regional health authority that they have to reduce costs, that there's been millions and millions of dollars cut out of that Northern Patient Transportation system.

And that's where the cuts come is to really start affecting the most vulnerable people in our communities: our elders, our sick, our disabled. Really, the most heartless of cuts, if you will, to attack people that near—merely need to get to medical assistance.

And I know that even for people in Cranberry Portage, for example, there used to be a clinic in Cranberry, once a week, where they could at least go there and get something. If they needed more than that, the taxi would drive them to Flin Flon, and the taxi would get remunerated adequately because he was gone from Cranberry Portage for the entire day

because he would take you to your doctor's appointment; he would take you to the drugstore to get your prescription filled. And all of those things just don't happen overnight.

\* (10:10)

Certainly, with what we've seen with the scarcity of doctors in Flin Flon, just because your appointment is at 2 o'clock, you may not actually get in to see that doctor until 5 o'clock, and then you have to go to the pharmacy and wait. So that taxi driver was getting properly remunerated and now he's not. So it makes it that much more of a challenge for people like that to get from point A to point B.

So we want to make sure that reasonable accommodation is made for people that need it and that's not happening now and that's the whole purpose of this bill, is to make a system that was operating reasonably to get back to operating reasonably, to make sure that people that need that kind of accommodation get it, that their basic human rights are respected in allowing them to access medical care with the assistance they need to get there. And that's really the nuts and bolts, and the bottom line of this bill is to clarify so that governments understand, so that clerks that have got their marching orders to cut costs at any cost understand that when somebody that needs assistance is getting transportation, then they need to have that assistance.

And not everybody can afford to just buy their own plane ticket. I don't know how many people in this Chamber, for example, would like to spend \$1,500 to take their mother to the hospital. But that's what it costs to buy a plane ticket. Probably seven, eight hundred dollars to buy a bus ticket and that's—thank heavens we have some buses running again now.

Imagine, Madam Speaker, the family of Mr. Donkey that died on a bus alone, trying to get medical care because he didn't have anybody with him. Nobody noticed that he died. Imagine how that family feels, and that's the message that this government really needs to understand and that's the message that this amendment really is an attempt to address, is to make sure that that can't happen again, that people that need to have somebody with them to help them, to monitor them, to make sure they're getting from point A to point B successfully, to make sure that's happening.

And it's really kind of a shame that we have to try and change the bill to include humanity to make it so that people matter. To try and legislate that kind of morality so that people matter is a real shame, but that's the basic nuts and bolts of this particular piece of legislation that's before us today.

And I really hope that the government members opposite will recognize the importance of this particular piece of legislation and get behind supporting it, because it would be a strong show for people in the North that the government actually does care about them, because they don't really have that sense right now, Madam Speaker.

So I look forward to the government members opposite voting in favour of this bill and making sure that people that need it can get the escorts to get the medical care that they need.

Thank you.

### Questions

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

**Hon. Jon Gerrard (River Heights):** Yes, I'd like to ask the MLA, I believe that the—under the Pallister government there have been some cutbacks in the support of this area. I wonder if the member can describe exactly what was cut back so we can understand that in the context of this bill.

**Mr. Tom Lindsey (Flin Flon):** I thank the member for that question.

And while the government continually stands up and says there was no cuts, that's plain and simply not true. The first year they were in power alone there was millions of dollars reduced, not cut, but the budget for northern patient transportation was reduced. The next year they found in-year efficiencies of several more million dollars. So they stand up and say it wasn't cut. In reality, people aren't getting the service that they need. People aren't getting the escorts that they need simply because this government directed that the Northern Patient Transportation Program had to reduce costs at any cost.

**Mr. Kelly Bindle (Thompson):** Can the member for Flin Flon please explain why he believes he's better equipped to determine who should accompany a patient during transport than a patient's doctor?

**Mr. Lindsey:** Well, that's an interesting question because the member from Flin Flon doesn't think he's more equipped than a doctor. I'd—would like to think that a clerk working for northern transportation is also not more knowledgeable about a patient than what the patient's doctor is.

That's what this bill is about, is making sure that people get the escort that they need, not just a clerk saying we have to save money.

**Ms. Nahanni Fontaine (St. Johns):** I want to just say, miigwech to the member for Flin Flon for bringing forward Bill 235. I think it's important to put on the record attempts at rectifying the mess that members opposite have put northerners in.

So I would ask the member for Flin Flon, what are the dangers of having critically ill patients travel without an escort?

**Mr. Lindsey:** Of course, the problem with critically ill patients travelling without an escort, we've seen the result of that, haven't we? Mr. Donkey passed away on a bus travelling by himself. We've seen—I've heard from patients whose husband wants to go with his wife because she's got the start of dementia. She's not sure—he's not sure that she's actually going to get to the doctor, and they're being told, no, she doesn't need that escort. It's not required. So they'll end up—they just don't go, Madam Speaker, so they don't get the medical care they're entitled to because this government has decided they're not entitled to have somebody accompany them, which is wrong.

**Mr. Gerrard:** I'd like to continue and ask the member to clarify what was happening before the previous government: And what is happening now in terms of are there some people still getting escorts or is nobody getting escorts, and who's making the decision as to who gets the escort?

**Mr. Lindsey:** Thank the member for that question, and it's an important clarification.

Right now, if your doctor says that it's a medical necessity that you have an escort, then you still are entitled to have that escort. In some cases, that escort may be a medical practitioner that goes with you.

Where the problem comes in is where it's not medically required that you have an escort, but it's ethically required so that you can make sure that the

person gets where they need to go, that they can get the assistance that they need to have. So, in the past, that was taken into account and people were allowed to accompany a loved one to come for the medical care that they require and—

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

**Mr. Rick Wowchuk (Swan River):** Yes, can the member from Flin Flon explain to this House that if his party, the NDP, thought this policy was bad, why did they choose to do nothing while in government while wait times soared, ambulance fees increased, as the policy has not changed in 24 years?

**Mr. Lindsey:** I thank the member for trying to confuse the question of what's in this bill.

The problem is that the policy was written in 1995. The previous government adapted and changed with the times while the policy didn't necessarily change, that the leadership of the Northern Health Region didn't update the policy. *[interjection]*

**Madam Speaker:** Order.

**Mr. Lindsey:** What transpired was, as more people required medical attention in the city as the population aged, as there was more issues that required—for example, in 1995 there were no MRIs so nobody went to the city for an MRI. So the policy changed to make sure that people got the escort that they needed to get the medical care that they required.

\* (10:20)

**Ms. Fontaine:** I would ask the member for Flin Flon (Mr. Lindsey), and he referred to it a little bit in one of his questions in respect of a husband who wanted to accompany his wife who had the onslaught of dementia. So I would ask: What kind of help and supports escorts provide to patients who experience mobility issues, dementia and language barriers?

**Mr. Lindsey:** I thank the member for that question.

That's the whole point of this bill is to make sure that even though it may not be medically necessary that you have an escort, that it takes into account the fact that English is not your first language. It takes into account that while I may be going to the city to see about my hip replacement, the fact that I can't see requires that I should have an escort. The fact that seniors are trying to live in their homes longer means that sometimes they need somebody to go with them—and a lot of cases, a husband and wife that

have been married for 50, 60 years don't like to be separated because they do depend on each other to get things done.

**Mr. Gerrard:** The member for Flin Flon has talked about the individual who died. I believe it was a Mr. Donkey. I wonder if the member could provide more details. Was he refused an escort? Was there—should there have been an escort and there wasn't? Was there a investigation or an inquest into what happened to find out the details?

**Mr. Lindsey:** I thank the member for that question and I will answer to the best of my ability.

My understanding is that an escort was requested and denied. I don't have that in writing anywhere to present as a fact, that's my understanding, and I would hope very seriously that there will be an inquiry, an inquest into that gentleman's death alone on a bus by himself. We haven't seen the results of that because generally to get that kind of investigation done, it's going to be a year or two down the road before we ever see the results of that. But I certainly know that that has been requested.

**Madam Speaker:** The honourable member for—*[interjection]* I apologize. My mind is not quite in gear yet.

The honourable member for La Verendrye.

**Mr. Dennis Smook (La Verendrye):** Thank you, Madam Speaker.

The member from—for Flin Flon talks about refusals for escorts. Now, could he explain, is that claiming—I—they do offer both air and land, you know, that it will be paid for. Now, where is more of these escorts that are being disallowed, you're saying, that are happening? Is it on land or is it on air, or has the member ever used the system himself? Could he tell us on what his experience has been with the system?

**Mr. Lindsey:** I can certainly answer the second part of that question. Yes, my wife had knee replacement surgery and I had to escort her because she got out of the hospital and was, obviously, unable to drive, sit on a plane. I didn't get paid for escorting her, although we did get a hotel accommodation, she had her transportation covered. Certainly, in that case, it was medically required.

Now, there's any number of cases where they've said, well, yes, the patient has to fly, but the escort can take the bus. Well, how does that make any sense in anybody's mind that you require an escort

because the escort has to be with you, not taking a 12-hour bus ride somewhere different?

**Madam Speaker:** Are there any—oh. The honourable member for River Heights.

**Mr. Gerrard:** I wonder if the member has data on the proportion of people who had escorts before and the proportion now, to provide information or data showing that the number of people with escorts has gone down.

**Mr. Lindsey:** I thank the member for that question, and, certainly, I don't have the hard and fast numbers for every patient that's been denied because many of them are outside of my particular constituency. But I do know, and I can tell the member with great certainty that the No. 1 phone call to our office is a complaint about being denied Northern Patient Transportation services or escort services. That is in fact the No. 1 issue in the Flin Flon constituency, and I'm sure it's the same in Thompson, although maybe they don't phone the member from Thompson.

**Madam Speaker:** The time for this question period has expired.

### Debate

**Madam Speaker:** Debate is open.

**Hon. Kelvin Goertzen (Minister of Education and Training):** A good morning to you and to members of the Chamber.

So the member opposite is bringing forward a private member's bill, as is his right and, of course, something that many members take advantage of and they should be taking advantage of on behalf of their constituents.

But he may not know, being a relatively new member to the Chamber, that the policy that exists today is the policy that existed when it comes to northern patient transport is a policy that existed for 17 years under the former NDP government. He could simply, I suppose, turn to his left and speak to the member for Minto (Mr. Swan), who was a member of the Cabinet of the former government for a number of years under which the policy existed, Madam Speaker. There's been no change to the policy.

Now it may be that it—over time, the former government didn't adhere to the policy or there was some sort of misuse of the policy, Madam Speaker. That might be the case and he could speak to the

member for Minto about that, but the policy hasn't changed when it comes to northern patient transport.

The decision is made by doctors whether or not an individual medically needs to have a flight from the North to a hospital, most likely in Winnipeg, and whether or not they then need to have an escort as a result of that medical need. For some, the doctors make the determination that they wouldn't be required to go by air, they could go by land, based on their medical need. And that is—impacts whether or not an escort is covered in some instance or in the fashion by which they get down from the North to the south.

That is the policy that has existed under the NDP. In fact, we inherited that policy and they had it there for almost two decades, Madam Speaker. So that continues to be the case.

And, despite the member opposite and others in his caucus who have said things like children don't have escorts—which is not true—and other things which haven't been true, Madam Speaker, the policy has not changed under our government or under the previous government.

Now, ultimately, the decisions—and I know the member for River Heights (Mr. Gerrard) asked a question: Who makes the decisions? Well, the decisions are made by doctors, by medical professionals in terms of who needs to be transported and how they need to be transported. Those aren't decisions that politicians make, of course, and politicians shouldn't be making those decisions. They should be made—*[interjection]*

Well, perhaps the member for Flin Flon (Mr. Lindsey)—he yells from his seat. I didn't hear exactly what he said but he may be advocating for politicians to make those medical decisions. That, I think, would be problematic, if he expects that politicians should be investing themselves in whether or not somebody medically needs to be transported by air and then by virtue of that, what their escort situation should be like.

I would remind the member opposite, though, because I have not heard him lend his voice to this—although I wish that he would and perhaps the member for River Heights would as well—that the federal government is still in arrears—well, it was at least a year ago—about \$30 million when it comes to providing support for transporting patients from the North into—primarily into Winnipeg. That bill has been owing for now a few years. I know when I was

Health minister, I asked the then-former Health minister Jane Philpott about the money that was owing, the \$30 million was owing from the federal Liberal government. She indicated she would look into it. I also asked the current federal Health Minister, Mrs. Petitpas Taylor, about the outstanding money.

And I would be very, you know, supportive of the member for River Heights if he wanted to lend his voice or the member for Flin Flon (Mr. Lindsey), if they wanted to lend their voice to try to retrieve that \$30 million, Madam Speaker, but I've not heard from the member for Flin Flon or the member for River Heights on that.

But, ultimately, Madam Speaker, what we're dealing with is a policy that's been in place for more than 25 years, I suppose, at this point, that didn't change for almost two decades under the NDP that is administered by medical professionals who are making those decisions and rightfully so that those decisions should be made by medical professionals.

Now there's no question that for those who are in the North or who are in rural Manitoba that are further away from Winnipeg, because HSC is the main trauma centre for the entire province of Manitoba, transportation and distance is always going to be an issue. That's not just true for people who are living in the North but I know that is—it is an issue for those who are living in the North, for sure, Madam Speaker.

\* (10:30)

But this is not something that hasn't existed for a long time. The member might be new to the issue because he's a new member. But this has been in place for many, many years, and I would argue to him and say to him that, really, it should continue to be left to medical professionals in terms of the determination of who needs the kind of transportation that they need. *[interjection]*

Well, now the member for Flin Flon may be fancying himself to be a doctor, as well, and that might be his next career. And I would welcome him to be a doctor; then we'd have another doctor in the North. But, up until that point, Madam Speaker, while he's still a politician—and an active politician—he should respect the fact that we have medical professionals making the decisions on policies that have listed—and lasted for a long time, including under the 17 years of his administration.

**Hon. Jon Gerrard (River Heights):** I'd like to talk briefly about this bill which is being put forward.

The bill is basically to clarify the conditions under which an individual can get a—an escort. Clearly, this is a pretty contentious issue at the moment. Although it may be true that the written policy has not changed, but it is certainly true that the implementation of that policy has changed over the years. And the implementation of the policy, as I understand it, was to provide greater sensitivity to the needs of people. For somebody who's a translator, for example, and there are many in the North who do require a translator when they come down to the city. It is a policy. It had been before this government, which was more sensitive to the situation of people who are elderly with dementia, that the situation was, you know, more sensitive to the fact that some people may be coming from the North and had never or hardly ever travelled to Winnipeg.

And so having somebody there to be an escort was pretty valuable in terms of being able to ensure that somebody who is coming from the North to Winnipeg is not only able to get the health-care services, but is also coming in a situation where there is less stress.

And I think we understand well with situations where there is more stress are more likely to be associated with poorer health, or diabetes may get worse, other conditions, mental health conditions may be aggravated by the stress. And, certainly, what we're trying to achieve is optimal health for people, and so these sorts of things need to be considered, and medically necessary may be considered or need to be considered in a broader sense. So we welcome this clarification that's being put forward in this bill and think that it would, in fact, be an improvement and show that there is a government which is more sensitive to and more understanding of the conditions of people living in the North.

I would add that there has been, under the Conservatives, an increase in crime in Winnipeg, and that has meant that, you know, Winnipeg is not quite as friendly as it was to people travelling further north.

And we know that there are concerns over missing and murdered women. There are concerns for other types of crime, and so there may well be some circumstances where this is a smart move in terms of protecting people from crime and the current government is not very interested in



preventing crime, but I am interested in preventing crime and I believe that that is something that needs to be paid attention to.

I am not sure exactly why this change has happened in the way this policy has been implemented. It may be that the Conservatives are not as knowledgeable or understanding of conditions in the North, don't appreciate the big differences that people experience who come to Winnipeg. And, certainly, I would suggest that it is something which, as I said, we support and would hope that the government would consider in a positive fashion.

The story of Mr. Donkey, who died travelling here after what is believed to be him being refused to have an escort, is quite troubling. One hopes that this investigation of what happened can be done a little more quickly than it has been to date and that we can understand more of these details so that, in fact, it can shed light on the need for this policy change.

The need for understanding of people in the North is—has never been greater. We have a province which all parties supported a move forward on reconciliation. And there are many in the North who have, if not themselves, been affected by the impact of the residential school systems. There are many who have family members who have been, and we know that some of these effects seem to pass from one generation to another.

So, certainly, it is a time when we should be more sensitive than ever to reconciliation and to accommodating people instead of the reverse, as has happened in the last few years.

Madam Speaker, I will conclude my remarks at this point and give others a chance to speak to this important topic, and I look forward to their contributions. Thank you.

**Madam Speaker:** The honourable member for La Verendrye. And I apologize to the member for forgetting his constituency early on.

**Mr. Dennis Smook (La Verendrye):** Thank you, Madam Speaker.

It's always an honour when one is able to stand up in this House and put some words on record in regards to a bill brought forward by a member opposite, especially one that deals with health care. The member from Flin Flon has brought forward Bill 235, The Emergency Medical Response and Stretcher Transportation Amendment Act.

I would just like to remind the member for Flin Flon (Mr. Lindsey) that there has been no change to the Northern Patient Transportation Program policy. Rather than—the NRHA is now enforcing the existing policy. This is the same policy that has been in effect since 1995—24 years, Madam Speaker. If this policy was so bad, why did the NDP not make changes to it while they were in government? They had 17 years to make changes if they thought that there was changes that would be needing—needed.

It is the patient's sending physician that determines whether an individual requires a medical or non-medical escort. Yes, and that is true: there's times when the patient needs a non-medical escort because if it is something to do with vision or whatever, I can understand that. All decisions determining the appropriate mode of transportation for the patient and escort are determined by the sending physician based on the patient's medical needs in conjunction with program policies. And that is the right person, the doctor, somebody in the medical field, that makes the decision. It is not a politician that should be making these decisions. Politicians do not have the expertise.

\* (10:40)

Currently, a doctor can authorize reimbursement for air travel for a patient and escort if deemed medically necessary. A doctor can also escort the reimbursement for the cost of land travel for a patient and escort.

With this program, NPTP, covers individuals who are residents of Manitoba, as defined by the Insured Benefits branch, residing in an eligible RHA and are registered with Manitoba Health. Individuals can receive a travel subsidy for certain travel expenses incurred while: travelling to access an insured benefit; being referred to a physician for a medically necessary procedure not available in the individual's community; travelling to the closest appropriate location; and travelling by the lowest cost and medically appropriate transportation option. And that's the way it should be done. It should be done by medical professionals who understand what the patient's needs are.

Madam Speaker, today's NDP is no different than yesterday's NDP. They think that the only way to solve a problem is to throw money at it. Our health-care system suffered under the NDP. Manitobans spent the most per capita on health care of any province and received the worst outcomes. Wait times in the country were the longest.

Winnipeg's emergency room wait times were the longest in all of Canada. Health care is our largest spending department in the province of Manitoba. If we are going to have government health care for future generations we need to make it sustainable.

When the NDP were in power they did not make any tough decisions about health care. They never made any tough decisions at all. What they did was raise taxes and spend more money. They spent all that extra money, and it was—and when that was not enough they borrowed more and drove up our debt to the point that today's government pays \$1 billion per year to service that debt—\$1 billion in interest payments to serve the debt that was ran up by the NDP when they were in power, Madam Speaker, \$1 billion to moneylenders in Toronto and New York, never coming home to Manitoba, all left the province.

I asked the members opposite what we could do with an extra billion dollars. We talked about programs in health care. We talked about programs in the education. But it seems the members opposite could care less. All I hear from them every day is spend more money. They've never offered an idea on how to spend smarter or how to make the health-care system sustainable for future generations.

Madam Speaker, our children and grandchildren deserve better. Manitobans want a system that improves their health and provides quality care. They want better health care sooner.

Health-care spending has grown to over 40 per cent of our core budget. Over the past 20 years health-care budgets have tripled from \$1.9 billion in 1998 to \$6.2 billion in 2018, and the majority is thank you to the NDP. Madam Speaker, members opposite had 17 years to deliver results in health care. But they failed miserably.

Our government's plan is working. Manitobans want a health-care system that is cost effective and focused on delivering the right care at the right time in the right place.

Under the NDP ambulance fees got to be some of the highest in Canada; over \$500, \$600 was the standard ambulance fee in Manitoba.

Today, under our government, no one will pay more than \$250 for ambulance services, Madam Speaker, something that is more affordable. People were afraid to call an ambulance because they couldn't afford it.

And that just goes to say about the spending that this NDP government did. They had no control on spending. It was spend, spend, spend with no results. Our government made a commitment to improve patient access and wait times for surgery, including hip and knee replacements and cataracts. We are acting on this.

The Minister of Health recently announced that we'll be investing an additional \$5.3 million for hip, knee and cataract procedures. This is \$5.3 million that will ensure an additional 1,000 hip and knee replacement surgeries will be added to the already 4,100 surgeries that are being performed today. The additional money will mean an additional 2,000 cataract surgeries will be added to the 12,900 already being performed.

We're going to continue to make progress toward the development of a provincial clinic and preventative services plan with the creation in 2018 of Shared Health which will provide co-ordinated clinical and business services and ensure consistency of health-care services across Manitoba.

The latest CIHI report shows that while emergency wait times are increasing across Canada, we are seeing dramatic across-the-board improvements at hospitals throughout the Winnipeg Regional Health Authority.

Madam Speaker, not only are the—not only are we the only province in Canada that has seen lower emergency wait times, but the WRHA has tied as the most-improved health region in Canada. Wait times haven't been this low in the last eight years. There is a lot more work to be done.

Our government is repairing our services. The NDP health care—with the NDP, the health care was going in the wrong direction. We are changing the direction that the NDP had health care going. We've charted a new course for health care, one that'll see better care sooner.

The members opposite keep putting incorrect information on record when it comes to health care. Our government is spending more on health care than the NDP ever did, over \$400 million more. The difference is the money is being spent in a way that will produce results, give Manitobans better health care sooner but in a way that will make health care sustainable for future generations.

The members opposite complain about money—spending money on consultants. Well, Madam Speaker, the NDP spent money on consultants. The

only difference is they never used that information that they paid for. They were afraid to make changes, or they thought they knew more than what the experts did. I would ask the members opposite if they have a health issue, do they know—do they not go see a doctor? If they have problems with a car, do they not go see a mechanic?

Experts—if you don't know what you're doing, experts are the people to go and see to try to solve the problem. But obviously the NDP has always thought that they knew better than the experts.

Thank you.

### House Business

**Hon. Jon Gerrard (Second Opposition House Leader):** On House business.

**Madam Speaker:** The honourable member for River Heights, on House business.

**Mr. Gerrard:** Pursuant to rule 33(9), I am announcing that the private member's resolution to be considered on the next Thursday of private members' business will be one put forward by the honourable member for St. Boniface (Mr. Lamont). The title of the resolution is Declaring an Environment and Climate Emergency.

**Madam Speaker:** It has been announced that the private member's resolution to be considered on the next Thursday of private members' business will be one put forward by the honourable member for St. Boniface. The title of the resolution is Declaring an Environment and Climate Emergency.

Also, I'm advising the House that I have received a letter from the Official Opposition House Leader (Ms. Fontaine) regarding the official opposition's third selected bill for this session.

As a reminder to this House, rule 24 permits each recognized party to select up to three private members' bills per session to proceed to a second reading vote. Accordingly, the question will be put on second reading of Bill 236, The Celebrating Manitoba 150 Act at 10:55 this morning, May 23rd, 2019.

\* \* \*

**Madam Speaker:** Members on further debate.

**Mr. Kelly Bindle (Thompson):** Bill 235 is all about politics. The member for Flin Flon (Mr. Lindsey) is trying to buy votes through fear with taxpayers' money.

The timing of this bill is no coincidence. The member for Flin Flon knows he's in trouble when the next election comes, with his new boundary changes and having to fight a strong PC candidate in his riding. So he comes up with this desperate plea to create fear and buy votes through this bill.

\*(10:50)

What he's not saying is that he wants to raise the PST and that he supports higher carbon taxes. What he's also not saying to constituents is that, if he buys your vote with your money, he's going to charge you for it with interest forever because his party will never pay down the debt; they will never stop—they will never lower the deficit. They will jack taxes and they will increase borrowing. And that, Madam Speaker, is the same old NDP.

The northern patient transport program remains in place as it has been for years under the NDP, and it remains in place unchanged. The NDP know that but choose to spread misinformation to scare the public.

In the past, the program was poorly followed, loosely enforced and basically abused. Our government's insistence on following the program as originally prescribed ended the abuse and saved taxpayers to the tune of \$1 million a year. Enforcing the program is necessary to ensure its sustainability into the future so it is available for those who need it, when they need it, as prescribed by a medical doctor.

I'm happy to speak to the northern patient transport program and the NDP misinformation I've been seeing in the media. While reading—while reducing the deficit the past two fiscal years, our government has significantly increased expenditures in health care, in education and in social services over what the NDP budgeted for these services in 2015. Our government investments in these services are the largest that Manitoba's ever seen.

While our Manitoba government continues to make record investments in education, health care and family services, we continually surpass deficit reduction targets on a pace to balance the provincial budget in our second term.

This is real progress towards sustainability, which is essential to protecting the services Manitoba families rely on; services like the northern patient transport program, which, despite misinformation being spread in the media by the opposition, is the exact same program that has been in place for many

years, including under the previous government, and currently remains in place unchanged.

Separately, our thoughts and prayers are with the family and friends of Mr. Donkey. He received—we—after receiving news of his passing on a bus travelling to Winnipeg is extremely unfortunate, the NDP has chosen to use this incident to try to gain political points because they know as well as we do that it is a federal issue being investigated by the federal government.

The leader of the opposition tried to gain political points off the Donkey family's tragedy with fake news and fear mongering. It's shameful and the NDP leader should apologize just like he apologized in the House early—last session after threatening the member for Assiniboia (Mr. Fletcher) for—and telling him he should keep his mouth shut.

There are no reasons—there are no lessons to be taken from this bill or from the NDP members opposite's miserable failure in delivering health care to Manitobans when they were in government, except that it needs to be changed. Everyone knows our government inherited a broken system, not just in health care, but in many other areas of government, and Manitobans elected our PC government to fix it.

And, Madam Speaker, despite efforts by the former government members to monkeywrench our plans every step of the way, including with this bill introduced by the member for Flin Flon (Mr. Lindsey), we are fixing the finances of this province. We are repairing the services they broke, and we're rebuilding the economy they devastated. And we will continue to fix it with or without their support.

The previous NDP government is responsible for an unsustainable, expensive health-care system with the longest emergency wait times in the country. They vowed to fix hallway medicine and turned it into highway medicine, where patients would have to travel elsewhere to get treatment, and that's if they didn't die in the waiting room first.

Madam Speaker, just to give you an idea, Canada is known to have the longest wait times when it comes to emergency care in the developed world. Under the NDP, Manitoba had the longest wait times in Canada. That means our government inherited a system in Manitoba with the longest hospital wait times in the developed world with some of the highest costs in Canada, thanks to the NDP.

The previous government knew they had a problem in delivering health care to Manitobans. They knew full well, and that is why they commissioned a report by Dr. Peachey to study the system and make recommendations on how to fix it.

After they received the report, what did they do, Madam Speaker? Did they make the tough decisions to improve the system? No. They chose to ignore it and hoped the problem would go away.

Madam Speaker, our government knows that the longer it takes to address a problem, the larger it will be when you find that you cannot ignore it anymore. Problems like debt grow if they're not addressed.

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

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

#### DEBATE ON SECOND READINGS— PUBLIC BILLS

##### Bill 236—The Celebrating Manitoba 150 Act

**Madam Speaker:** In accordance with our rule 24 and as previously announced, I am interrupting this debate to put the question on the third official opposition selected bill.

The question before the House, then, is second reading of Bill 236, The Celebrating Manitoba 150 Act.

Is it the pleasure of the House to adopt the motion?

**Some Honourable Members:** Agreed.

**Some Honourable Members:** No.

**Madam Speaker:** I hear a no.

#### Voice Vote

**Madam Speaker:** All those in favour of the motion, please say yea.

**Some Honourable Members:** Yea.

**Madam Speaker:** All those opposed to the motion, please say nay.

**Some Honourable Members:** Nay.

**Madam Speaker:** In my opinion, the Nays have it.

#### Recorded Vote

**Mr. Derek Johnson (Interlake):** A recorded vote, please.

**Madam Speaker:** A recorded vote having been called, call in the members.

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

**Mr. Deputy Speaker:** Order.

The one hour provided for the ringing of the division bells has expired. I am therefore directing the division bells to be turned off, and the House proceed with the vote.

All those in favour—the question before the House is the second reading of Bill 236, The Celebrating Manitoba 150 Act.

#### Division

*A RECORDED VOTE* was taken, the result being as follows:

#### Yeas

*Fontaine, Gerrard, Lamont, Lamoureux, Lindsey, Maloway, Marcelino (Tyndall Park), Saran, Smith (Point Douglas), Swan, Wiebe.*

#### Nays

*Bindle, Clarke, Cox, Eichler, Ewasko, Fielding, Goertzen, Guillemard, Helwer, Isleifson, Johnson, Lagassé, Martin, Mayer, Michaleski, Micklefield, Morley-Lecomte, Pedersen, Schuler, Smith (Southdale), Smook, Squires, Stefanson, Teitsma, Wharton, Wishart, Wowchuk, Yakimoski.*

**Deputy Clerk (Mr. Rick Yarish):** Yeas 11, Nays 28.

**Mr. Deputy Speaker:** I declare the motion lost.

#### Introduction of Guests

**Mr. Deputy Speaker:** Before I recognize the Government House Leader (Mr. Goertzen), I just want to—in the gallery—sitting in the gallery from L'Arche Winnipeg, we have Rick, Roman and Jim Lapp. Welcome to the Manitoba Legislature.

\* \* \*

**Mrs. Bernadette Smith (Point Douglas):** I move, seconded by the member from Concordia, therefore—

**Mr. Deputy Speaker:** Sorry—

## RESOLUTIONS

### Res. 13— Keep Concordia and Seven Oaks Emergency Rooms Open

**Mr. Deputy Speaker:** So we're in private members' business right now. For the resolution—private member's resolution.

**Mrs. Bernadette Smith (Point Douglas):** I move, seconded by the member from Concordia,

*WHEREAS the Provincial Government has announced that Concordia and Seven Oaks Hospitals' emergency rooms (ER) will be closed in June of 2019 and September of 2019, respectively; and*

*WHEREAS the Minister of Health, Seniors and Active Living refuses to be forthcoming with residents of northeast Winnipeg on what exact date the Concordia ER will be shut down; and*

*WHEREAS these closures leave families in north Winnipeg without any nearby access to emergency medical care on a 24/7 basis; and*

*WHEREAS these closures will result in patients in need traveling twenty minutes or more to emergency rooms at St. Boniface Hospital or Health Sciences Centre to receive care; and*

*WHEREAS wait times at Winnipeg emergency rooms have continued to increase since the Provincial Government began Phase 1 of its health care overhaul; and*

*WHEREAS as a result of the chaos from this health care overhaul, the Provincial Government has spent hundreds of thousands of dollars on private agency nurses to fill nursing shortages; and*

*WHEREAS nurses have strongly expressed concern for their patients because the shortage is increasing overtime hours and workloads, and thereby creating an environment in which quality patient care cannot be guaranteed; and*

*WHEREAS the Provincial Government failed to consult with families and seniors in northeast Winnipeg regarding the closing of their emergency rooms or to consult with health officials and healthcare workers to discuss how these closures would impact patient care in advance of the announcement; and*

*WHEREAS in the Provincial Government's 2019 budget, \$120 million was cut from healthcare, after \$240 million was underspent in 2018, leaving Manitobans with fewer resources to address their health needs; and*

*WHEREAS the Provincial Government has rehired a consultant because its health care overhaul is failing; and*

*WHEREAS the Provincial Government is making health care decisions based on politics and profits rather than improving patient care.*

THEREFORE BE IT RESOLVED that the Legislative Assembly of Manitoba urge the Province of—the provincial government to reverse the decision to close Concordia's hospital emergency room and Seven Oaks hospital's emergency room so that families and seniors in north Winnipeg and the surrounding areas can have timely access to quality health-care services.

**Mr. Deputy Speaker:** It has been moved by the honourable member for Point Douglas (Mrs. Smith),

seconded by the honourable member for Concordia (Mr. Wiebe), whereas the Province of—

**An Honourable Member:** Dispense.

**Mr. Deputy Speaker:** —therefore there be resolved that the Legislative Manitoba urge—

**An Honourable Member:** Dispense.

**Mr. Deputy Speaker:** —dispense? Okay?

**Some Honourable Members:** No.

**Mr. Deputy Speaker:** I hear a no.

That—urge that the provincial government be reversed the decision to close the Concordia Hospital emergency room and Seven Oaks hospital emergency room, so that the families and seniors of north Winnipeg and the surrounding area have timely access to quality health-care services.

The time being 12 o'clock, the debate will be open for debate on another day, when this matter is brought up to the House.

It's past 12 already. The House is recessed and stands recessed until 1:30 p.m. this afternoon.

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