

Fourth Session – Forty-First Legislature
of the
Legislative Assembly of Manitoba
Standing Committee
on
Justice

Chairperson
Mr. Doyle Piwniuk
Constituency of Arthur-Virden

Vol. LXXII No. 1 - 6 p.m., Wednesday, May 8, 2019

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MANITOBA LEGISLATIVE ASSEMBLY
Forty-First Legislature

Member	Constituency	Political Affiliation
ALLUM, James	Fort Garry-Riverview	NDP
ALTEMEYER, Rob	Wolseley	NDP
BINDLE, Kelly	Thompson	PC
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**LEGISLATIVE ASSEMBLY OF MANITOBA
THE STANDING COMMITTEE ON JUSTICE**

Wednesday, May 8, 2019

TIME – 6 p.m.

LOCATION – Winnipeg, Manitoba

**CHAIRPERSON – Mr. Doyle Pivniuk
(Arthur-Virden)**

**VICE-CHAIRPERSON – Mr. Len Isleifson
(Brandon East)**

ATTENDANCE – 11 QUORUM – 6

Members of the Committee present:

Hon. Messrs. Cullen, Gerrard, Hon. Mrs. Mayer

*Messrs. Allum, Bindle, Ms. Fontaine,
Messrs. Helwer, Isleifson, Marcelino, Nesbitt,
Pivniuk*

PUBLIC PRESENTERS:

*Bill 7–The Highway Traffic Amendment Act
(Immediate Roadside Prohibitions)*

*Mr. Eric Dumschat, MADD Canada
Mr. Scott Jocelyn, Manitoba Hotel Association*

*Bill 17–The Police Services Amendment Act
(Institutional Safety Officers)*

*Ms. Darlene Jackson, Manitoba Nurses Union
Ms. Shelley Wiggins, Manitoba Government and
General Employees' Union
Mr. Craig Doerksen, Health Sciences Centre*

*Bill 11–The Liquor, Gaming and Cannabis
Control Amendment Act (Cider and Cooler Sales
at Beer Vendors)*

Mr. Scott Jocelyn, Manitoba Hotel Association

*Bill 19–The Residential Tenancies Amendment
Act*

Ms. Jerra Fraser, Clinic Community Health

MATTERS UNDER CONSIDERATION:

*Bill 7–The Highway Traffic Amendment Act
(Immediate Roadside Prohibitions)*

*Bill 11–The Liquor, Gaming and Cannabis
Control Amendment Act (Cider and Cooler Sales
at Beer Vendors)*

*Bill 15–The Liquor, Gaming and Cannabis
Control Amendment Act (Cannabis Possession
Restrictions)*

*Bill 17–The Police Services Amendment Act
(Institutional Safety Officers)*

*Bill 19–The Residential Tenancies Amendment
Act*

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Mr. Chairperson: Good evening. Will the Standing Committee of Justice please come to order.

This meeting has been called to the consideration of the following bills: Bill 7, The Highway Traffic Amendment Act (Immediate Roadside Prohibitions); Bill 11, The Liquor, Gaming and Cannabis Control Amendment Act (Cider and Cooler Sales at Beer Vendors); Bill 15, The Liquor, Gaming and Cannabis Control Amendment Act (Cannabis Possession Restrictions); Bill 17, The Police Services Amendment Act (Institutional Safety Officers); and Bill 19, The Residential Tenancies Amendment Act.

I would like to inform all in attendance of this provisions in order regarding the hour of adjournment. The standing committee meeting is considered the bill—must not sit past midnight to hear public presentations or consider clause by clause of a bill, except unanimous consent by the committee.

We have a number of presenters registered to speak tonight as noted in the list of presenters before you.

On the topic of determining the order of public presentations, I will now note that we do have some people, out-of-town presenters, to—in attendance, marked with an asterisk on the list. With this in mind, is it—what order does the committee wish to hear the presenters?

Out of town? The honourable member—Mr. Allum.

Mr. James Allum (Fort Garry-Riverview): I think if we heard from the out-of-town members first, Mr. Chair, followed by the others, that would be the normal state of procedure.

Mr. Chairperson: Is it will of the committee to listen to out-of-town presenters first? *[Agreed]*

Before we proceed with the presentations, we have a number of other items and points of information to consider.

First of all, there will be anyone else in the audience who would like to make a presentation this evening, please register with the staff in attendance at the back of the room. Also, for information for all presenters, while written versions of presentations are not required, if you are going to accompany your presentation with written materials, we ask that you provide 20 copies. If you need help with photocopying, please speak with the staff at the back of the room.

As well, in accordance to our rules, the time limit is 10 minutes has been allotted for presentations with another five minutes allowed for questions from the committee members.

If a presenter is not in attendance when their name is called, they will be dropped to the bottom of the list. If the presenter is not in attendance when their name is called a second time, they will be removed from the presenters' list.

Lastly, I would like to advise members of the public regarding the process for speaking in the committee. The proceedings of our meetings are recorded in order to provide a verbatim transcript. Each time someone wishes to speak, which is if it's a MLA or a presenter, I first have to say their person's name. This is a signal that Hansard records to turn on the mic on and off.

Thank you for your patience, and I will now proceed with the public presentations.

Bill 7—The Highway Traffic Amendment Act (Immediate Roadside Prohibitions)

Mr. Chairperson: I will now call on Eric Dumschat.

Do you have any presentations to hand out?

Mr. Eric Dumschat (MADD Canada): No, it will be oral.

Mr. Chairperson: Okay. Thank you. Okay, proceed with your presentation, Mr. Dumschat.

Mr. Dumschat: Thank you. My name is Eric Dumschat. I'm going to apologize in advance for any coughing, wheezing; I'm sick as a dog and I apologize. No handshaking.

On behalf of myself and my organization, as well as my boss, Andy Murie, who says hello, I'd like to thank you for the opportunity to present to you this evening. I'd also like to thank members from our Winnipeg chapter for joining us tonight: Tanya Hansen Pratt, who lost their mother to an impaired driver; Heather McKinley *[phonetic]*, who lost her arm to an impaired driver; Tai Akindipe, Bamidele Ojo, Peter Oakes, Denise Elias *[phonetic]*, and Trevor Ens, who are all board members and concerned citizens.

To outline why MADD Canada supports this bill, I need to outline the success that British Columbia has seen with a similar model.

In 2010, British Columbia introduced a new impaired driving regime that made use of administrative licence suspensions and vehicle impoundments. And it was the vehicle impoundments that were the real game-changer.

We know from research on the subject that people who have had their licences suspended still drive. I mean, that's the problem with a licence. It doesn't somehow stop you from knowing how to drive, but if you take someone's car, that stops them dead in their tracks, and it also causes them to re-evaluate their behaviour. How are you going to explain to your wife why you don't have the car anymore when she needs it to go to work the next day or drop the kids off at school?

When we look at the available data from roadside surveys, there was one done in British Columbia in 2010, just before the new regime was implemented, and there was one done in 2012, after the regime had been fully implemented and been in full swing for a number of years. And once it was in full effect, they saw a 34 per cent reduction in drivers who were positive for any amount of alcohol, a 21 per cent decrease in drivers with a BAC between .05 and .08 and a 59 per cent decrease in drivers with BACs over .08. They also saw a 44 per cent reduction in fatalities from 2010 to 2012. There were approximately 38 per cent reductions in fatalities from 2010 to 2014 and an approximate annual reduction of 43 fatalities a year between 2010 and 2015.

Not only this, collisions that resulted in injuries dropped by 23.4 per cent between 2010 and 2012, which represented a annual reduction of 487 approximately.

By comparison—well, British Columbia had 111 fatalities in 2010, 62 in 2012 and 69 in 2014. Manitoba had 46 in 2010, 50 in 2012 and 27 in 2012—or 2014, sorry.

*(18:10)

Now one thing to remember is this was all under the old testing regime under the Criminal Code, which involved the reasonable suspicion standard. And this forced police to rely on their own unaided senses to develop a 'reasonable' suspicion.

And, through no fault of their own, it's very difficult to detect if someone is under the effects of alcohol. One study that looked at this found that approximately 90 per cent of people who were between—had BACs between 0.05 and 0.079 were missed, and 60 per cent at 0.08 or above.

So this is under the old regime. Now we have mandatory alcohol screening where you don't even need this reasonable suspicion anymore. You could test anyone. So the results will be a lot higher in both British Columbia and in here if you implement this bill.

And the reason why British Columbia's regime was so successful is because of the deterrence theory. It is the perceived and actual rates of apprehension that have the greater impact. And there are three elements this: the certainty of the punishment, the swiftness of the punishment and the severity—which is actually the least important.

But, because this is all administrative stuff, it's done immediately at the roadside, or at the police station. It's very quick, it's very certain, there's no—with the Criminal Code, there's delays. There's: Is this even going to result in a charge, is it even going to result in a conviction, can I plead down.

But this—yet you have to allow for an appeal mechanism. But you hit the licence suspension right away. You get the fine right away. You get the vehicle impoundment right away. So it's very quick.

And BC also had a high level of 'publicity', which increased the perceived rates of apprehension.

Now, I'm not going to come to you today and say that the British Columbia model was perfect. It's not. There were no clear 'governing' directive or policy regarding when to use it and who it applied to. It was drafted as discretionary but used mandatorily, which led to unnecessary litigation, which is just now resolving about 10 years later.

And—but this is the result of how British Columbia has historically drafted its legislation. For example, it would say: it's up to the supervisor—their superintendent of motor vehicles. What does that mean, right? That opens itself—that invites challenge. In Manitoba, you guys specifically outline when it can be used. This is—must be done in these circumstances. You will not have the same challenges that British Columbia has faced. You will have some—as you will have with any law, it will be challenged. But you do not open yourself up to the same weakness that they did.

If the model outline in Bill 7 is passed, Manitoba will have the new Canadian gold standard in provincial regimes aimed at reducing impaired driving. I can't tell you how many presentations I've prepared over my time with MADD where I've had to talk about British Columbia this, British Columbia that. I'd like to be able to change that out for Manitoba this, Manitoba that, because you guys have taken the British Columbia model and you've improved on it. You've addressed the number of the weaknesses as I've just outlined. You've—draft it as mandatory, and it outlines when to use the regime.

And the best part about this system is it didn't have an effect on the hospitality industry in British Columbia. They said when it was first implemented—of the sky—you know, this will reduce alcohol consumption, our revenues will be done. There's no evidence of that. People adjust. Some bars started offering a shuttle home if you were too impaired to drive. Other people made the smart decision to have a designated driver or to take a cab.

Consumption remained the same. Impaired driving dropped drastically, fatalities dropped drastically, injuries dropped drastically. And you will have heard that British Columbia decriminalized impaired driving when they put in this regime. Frankly, that's nonsense. The Criminal Code always existed. It was just that they chose not to use it.

Why? Partly because of this reasonable suspicion standard that I outlined. It's the lynchpin—or was the lynchpin—of an impaired driving case. Because if you took—or undercut—the reasonable suspicion, the entire case collapsed. You no longer had the evidentiary proof—or suspicion necessary to do the first test. Without that, you can't do the evidentiary test. The entire thing collapsed.

So it was one of—if not the most litigated aspects of the criminal law. That's gone. We have mandatory alcohol screening now. So you don't have to worry

about people not wanting to use it for all these delays and whatnot. And the Supreme Court of Canada has stated that administrative sanctions are not criminal laws, you won't have to deal with this challenge. The good thing about doing things after British Columbia is you can improve upon their weaknesses and they've done a lot of the litigational challenges for you.

And now, there've been, as I mentioned, mandatory alcohol screening is back, but there have also been additional changes to the Criminal Code, which will help make it easier for the police and the Crown to proceed with the criminal side of things. So you can use the administrative side in tandem with the criminal law. There's nothing preventing that. There's no more reasonable suspicion. The charge for 0.08 has been changed to 0.08 and above and it's now impaired to any degree.

Mr. Chairperson: Mr. Dumschat, you have one more minute left, okay? I just wanted to give you a warning.

Mr. Dumschat: I'm pretty much done. So, thank you.

If you guys have questions, I'm happy to answer them to the best of my ability.

Mr. Chairperson: Okay. Thank you very much for your presentation.

Do any members of the committee wish to have—question the 'president'?

Hon. Cliff Cullen (Minister of Justice and Attorney General): Thank you very much, Mr. Dumschat, for joining us tonight. I want to thank the others that are with you tonight and certainly appreciate the support of MADD Canada for this legislation. And thank you for sharing some of the statistics and the issues around this type of legislation.

Clearly, I'm hoping we have learned from the BC model. I think we've made some changes that hopefully will make this legislation better than the BC model. At the end of the day, it really is about personal safety and it's about trying to keep people off the road and protect Manitobans.

So I just want to say, thank you for joining us. Thank you for the great work you are doing and keep up the great work.

Mr. Dumschat: Thank you for having us. This is a great opportunity. We're always happy to voice our support for good legislation.

Mr. Chairperson: Dr.—Mr. Gerrard. You had a question?

Hon. Jon Gerrard (River Heights): In the figures that you cited, I think that you showed there was actually quite a decrease in the number of mortalities, traffic accidents in Manitoba, as there was in BC, even though Manitoba didn't have the same changes yet.

Mr. Dumschat: So the thing is, is that because British Columbia has a significantly larger population? Theirs has been a consistent decline, whereas, for example, I was at the Manitoba Public Insurance conference, I think it was at the start of April. You guys have a good year, it's quite low. You guys have a bad year, it's quite high. It seems to really depend because your population's so much smaller that, you know, one act—or one collision can make a big difference in your statistics.

So this is a way to help even lower that and sort of to make it more consistent across the years.

Ms. Nahanni Fontaine (St. Johns): So I just want to say, miigwech for coming. I'm also sick, so I appreciate you coming out today and everybody that came with you as well.

And I just want to say, on behalf of our NDP caucus, miigwech for all of the really important work. I think that it—I think everybody around the table in the room can agree that MADD in general and certainly MADD Canada have changed the public education in respect of drinking and driving, and I know as a mom myself, that I always appreciate that there are other public awareness campaigns out there to help me teach my children, and so I lift you up for the work and I just also say, miigwech for coming, even though you were sick. Miigwech.

Mr. Dumschat: Thank you very much for those kind words and I hope you feel better soon.

Mr. Chairperson: Any further questions from the committee?

Mr. Ted Marcelino (Tyndall Park): Thank you for being here, and I just have one question because I was bothered by your comment that there are—that the BC model is not perfect but we improved on it.

Are there more provisions of this law that you want improved, the one that we are now talking about?

Mr. Dumschat: I don't have anything off the top of my head. There may be stuff in the months or years to come but right now we're very happy with the state of the legislation. It honestly will be the best system in Canada, and I will be able to go to other provinces and say, look at Manitoba. Look what they've accomplished.

*(18:20)

Mr. Chairperson: Any further questions from the committee?

We want to thank you for your presentation and thanks for presenting it to us tonight.

**Bill 17—The Police Services Amendment Act
(Institutional Safety Officers)**

Mr. Chairperson: Okay. Now we'll go on to Bill 17, The Police Services Amendment Act, because we have two out-of-town guests.

So now I'll call on Darlene Jackson, who's the president of the Manitoba nursing union.

Ms. Jackson, do you have any materials that you want to hand out?

Ms. Darlene Jackson (Manitoba Nurses Union): No, it's oral.

Mr. Chairperson: Okay. Ms. Jackson, you can go ahead with your presentation. Thank you.

Ms. Jackson: Thank you. Good evening, Chairperson and honourable members. My name is Darlene Jackson, and I'm the president of the Manitoba Nurses Union.

MNU represents more than 12,000 nurses across Manitoba. Our members work in every part of the province in a variety of health-care settings, ranging from acute and community health to home care and long-term care.

I'm here today to speak to Bill 17, The Police Services Amendment Act. MNU has lobbied for improved security in health facilities for many years. While we are pleased to see some legislative steps been taken to enhance security services in health-care facilities, I want to remind all members here that mere lip service about protecting nurses and health-care workers is not enough. We must see a real commitment, collaboration and resources in place to

ensure all nurses and other health-care providers are safe at work.

Violence is a long-standing issue in health care. In a study that MNU conducted nearly 10 years ago, we discovered that 21 per cent of our members experienced violence at work daily or at least once a week. A majority of our members, 65 per cent, indicate they have been physically assaulted at work. These rates are unacceptable. Violence is much too prevalent in health care.

The International Council of Nurses has found that nurses are more likely to be attacked at work than any other professions, including police officers and prison guards. Violence is so frequent that nurses often—have often become inured to it and accept it as just part of the job. Violence should never be just part of the job. Nurses provide a critical service. We're here to help, often when things are most critical. We deserve to feel safe at work and we deserve to come home safe at the end of each shift.

Recent data proves that violence against nurses is increasing. We poll our members regularly. In our most recent poll, when asked if they had noticed an increase in violence in the last year, an alarming 63 per cent responded, yes. WC data indicates that nurse claims related to assaults, violent acts or harassment have increased 271 per cent from 2015 to 2018. And, as I'm sure committee members are well aware, the WRHA reported a 1,200 per cent increase in the number of meth-related visits to ERs, which has made the risk of violence worse.

The problem isn't limited to Winnipeg, and, unfortunately, there's a lack of consistent security standards for our rural and urban facilities across the province. Although ERs in Winnipeg hospitals have security guards, training and presence varies between facilities. HSC has the strongest security presence, but the nurses there will tell you that security are often overwhelmed and told not to intervene by management. Rural facilities are left especially vulnerable. In Portage la Prairie, Virden, Thompson and many other communities, nurses are reporting a large increase in the number of meth-related presentations. These facilities typically have no on-site security. Nurses are directed to call the RCMP who are also stretched thin and often unable to respond as quickly as they're needed.

Too often we hear stories of nurses been punched, kicked or spit on, and the meth crisis has made this situation worse. There are countless stories. One nurse described intervening when a

patient began choking a clerk who was simply there to restock supplies. The injury the nurse suffered as a result limited her to light duties for several months. For psychiatric emergency nurses on the front line of the meth crisis, reports of assault have become almost a daily occurrence. These nurses report seeing four to five patients per shift with meth-related issues. They used to see that many per month.

The increase in meth use puts a strain on the whole system. It can often take a team of people to restrain someone, doctors, nurses, health-care aides, anyone who's around. When that happens, other patients and families become frightened. We know emergency departments are already overcrowded. Chaotic environments often predicate violent incidences.

The problem has now reached a point where government can no longer afford to wait. One of the most clearly identified weaknesses of the current system has been the inability of many security personnel to act with authority in situations where an individual poses a threat to patients or staff.

This past fall and winter, front-line caregivers and security were given mixed messages from government and their employers about security's ability to intervene. We hope that this bill finally clarifies that designated security officers have the ability to detain and restrain when all other attempts to de-escalate the situation fail. It should be a last resort. But it must be something that institutional safety officers are authorized to do.

There are some specifics in the bill that I would like to address. First, Bill 17 specifies that the duties of an ISO to maintain safety and security and to provide an initial response to situations that pose a threat to the safety or security of persons in or around the institution's facilities. These duties differ from other special roles under the legislation and seem to indicate that ISOs will have a greater role in enforcement of security. We agree that this is appropriate, but it should be made clear that ISOs also have a duty to enhance public security and safety, similar to other special titles under the act.

Nurses do not want ISOs to be seen as a threatening presence. We want to ensure that they are encouraged to proactively create a safe environment. The ISO should be seen as a positive force to enhance safety by both health providers and the patients and families who visit health-care facilities.

We would like to see greater clarity on the meaning of in or around the facility. Many of our members have expressed concerns about some of the situations they have faced on their way to their vehicle, which are often not on the premises of the facility. We are supportive of a framework that would allow ISOs to deal with such situations, and we believe that the full meaning must be clarified so there is no dispute about the range within which they exercise their authority.

Finally, the bill stipulates that only someone who has received the prescribed training can be appointed as an ISO. I want to be clear that appropriate, robust and extensive training for these individuals is absolutely critical. As nurses, our first commitment is always to health and well-being of patients in our care. Security is necessary, but it must be applied appropriately and only as required. We would hope to see robust training requirements clearly outlined in the regulations of this bill.

I hope that with the passage of this bill, health-care institutions embrace this new designation. But as I mentioned, it will take planning and resources to make it successful. A title alone does not keep nurses and patients safe. It must be accompanied by a thorough and comprehensive scan of security needs in all settings where health care is provided, not just large 'urgen'-urban hospitals.

And, beyond the review of services provided, we must see consultation with front-line caregivers and other affected parties. Consultation should take place for both the province-wide security review and the development of regulations for this bill. We must all work collaboratively to ensure all parties come together to create a plan that works.

Last year, this government agreed to our request to create a commitment—a committee made up of a variety of stakeholders that would review security in health-care settings across this province. But almost a year after the initial commitment, we've seen little progress.

Beyond the work, it's critical that we see adequate resources and funding put in place for security. The regional health authorities and the health-care institutions they oversee have recently seen reductions in their budgets relative to inflation. They have underspent on health care while cutting services to find cost savings. In such austere circumstances, I truly fear that this gesture will amount only to that: a gesture.

Nurses, health providers and their patients need much more than lip service. They see violence every single day. They need real action. For this reason, we strongly encourage the government to devote these resources necessary to ensure uptake and interest in the new designation, and we ask you to work with us to develop a plan to make health-care settings safe. Manitoba nurses are increasingly facing violence and threats in the workplace. It's a large and complex problem that cannot be solved in a single 'strep.'

I challenge the government to show their commitment by ending violence in health care by engaging with key stakeholders and taking the steps necessary to create and maintain safer health-care facilities going forward. The process cannot stop here.

I thank you for the opportunity to present here today and welcome any questions you have for me.

Mr. Chairperson: Thank you, Ms. Jackson, for your presentation.

Does any of the committee members have any questions?

* (18:30)

Hon. Cliff Cullen (Minister of Justice and Attorney General): Thank you, Ms. Jackson, for your comments.

Certainly, in my old role as minister responsible for the Workers Compensation Board, it was quite alarming, actually, to see the number of incidents that nurses in their profession were involved in. And, clearly, it's—we've got a lot of work to do on that regard.

This particular legislation was modelled after some legislation we brought forward about a year ago in dealing with qualified people, making sure we had qualified people on staff to deal with mental health patients. So we've got some people trained now, able to do that. Clearly, this creates the framework to do that and, as you say, we do have a lot of work to do in terms of developing regulation and, obviously, those regulations will be developed in consultation with the agencies, with the respective unions; in terms of what the, you know, the regulatory framework will look like, what the safety will look like, responsibilities, roles and all of those things.

So this, really, is the framework, but I will acknowledge we have some work ahead of us to do, so I appreciate your comments tonight.

Ms. Jackson: Thank you.

Ms. Nahanni Fontaine (St. Johns): Miigwech, Ms. Jackson, for coming to present this evening. I also want to just take a moment. It is nurses' week. I want to just lift you up for all of the work.

I also just want to acknowledge—we've had the pleasure—our caucus and our Liberal caucus member—or, our Liberal colleague here, have had the pleasure of going out and joining all of the nurses two times now, on the front steps of the Legislature. And those two times, unfortunately, not one single member of the PC caucus actually attended to actually hear what nurses are saying, including the Minister of Justice, who now brings forward this bill.

So I think that this evening, and this is the beauty of standing committees, is that, you know, people have to be here to listen to your presentation. And so I think that you did an amazing job laying out the current contact—context and situation that nurses—Manitoba nurses find themselves within, including the statistics in respect of having four or five incidents of violence from meth-induced psychosis per shift. I think that that's important for members opposite to hear because we keep bringing it up in the House and I think that there's kind of this disbelief. I even see some of my colleagues shifting in their seats right now and some of them sighing but that is the reality and the nurses—Manitoba nurses put their, really, their lives on the line every day and so I really do want to thank you for coming out and laying that out.

And while we do have you here, I have two questions. One is, has MNU been involved in any of the discussions on what the framework will look like in respect of training? And we've brought it up in the House, as well, that you talk about this kind of robust training but, certainly, training in specifically also dealing with 'mest'—meth-induced psychosis. So that's my first question, whether or not there's been any engagement of MNU on that training.

And then, secondly, what other supports, maybe more specifically, would MNU like to see, particularly with the meth-induced psychosis incidents that you are seeing more and more of?

Miigwech.

Ms. Jackson: I'll speak to your—first of all, thank you for your comments. I'll speak to your first question.

We were invited to sit at a tripartite committee on security and we have met a couple of times. And it is clear that we need to do a very, very comprehensive review of what's happening in this province because this is not a Winnipeg issue. This is an issue that affects every health-care facility in our province and we are hearing more and more, outside the city, how meth is turning into—be a bigger problem.

But I don't want to tie violence just to meth. It is—it has certainly exacerbated the situation but our stats from 10 years ago were clear that there was violence in health care 10 years ago and we're seeing an increase in it, partly due to the meth but it's—unless we put a stop to it or put some safeguards in place, it's not going to stop. When the meth crisis is over, it's—we're going to continue to have violence in health care.

So I would welcome being at a table where we can talk about what we need in health care. I do know that we certainly need standardized training. And I believe, for health care, we need some type of specialized training that allows those security individuals, security personnel, to have some special knowledge of how to deal with patients with mental health issues, how to deal with patients that have meth-induced psychosis. Because we don't want this to be an armed situation. This is—de-escalation is our first choice. Keeping our patients and their families and our, and you know, the visitors safe is our first goal.

So that's—that would be the first question.

And as for your second question—sorry, you'll have to repeat it. Very quickly.

Mr. Chairperson: We actually don't have time—

Ms. Jackson: Okay.

Mr. Chairperson: —for questions. We're out of time for questions; we went over five minutes.

Hon. Jon Gerrard (River Heights): I wonder if there's leave to finish a round of questions, because, you know, we don't have a huge number of presenters tonight.

Mr. Chairperson: Is there leave to have—

An Honourable Member: Yes.

Mr. Chairperson: -questions, enough questions? Okay.

Okay, I'll have Ms. Fontaine ask that second question.

Ms. Fontaine: So, other than the training, what other specific supports would MNU like to see in safeguarding not only nurses but also patients and family members that you were talking about? *[interjection]*

Mr. Chairperson: Ms. Jackson.

Ms. Jackson: Sorry.

I think having a really well standardized training, where all organizational security officers are—or—are trained the same way, have the same skills and are allowed to use those skills when necessary. I think that is the key to this situation. For sure having some extra education in mental health, how to deal with patients that are having a mental health crisis, that is very important, because we're seeing a rise in that as well.

And I think—just—almost having a safe place for—having an area that's a safe place for patients that are having a mental health crisis, maybe in a meth-induced psychosis. We need to have areas that are quiet, that are contained, that are not part of the main emergency department. Because that is a very big issue. We know that when you have more patients in emergency, more crowding, tensions rise. And we often see an increase in escalation with that, as well.

Mr. Gerrard: Yes, just to clarify a couple points.

One is, you said that the number of instances of violence, meth-related violence, maybe primarily, has gone from 'bout' four to five per month to four to five per shift or per day. Just some clarification of that, I've got that right.

And the second was, I'd asked in the Legislature, whether the institutional safety officers would be allowed to carry firearms. And the minister was very hesitant initially, and finally said, well, that's not our intention.

What's your view of whether institutional safety officers should be allowed to carry firearms?

Ms. Jackson: Well, I'll start with your last question first.

I think what we need to do is do a very comprehensive review. And see what we have out there, and what we need out there. I would never give an opinion on what weapons ISOs should be carrying, but I think that having a really complete provincial review, looking at we've got—what we've

got out there when it comes to security. You probably know that in the southern region there's not one facility that has any type of security.

So we need to look at that. We need to balance out what we've got. And to be perfectly truthful, the facilities outside the Perimeter that do have security, have it because there's been an incident that has led to that.

So that's—I—so I think we need to review, we need to see what we have and we need to see what we need. And personally, I would rather see a really, really good use of de-escalation skills rather than any type of weapon use.

And your first question—

An Honourable Member: Was just confirming—

Mr. Chairperson: Mr. Gerrard.

Floor Comment: Yes. I will—sorry—

Mr. Chairperson: Ms. Jackson.

Ms. Jackson: I will confirm that. We are gone from four to five a month, to four to five a shift of meth-related incidents in our ERs. And it seems to be on the rise.

Mr. Len Isleifson (Brandon East): Thank you very much. And thank you, Ms. Jackson, for coming out this evening.

I just—on an earlier comment, I know you folks were here last week. And I couldn't attend, because last week was constituency week, so I was back in Brandon. So, just so you know why we weren't there.

* (18:40)

But I want to just ask you a question, about going—I've had a number of meetings with MNU in Brandon. I represent Brandon East. I also worked at the regional health authority for almost 25 years and I know there were some programs put in place by previous governments; the previous NDP government put in a few programs. The Winnipeg Regional Health Authority had nine-tenths as the law. There was the violence prevention program put in in about—I think it was 2012 by the previous NDP government. There's NVC training. I know recently they've put in installation of safe rooms.

And I know you talked a bit about what more is needed, but we all have the same thing. We want our staff to be safe, we want the nurses to be safe, we want the cleaners to be safe, we want the housekeepers to be safe.

In your opinion, what else can we do for all front-line staff that would—aside from putting in security officers with special powers, what else would you suggest that we do to provide more of a safe environment for all employees in health care and the patients and visitors?

Ms. Jackson: Well, I do know that the VPP, the violence prevention, has been taught wide. The employers have been very good at rolling that program out, and it has been taught. But that is more of a very mild de-escalation program. So—and I applaud the employers for providing that; I think it's really important that every staff member on staff has some type of a de-escalation skill.

But I truly believe having a security presence is a lot—goes a lot towards ensuring that the violence is decreasing in those health-care facilities. Often, those security people don't even have to do anything. And I'm sure you'll agree that if you have an RCMP officer with a gun on his hip, you have very few incidents of, you know, people escalating. So—and I'm not saying they should have a gun on their hip—don't get me wrong—but I think having security, someone who is designated, that has de-escalation skills and has the ability to provide additional help if needed, it would be a huge deterrent for the violence in our facilities.

Mr. Chairperson: Well, thanks, Ms. Jackson, for your presentation and all—answering all the questions. We really appreciate you coming here tonight. Yes, thanks.

Okay, now we'll call on the next person from out of guest and on the same bill, for Bill 17, is Shelley Wiggins. Call up Shelley Wiggins.

Ms. Wiggins, do you have any materials that you want to hand out?

Ms. Shelley Wiggins (Manitoba Government and General Employees' Union): Yes, I do.

Mr. Chairperson: Okay, we have somebody who will hand them out to the members here.

Okay, you can proceed with your presentation, Ms. Wiggins.

Ms. Wiggins: Good evening, Chairperson and honourable members. My name is Shelley Wiggins, and I'm the third vice-president with the Manitoba Government and General Employees' Union, MGEU. I'm here on behalf of our president, Michelle Gawronsky, who's out of town this evening.

The MGEU represents over 40,000 Manitobans who live and work throughout Manitoba in a wide variety of workplaces. Roughly 14,000 are employed directly by the Province of Manitoba, and others work in security at HSC, other health-care facilities, liquor stores, universities and colleges and social service agencies. Thank you for the opportunity to present on this bill tonight.

On Friday, January 19th, 2018, two violent incidents occurred in the psychiatric ward of the Health Sciences Centre in Winnipeg. The first involved an MGEU correctional officer, and the second, a member of the Winnipeg Police Services. The incidents began when the correctional officer, who was escorting an inmate to the hospital for treatment, was attacked by another patient in the hospital's forensic psychiatric unit who was armed with surgical scissors. While responding to the attack, a Winnipeg police officer was subsequently attacked by a second patient.

On June 20th, 2018, a security officer at Health Sciences Centre was attacked and stabbed in the face with a syringe by a patient believed to be high on methamphetamine.

Security officers at HSC regularly find themselves trying to protect health workers, patients and the public from violent people. In fact, during the course of any given day at Manitoba health-care facilities, there are often several instances when police or security officers are called upon to provide assertive restraint when a patient is having a mental health emergency or drug-related psychosis.

Unfortunately, the provincial government has been making it more difficult for hospital security officers to deal with violent people and situations instead of helping them. Hospital—sorry—hospital security officers were previously granted special constable status, giving them more authority to restrain and detain people who become violent or behave in a threatening manner. The government stopped granting that status several years ago, and that's put us in the position we are in today.

This problem was made worse with the passage of The Mental Health Amendment Act, which pushes responsibility for handling more mental health and security problems onto health-care workers, many of whom are not trained or experienced in dealing with violent patients. The legislative amendment will enable police to more easily transfer custody of some mental health patients to health-care staff, such as nurses and

health-care aides, who will receive specialized training.

We spoke out against these changes and spoke out about the need for more tools to provide safety to patients, public and staff at health-care facilities. We need nurses and health-care aides to focus on what they do best: caring for patients.

The solution, in addition to significantly improving mental health services in Manitoba, is to empower security officers to deal properly with the violent situations that inevitably arise in hospitals, to ensure everyone's safety until patients can see a doctor and get properly assessed.

The Manitoba Government and General Employees' Union represents hospital security officers at HSC and many other Manitoba health-care facilities. The officers we represent strongly recommended they be empowered with elevated legal status to be able to act to ensure the safety of those who enter a hospital in this province. We also called on employers to provide the training required to allow officers to exercise their authority appropriately.

It wasn't long ago that the Health Minister stated in the media that security officers at HSC Winnipeg have the ability, the training and the authority to intervene when individuals are acting violently. This fact has not changed, nor will it change regardless of whether security officers have the designation of special constable or qualified person once amendments to The Mental Health Act are proclaimed.

We are pleased that the minister has changed his position on the concerns around safety at health-care facilities, and we are pleased that he now agrees with the security officers who spoke out. Hospital security officers want the tools they need to do the job they're tasked with: keeping people safe when they enter a health-care facility. We hope this legislation is implemented in a way that ensures safety for everyone involved.

Thank you.

Mr. Chairperson: Thanks, Ms. Wiggins, for your presentation.

Now, in—any members who have any questions.

Mr. Cullen: Thank you, Ms. Wiggins, for your presentation.

You know, clearly, this legislation will provide the legislative framework to provide additional authority for people that will be designated as institutional safety officers. And that's really what it's about, is providing that legislative authority to grant that extra—those extra powers, if you will.

So this will be the framework component. The next piece is the regulatory component, which really is the nuts and bolts of this legislation. And that will get into the safety, security, the training and all those various aspects. And this will require a lot of consultation to make sure that whatever level that is appropriate for the given institution that we're talking about.

So I think we've got a pretty good framework here, recognizing that we still have a lot of work ahead of us to do, in terms of developing those regulations as we go forward, and each of these institutions may require special needs on so many fronts.

So we certainly look forward to it. It's going to take some time to develop. We get that. At the same time, we are undertaking a review of health-care facilities to make sure—see what we have and see what else is required. So we look forward to working together, to making sure we provide safety for people working in these institutions.

So thanks again for your time tonight.

Ms. Wiggins: Thank you very much for your comments, and we also look forward to working together with you and with our members to improve the safety of all Manitobans in health-care facilities.

Mr. Gerrard: Yes, you had mentioned in your presentation that the government had previously granted hospital security officers the ability—or, special constable status.

When was that stopped and why was that stopped, just in terms of learning what happened and what we can do to avoid problems now?

Ms. Wiggins: I don't know the exact date that it was stopped. The information I was given, it was a couple of years ago. There are apparently still a few security officers who have that special constable status, but as they leave those positions, they are not being appointed to someone else or someone else is not being provided that training and that status, so.

Mr. James Allum (Fort Garry-Riverview): Ms. Wiggins, thanks so much for coming out tonight.

Both you and Ms. Jackson before you referenced resources as being central to being able to do this.

* (18:50)

In any discussions you've had with the government, has there been any indication that the government itself, who is devoted to an austerity agenda, is actually prepared to pay for these officers once they're in place?

Ms. Wiggins: I would have to defer that question and ask that we get back to you on that one. I'm not sure exactly what discussions have been happening as I don't have that information with me tonight.

Mr. Chairperson: Mr. Allum, do you have follow-up on that question?

Mr. Allum: I do. Just a quick one. Thank you for that. It's not really your responsibility to have to answer that, but I am concerned that when the minister says, well, this is the framework and then we have a lot to do around the regulatory regime, which is quite likely true, that somebody actually needs to talk about the dollars, when dollars in health care, dollars in education, because it's—this applies more than just to health-care institutions, but also to post-secondary institutions, as I see and other institutions.

Somebody needs to talk about who's actually going to fund them and to expect the institutions, on top of everything else they have to pay for, to an addition to pay for these very important positions, seems to me radically unfair. So that I hope that the government will ensure that they're responsible for paying for these very important officers in institutions.

Ms. Wiggins: Thank you for your comments and we will certainly be following up on that.

Mr. Isleifson: So thank you again, Ms. Wiggins, for the presentation.

Back in 2013, to answer Dr. Gerrard's question, when the NDP government of the day removed the special constable status, I'm just looking—I know I had a number of meetings with Ms. Gawronsky at the time and with the department that was responsible for appointing and not reporting. And you are correct. Once someone leaves those positions, they were not refilling those positions.

I'm curious, though, because I have been away from health care now for a while, health-care security. Since that happened has there been an

increase, do you know, in violence in the workplace simply because of the removal of that status?

Ms. Wiggins: Just in talking to our members who work at HSC security, there has been a significant increase in violence over the last couple of years and in situations where they're dealing with violent situations and having difficulty dealing with it appropriately for fear of retribution by the employer.

Mr. Chairperson: Once we're over five minutes now. Okay. Thanks, Ms. Wiggins, for your presentation and your answering the questions for the committee and we want to thank you for coming here tonight.

**Bill 7—The Highway Traffic Amendment Act
(Immediate Roadside Prohibitions)**

(Continued)

Mr. Chairperson: Now we'll get—go on to the beginning of the list here, now that we've got through all of the out-of-town presenters. We'll go back to Bill 7, The Highway Traffic Amendment Act, and we'll go out to the first person on that list—was Scott Jocelyn for Manitoba Hotel Association. Is Scott here tonight?

Mr. Jocelyn, do you have any materials that you want to hand out or—

Mr. Scott Jocelyn (Manitoba Hotel Association): I do not.

Mr. Chairperson: Okay, you can go ahead with your presentation.

Mr. Jocelyn: Okay, thank you very much. Good evening. Thank you for the opportunity to say a words—say a few words about Bill 7.

I'm Scott Jocelyn, president and CEO of the Manitoba Hotel Association. I represent over 250 hotels right across Manitoba covering the full range from small, family-owned hotels in rural Manitoba to large chain properties in Winnipeg.

Hotels are in the hospitality business, which means many of us serve and sell beverage alcohol. We have a keen interest in any legislation that makes a public policy change in the way that alcohol is sold or regulated.

I'm here this evening to put a few comments on the record with regard to the impaired driving and change in the enforcement proposed by this bill.

First, I have to comment on how conflicted I feel to be here speaking on this topic. It is essential to me

and the people that I represent that I don't leave you with the impression that drunk driving is not a serious issue. I'd like to compliment MADD for the work that they do. Actually, I wish they didn't have to do what they do. I can't imagine what it would be like to lose a loved one to a drunk driver.

The MHA shares the public concern and anger about impaired driving, and we recognize the need for strong and effective penalties to discourage it. Hoteliers are committed to being a part of the solution when it comes to impaired driving, helping to ensure that no more lives are senselessly loss—or senselessly lost on our roads due to the irresponsible use of alcohol.

Liquor sales and service establishments in Manitoba face strict rules and regulations. There are many steps we must compete—complete in order to be licensed, including completing safety plans and responsible certification for all staff who serve alcohol. We are inspected regularly by the Liquor, Gaming and Cannabis Authority of Manitoba to ensure we are in compliance. We will note we willingly comply with these requirements because we know they are important. At the same time, we must try to keep our businesses viable, as our costs continue to increase and our margins decrease.

I'm taking the time this evening to remind you, as legislators, that you need to find the right balance between public safety and the viability of our industry going forward. Our concern with this bill is that it includes increased penalties for drivers with blood alcohol levels, or BACs, in the lower range, 50 milligrams of alcohol per 100 millilitres of blood, or 0.05. The hospitality industry believes the government's primary focus should be on measures that 'target'—target severe and repeat offenders rather than those who are found to have low BAC levels.

Recent research published in 2018 confirmed that high BAC drivers pose the greatest risk on our roads. Fifty-eight per cent of alcohol-positive drivers of highway—sorry—58 per cent of the alcohol-positive drivers of highway vehicles dying within 30 days of a crash in 2014 had BACs in excess of 0.16, and 26 per cent had BACs between 0.081 and 0.160. It is these high-risk impaired drivers that you must target with increased penalties. We already have significant deterrents in place to target lower-BAC drivers. Even with the changes proposed in the bill, drivers in Manitoba with BACs over 0.05 are already face a driver's licence suspension, referral to an Addictions Foundation of Manitoba program if there have been

multiple violations and a fee to reinstate their licence.

When we continue to increase penalties for drivers with low BACs, it deters those who use alcohol responsibly, and we believe it'll have an impact, a negative impact, on our industry. Moving forward, I encourage you to focus on—focus your efforts on high-BAC drivers and avoid further sanctions targeted to those with low BAC.

For our part, the hotel industry will continue to encourage responsible behaviour when it comes to the consumption of alcohol. We look forward to continuing to work as a partner with the government in this regard.

Thank you.

Mr. Chairperson: Thank you, Mr. Jocelyn, for your presentation.

Now we'll go to the committee for any questions, and the honourable minister for—Cullen for a question.

Hon. Cliff Cullen (Minister of Justice and Attorney General): Yes, thank you, Mr. Chair, and thank you, Mr. Jocelyn, for taking time out of your schedule to join us tonight. We certainly appreciate the great service that your industry provides Manitobans across the province.

I think the—some of the success that British Columbia were able to achieve was the result of not maybe just implementing the laws, but also the education campaign that they had in place as well. So I—we're optimistic that bringing these laws forward will raise the issue in public. We also intend to have a public education program coincide with this, and, hopefully, we will continue to get that message to the people that choose to get behind the wheel. And I'm optimistic that we can work with your organization to achieve that as well, and we certainly thank you for your efforts in that regard to date, and look forward in terms of how we can get more of these drunk drivers off the road so that they're not harming Manitobans. So thanks for your presentation again.

Mr. Jocelyn: Thank you very much for your comments. The service of alcohol and the responsibilities on the operators have changed for the good over time. It's much more—there's much more responsibility on operators to serve people, and we welcome the opportunity to be involved in any kind of educational programs to help educate our

customers to do the right thing. So thank you for that.

Hon. Jon Gerrard (River Heights): Just a follow-up question. You talked about the risks with people who had 0.08 and up. What's the risk of accidents associated with those who have levels between 0.05 and 0.08?

Mr. Jocelyn: We haven't seen the same results that I guess I'd heard earlier. You know, we think that the people who are the bad actor, the bad actor all the time, the excessive bad actor, again, are the people that we should be targeting.

Mr. Chairperson: Any further questions?

Thank you, Mr. Jocelyn, for your presentation on Bill 7.

* (19:00)

Bill 11—The Liquor, Gaming and Cannabis Control Amendment Act (Cider and Cooler Sales at Beer Vendors)

Mr. Chairperson: I'll just get you to still keep on standing there because now we'll go on to Bill 11, and you're next to present on Bill 11, which is The Liquor, Gaming and Cannabis Control Amendment Act (Cider and Cooler Sales at Beer Vendors).

So, Mr. Jocelyn, you can go ahead.

Mr. Scott Jocelyn (Manitoba Hotel Association): I have my notes, so thank you for that.

Mr. Chairperson: That's good.

Mr. Jocelyn: Thank you for the opportunity to say a few words about Bill 11. As I'd mentioned, I'm fortunate to represent 250 hotels across the province. The—I'm here to speak in favour of this bill on behalf of the rural hotels that it'll benefit—that'll benefit from the bill.

In 2012, when the change was made to allow 110 hotel beer vendors in urban centres to sell spirit-based coolers and ciders, it was a great step forward for many of my members, who were positively impacted by this change. But, for the approximately 130 beer vendors in rural areas who were excluded, the unfairness and inconsistency of this policy has been a point of frustration ever since. So we're glad this change is being made.

We want to thank Minister Mayer for the—and the government for moving forward with it. Consumers will undoubtedly appreciate the added convenience of having cold, spirit-based coolers and

ciders available where they buy their beer during the long—during the longer operating hours that our vendors typically keep. But, as—I want to stress that this change benefits not only our consumers and the hotels that will now be able to retail these products, it will also provide a substantial benefit to the Province.

When the beer vendors in urban centres were granted the ability to sell coolers and ciders, sales in the category experienced tremendous growth. Hotel beer vendors now 'thiries'—hotel beer vendors now sell 36 per cent of the coolers and ciders in Manitoba—over \$20 million in sales. And because that—and because of—the margin that hotels make on this product is very small, the vast majority of these funds are returned to MBLL and, ultimately, the Province to fund the services the government provides to Manitobans. With the additional 130 beer vendors able to sell these products, once the bill has passed, the growth in 'intercremental' sales generated by hotel beer vendors will undoubtedly continue this upward trend. And that's great news for the Province's bottom line.

A couple more points before I conclude my remarks. I mentioned previously that the low margin that hotel beer vendors make on these products—it's about 11 per cent. This is far below the standard retail margin and barely covers our cost, including paying for our staff and our capital expenses. For us to keep growing this category for MBLL, I believe a fair margin is not too much to ask.

Finally, just a few words about the potential for our industry to make even more of a positive impact, the success story of cooler and cider sales in hotel beer vendors demonstrates that it is a win-win when hotels are allowed to carry additional products. As I've said before, consumers, hotels and the Province all benefit. I believe it's time to build on this model. The government has indicated its willingness to further open up liquor sales through private channels; hotels are ready and willing partners with a proven track record of success. We employ thousands of Manitobans, provide vital gathering places in towns and cities across the province, and we take great pride in providing safe, responsible liquor sales and service.

For many hotels, particularly those in rural Manitoba, the ability to retail additional products could provide a much-needed boost to help us continue to serve our communities. This is something I look forward to continuing to discuss

with you, Minister Mayer, and your government colleagues. Again, a big thank you to you for this bill and the positive change for hotel beer vendors and consumers in Manitoba.

Mr. Chairperson: Thank you for the presentation, Mr. Jocelyn.

And now we'll be asking question from the committee.

Hon. Colleen Mayer (Minister of Crown Services): Thank you very much, Mr. Jocelyn, for being here tonight and taking time out of your evening to speak so eloquently about the several bills that we've heard already today. Thank you also for being a strong voice for your membership.

Can you just talk a little bit about the—what this bill—how it provides more choice and convenience for consumers and what that means for your members?

Mr. Jocelyn: I think if you're going in this direction, one of the challenges that we have is that some of the places that those products are currently available are in—are not in beer vendors in some of those communities.

So the availability to get those products, you know, if it's in a location that closes at 6 o'clock in the afternoon, the ability to get those products in some of those rural communities is impossible after 6 o'clock. So you have the hotel beer vendors that are open, you know, long into the night, and so the opportunity for the hotels to have another revenue stream and for the consumers to have some products that they currently don't have access to, you know, seems like a great initiative.

Hon. Jon Gerrard (River Heights): Just a question to clarify: What size of communities were not allowed to have the beer and cider sales within the communities in the hotels or restaurants, and was there a particular reason for that?

Mr. Jocelyn: Great question. The—as far as the size of communities go, if there is a Manitoba Liquor Mart in the community, then the hotels in that area could sell the coolers. So not only the city of Winnipeg but any town that has a Liquor Mart would be able—those places would be able to sell coolers. So if you don't have—if you didn't have a Liquor Mart, the—those products are available through a private liquor vendor in those communities; then they wouldn't—the hotels wouldn't have had the opportunity to sell the coolers and ciders. And the—

your question about—sorry, where it came from?
Like—

An Honourable Member: Why.

Mr. Jocelyn: Yes, it's a—

Mr. Chairperson: Mr. Gerrard.

Floor Comment: Sorry.

Mr. Chairperson: Mr. Jocelyn.

Mr. Jocelyn: It's a great question. Not sure why. You know, caused some frustration. I guess it was something that was put into place—we were—I wasn't on the scene in 2010. But I think the opportunity—we were thankful that the folks at MBLL saw the light to have the product available for some of our people. So, while we were able to make some of them happy, you know, we quickly jumped on that and then with the initiative to try and get it available for everyone.

So we take what we can get. We took the hundred and—we took the 110 that we could get. But the actual reasoning behind why it happened was somewhat frustrating to try and figure out. So, again, my compliments to the minister for—you know, we'd raised the issue and, you know, she's quick to act upon it, so.

Mr. Chairperson: Any further questions from the committee?

Mr. Jocelyn, I want to thank you for your presentation and answering these questions and coming out here for tonight. Thank you.

**Bill 17—The Police Services Amendment Act
(Institutional Safety Officers)
(Continued)**

Mr. Chairperson: Okay, we'll go on to Bill 17—back to Bill 17.

And we have—the third person on the list is Craig Doerksen from the Health Sciences Centre.

Well, before we can present, we have to get the minister to come back to—back in the—in his chair.

Mr. Doerksen, do you have any materials that you want to hand out?

Mr. Craig Doerksen (Health Sciences Centre): No, just oral.

Mr. Chairperson: Okay, Mr. Doerksen. You can begin with your presentation.

Mr. Doerksen: Thank you, Mr. Chairperson and committee members and guests.

I am Craig Doerksen. I'm the divisional director for facility management at Health Sciences Centre. In that role over the past 15 years, I've overseen, amongst a number of areas, the provision of security for the hospital. In the past two years, we've also provided leadership and oversight to the security functions to all the facilities in the Winnipeg region and presently also co-ordinating the contract work for the provincial health care security review on behalf of Shared Health.

The institutional safety officer will be a meaningful step towards ensuring that the provision of security services at certain health-care facilities can be met by those challenges that those facilities are facing. While many health-care security situations can be met with licensed security guards, we know that HSC and possibly other facilities—health-care facilities would benefit from the enhanced authorities that this act would grant and would enable. It would provide better safety for the tens of thousands of staff, the patients and visitors we see each year.

As we have seen, and we heard other presenters mention, we have seen significant changes in violence profile at our facilities. It has been compounded with crystal meth. It's been compounded with other addictions and other mental health challenges. It's also been compounded by changing socio-economic issues.

We have been in discussions with Manitoba Justice in regards to health-care security for several years, and we've been pleased to be a part of the initiation of this concept that—for health care and look forward to continuing to work with Justice on developing the needed regulations.

While I would comment on many items—I could comment on many items outlined in the act, those comments would all reflect that there must be strong regulation in behind this act. Given our ongoing discussions with Justice, we are confident that the areas that we feel need to be addressed will be. And these areas are outlining the specific regulations that the institutional safety officers would be enforcing, the method of institutions providing an appointment versus the Department of Justice providing appointments.

* (19:10)

We will be talking about what are outlining those qualifications, something that we have already spent considerable time with Justice talking about,

and then outlining the initial training and the necessary ongoing training requirements, again, something we've been spending time with Justice on. And, finally, just helping in those regulations, clarifying what would be: the institutional safety officers their rights as now a peace officer, the liabilities for action, and what are the security programs' oversight responsibility.

This act and the appropriate regulations will ensure that appropriate standards exist at HSC for security officers. We have requirements under regulation in regards to orientation, uniforms, tools and training. Those will all be enshrined, and where other facilities need to also adopt security, that those same standards, equal standards, will also be in place as legislated.

In summary, Shared Health Services and Health Sciences Centre look forward to seeing this legislation pass. We see no issues with the act as it is written. This act and those forthcoming regulations will be important pieces to enable Health Sciences Centre to continue to provide excellent security staff and services to protect our staff, our patients, and the families.

This act and regulations will also be key for shared health in our supportive role to all of the health authorities and all other health-care service delivery organizations to assist in setting appropriate standards and providing evaluation of necessary security across the province.

Thank you for your—for this opportunity to present this evening.

Mr. Chairperson: Thank you, Mr. Doerksen, for your presentation.

Now we'll continue with questioning from the committee.

The honourable Minister Cullen has a question.

Hon. Cliff Cullen (Minister of Justice and Attorney General): Thank you, Mr. Doerksen, for joining us tonight. Certainly, just a couple of visits over to Health Sciences Centre over the last couple months, I know that's a huge undertaking that you have before you, and we certainly appreciate the challenges that are before you.

Having said that, again, we think we've got a pretty good framework here. We look forward to the work ahead. It will be a co-operative approach to the work ahead, to making sure we get these regulations correct, and certainly get the right people in the right

place to do the right job, so thanks again for your commitment.

Mr. Doerksen: Thank you for those comments.

Hon. Jon Gerrard (River Heights): Thank you for coming. With your 15-years experience in this area, you could probably give us a little bit of insight into the relative roles of de-escalation, which has been talked about and whether there is ever any need for security officers to be carrying firearms.

Mr. Doerksen: So, in relation to the de-escalation, that is a primary skill that needs to be taught. When we go back to qualifications and training and orientation—and I use those three words specifically and differently—qualifications are things that you are coming to the job with. We expect the people to have some.

We also need to ensure orientation. You're dealing with potentially a different type of patient in the health-care situation than you would in an office building or another facility, and then also specific training.

So we, again, working with Justice on the qualified person work and also now looking forward to this, we're looking specifically at some of the courses offered by the Canadian Mental Health Association. One of them is called the Mental Health First Aid training. It's a two-day training course that helps people understand potentially the type of people they'll be dealing with.

In addition to that, we offer and we see—we currently provide, at HSC, and see, as a part of this, non-violent crisis intervention, so having—building those skills and abilities to de-escalate.

Our last bit on that—we also have been engaging with the police force here in Winnipeg, and I know other regions have been looking to some of their police forces as well to learn also non-verbal de-escalation techniques. The last resort should be the physical

To your question about whether or not a weapon or a firearm or even a secondary device should be used—secondary would be a taser or something like a baton. I'll say, in speaking on behalf of Health Sciences Centre, we do not see a need to introduce those into the health-care setting.

A number of us feel quite strongly that that sends a completely different message inside the health-care system that we, as employees of the health-care system, would have to resort to using

those types of devices, and our experience is that with adequate training in the skills that they would need to have, as well as having the appropriate number of people to respond to a situation, we can usually contain a situation and, in some cases, contain it up until police can arrive.

So we do have that backup, as police who have that specific skill training and have significant practice in using those.

Mr. Len Isleifson (Brandon East): Mr. Doerksen, good to see you again. It's been a while since we have chatted.

I want to ask you the same question that I asked Ms. Wiggins when she was here, because to me, it's important. I've been pushing for this type of legislation for probably 15 years.

And the difference it made for the security department, the security staff at the Health Sciences Centre in particular when the special constable status was no longer being fulfilled, so as you had people leave or retire, you were hiring regular security officers to, you know, to say, instead of special constable—has that made a difference in the way you had to police the hospitals?

Mr. Chairperson: Mr. Jocelyn.

Sorry, sorry. Mr. Doerksen. Sorry.

Mr. Doerksen: The—having the special constable status gave us the legal ability in two areas that we did not have before. It gave us the legal ability to take custody of a formed mental health patient from another police agency without that patient being seen by a physician, and the second authority that it gave us was the ability to detain intoxicated persons under The Intoxicated Persons Detention Act.

When the—when it was—when the decision was made, by my understanding, by Department of Justice to no longer provide further appointments to our staff as we hired them, what that did was it lessened the number of people, over time, that we had available to relieve police and also to detain intoxicated persons.

We continued, as an employer, to continue with the same qualifications and training standards and orientation standards that we always have. So we have always maintained, at Health Sciences Centre, the same skill level. We've just gotten to a point where I think we're at about 60 per cent of our staff do not have appointments.

So, while we have the staff, we may not have the appropriate staff on at that time with the ability, under the special constable status, to either detain an intoxicated person or to take custody of police. And so this will address that, this act will address that and provide more things, and also set a legislated basis and benchmark for saying this should be that training level, this should be the qualifications, this should be the retraining level.

Mr. Chairperson: Mr. Doerksen, thank you very much for your presentation, your questions. The time for that—questions are way over. So I want to thank you for your—the presentation, the questions and thanks for coming out here tonight.

Bill 19—The Residential Tenancies Amendment Act

Mr. Chairperson: Okay, so now we have our final person on the list on Bill 19, The Residential Tenancies Act, as Jerra Fraser. Is it—I pronounce it right? Jerra?

Ms. Jerra Fraser (Klinic Community Health): Yes.

Mr. Chairperson: Ms. Fraser, do you have any presentation to hand out, or?

Ms. Fraser: I do not.

Mr. Chairperson: Okay. Go ahead, Ms. Fraser.

Ms. Fraser: Good evening. Thank you very much for having me and inviting Klinic to participate in this process, speaking to what I believe are incredibly meaningful amendments for survivors of gender-based violence. It's a privilege to speak on behalf of those individuals who'll be impacted directly.

This bill will allow survivors increased access to practical solutions regarding issues of safety, in addition to reiterating the importance of having control over their own story and over what happens next.

I commend the individuals who put forward this bill, as it extends to the understanding of interpersonal violence to include sexual assault and stalking, which are often overlooked. It is deeply important that the diverse experiences of sexualized violence are being acknowledged in this way in order to capture the wide-reaching reality of what can elicit sexual assault trauma responses.

My name's Jerra Fraser. I'm here as a counsellor in both the sexual assault crisis and Evolve programs

at Klinik Community Health, an agency that operates from principles of social justice and places value on the social determinants of health.

These programs support survivors of gender-based violence using multiple lenses, including: an empowerment model which prioritizes giving back choice; a trauma-informed perspective which acknowledges the impact that traumatic experiences have on our health; an anti-oppressive approach, which is mindful of intersectionality and systematic oppressions that affect marginalized populations disproportionately; and a client-centred lens, meaning the survivor is expert on what they need next.

* (19:20)

I view my role here today as bringing collective voice to survivors and the community members we work with in the capacity of healing from sexual assault trauma and intimate partner violence.

This bill starts from a place of believing survivors and taking the impact of sexual assault seriously. We see this legislation supporting the above values in the following ways: by providing choice regarding who a survivor chooses to disclose to, as there is a diverse range of helpers who make the criteria for a certified professional in this process; by reducing the amount of times a survivor has to retell their story which can be re-traumatizing as they've likely already disclosed to one of the helping professionals listed; through reducing barriers to leaving an unsafe situation which we know is when risk can absolutely be at its highest; through creating an environment that lets survivors leave in a safe way; through acknowledging a broader lens that posits all forms of sexual assault as serious, including those that don't necessarily involve touch; through allowing survivors to choose if they access the legal system or not, as we know that giving back choice after an experience—of their sense of choice, power and control being taken away is an intervention in of itself; through demystifying false messages that sexual assault is usually perpetrated by strangers; and through recognizing the impact of not having a home and not feeling safe in one's home.

In cases of stalking, it can be really frightening knowing that this individual is aware of your address and in cases of depending on a person of power to get your needs met, such as a landlord, it can be very frightening to know that someone else has access to your home at all times.

Acknowledging fear associated with knowing the person who harmed you knows where you live and how unsettling or triggering it can be to live in the place where you were victimized.

Through increasing fairness and equality in access to housing that feels safe, and by decreasing the likelihood that children will be exposed to environments of ongoing fear and violence which we know impacts future health and resiliency.

By recognizing having a home as a social determinant of health.

Through giving choice back regarding where one heals, and if they no longer want to reside where violence occurred.

Through acknowledging that there are practical reasons why people don't leave dangerous situations, one of those being the need to have a home and the consequences of breaking a lease.

And through removing the necessity to report to police in order to request that a certificate to end their tenancy be granted.

So this serves as a practice to dismantle those social barriers to accessing the safety and demystifying societal misconceptions about gender-based violence which can get in the way of a survivor asking for what they need. It supports what we know to be true about who perpetuates sexual violence, where it occurs and in what settings and under what dynamics. The barriers to accessing resources and the need for safety plans that include both real and felt safety.

Everyone has the right to feel safe in their home and the right to have choice around leaving when a home no longer feels safe, and this is especially true in the context of creating an environment in which healing from traumatic victimization can be possible.

We know that a significant percentage of sexual assaults are perpetrated by someone known to the survivor, meaning that this may be a romantic partner, date or an acquaintance, all of which could reasonably have access to a survivor's home.

Bill 19 benefits the folks we are serving directly as stability has to be in place before a focus on healing can occur. It's incredibly difficult to achieve stability when feeling physically unsafe in one's own home for any longer than is necessary.

So, upon rolling out this change, we believe it will be important to consider some of the following

in hopes of best serving survivors: so through highly accessible and easily read forms for helping professionals, survivors and landlords; through an online version of the form which language uses is low barrier; through quick process and a timely deadline in which the leave is to be granted; through clear direction regarding who to contact if the landlord is not supportive or is the one using sexual violence in the first place; through an option for a third party to communicate the request to the landlord if the landlord doesn't feel safe or if the survivor is fearful of any repercussions of doing so; through considerations regarding losing their damage deposit with EIA; through easy links on websites such as 211, members of the Sexual Assault Response Team, emergency response teams, medical care and law enforcement; through clear information regarding what kind of supports are available and if any appeal process is possible if a request is denied; through a potential fact sheet or question-and-answer document for service providers, survivors and landlords, and information regarding privacy and who has access to viewing the disclosure of the request; through making sure that the process is clear for everyone involved, 'alongside'—aligns with the trauma-informed practice, as survivors know what to expect, what they are saying yes to, what their rights are and who will have access to their story.

In my experience as a counsellor for people who have experienced violence and are traumatized, completing a perceivably complicated form can feel too overwhelming and result in not accessing resources further.

We believe a really strong communication strategy, with multiple audiences in mind, will be important. And this could provide potential to create consistency and collaboration between landlords, community members and service providers, especially those who are not traditionally working with sexual assault or intimate partner violence issues or survivors.

And Klinic, of course, is available to help with this initiative in any way we can, including communicating these changes to the community and continuing to remove barriers that exist within navigating systems. We could be of assistance through our in-person work with our clients and sharing the information with our callers on the sexual assault crisis line, both of which are services that have no cost associated.

We are happy to have a link on our website, and invite calls to discuss this further.

And I'm really grateful to work in a province with such progressive views on responding to gender-based violence. We think this will be a way to really help survivors regain a sense of power and control, and feel safe, and really focus on healing from a more peaceful place.

Thank you very much.

Mr. Chairperson: Thank you, Ms. Fraser, for your presentation.

If the committee has any questions, we'll take some questions.

Hon. Cliff Cullen (Minister of Justice and Attorney General): Thank you, Ms. Fraser, for being with us tonight and sharing your views on this legislation. And certainly, thank you for the great work that you and your people, your colleagues at the Klinic Community Health do in serving the community. It's greatly appreciated.

And thanks for the reminder about the impacts that families are facing out there. And, I guess it's a reminder that's—this is what this legislation is designed to do, is designed to protect people in need. So that's why we've hopefully streamlined the process, make it easier to access and more effective to protect those individuals and families in those situations.

We know, as a government, there's a lot more that we have to do when it comes to gender-based violence. I know we've created a gender-based violence of Cabinet, to deal with that. And, certainly, we're having some very positive and proactive discussions, and look forward to working with organizations such as yours down the road.

So thanks again for joining us.

Ms. Fraser: Thank you very much, we certainly appreciate that, and the partnerships that I've experienced in my role as an advocate and supportive presence have been really positive, and are already serving to remove some of those really practical barriers. So we really appreciate that. Thank you.

Mr. Chairperson: Mr. Gerrard, for a question.

Hon. Jon Gerrard (River Heights): Yes, thank you for coming and talking about this important area.

Just a question for you, from—you will have had personal experience with situations like this. And you mentioned concerns about damage deposits. And, I guess, there would also be potential similar concerns about pet deposits, because those are—can you tell me, in the process of dealing with damage and pet deposits in relationship to these sorts of cases, whether that is an issue and how you address that.

Ms. Fraser: Thank you. I could speak more antidotally to kind of the experience of navigating multiple barriers, and especially with families who do have pets, that can be a real deterrent for leaving a dangerous situation. Especially if there aren't shelters, for example, that can accommodate a pet safely. Or if they're nervous about a dangerous partner threatening a pet, that can also be kind of a control tactic or a means of perpetuating the abusive dynamic further.

* (19:30)

So anything that can remove those barriers certainly makes a really complicated decision feel, perhaps, less complicated. So I think anything that removes a financial burden, or even just the practice of filling out more forms, in of itself, removing that, can allow people to navigate different systems more readily. And I think all of that can certainly help someone's decision to act in a way that's prioritizing their safety.

Thank you.

Mr. Ted Marcelino (Tyndall Park): Regarding those who could provide—reading up on this, there are persons who are prescribed to be members of those authorized to issue statements about the status of those who have been victimized, and there is a certain sense here that says, I think it's the last one that says, prescribed class of persons.

Is that something that you could understand, off hand, off the top of your head?

Ms. Fraser: Just to clarify, are you referring to the list helping professionals that can—*[interjection]*—yes. So upon reviewing the list, I believe that, you know, coming from a agency that operates of practices and policies around social justice, one of those is really prioritizing accessibility. And so I think that effectively does this, so without needing really specific credentials will allow people who may already have a relationship with a counsellor that they feel safe with and will kind of minimize the

amount of times they have to retell a traumatic story in of itself.

The other thing that's really positive about the list of helping professionals that can be supporting someone through the certificate process is that they can also be kind of emergency response folks or drop-in counsellors even, so if someone only has access to one appointment and has access potentially to an appointment that they don't have to register in advance for, they can show up and be seen that day. I think that, in itself, removes a 'varrier'—a barrier, in that they don't have to access a specific professional. They don't have to access the legal system if that doesn't feel safe or what they would choose otherwise, and they don't have to access a medical doctor.

So I think it's a quite a comprehensive list of folks with different trainings.

Mr. Chairperson: Ms. Fraser, thank you very much. The question time is over and thank you very much for your presentation and answering questions and coming out here tonight to present. Thank you.

That concludes the list of presenters I have before me. Are there any other persons in attendance that wish to present?

Seeing none, I conclude public presentations.

* * *

Mr. Chairperson: In order, does the committee wish to proceed with the clause-by-clause consideration for these bills? *[Agreed]*

Bill 7—The Highway Traffic Amendment Act (Immediate Roadside Prohibitions)

(Continued)

Mr. Chairperson: So we'll go on to, first, Bill 7.

During the consideration of bills and preamble and any acting clauses in the title are postponed until the other clauses have been considered in their proper order. Also, if there are agreements from the committee, the Chair will call clause in blocks from the conform-to-pages, which is considering what we stopped at any particular clause or clauses where members may have comments, questions or amendments to purpose.

Is that agreed. *[Agreed]*

I will now proceed with clause by clause of Bill 7.

Does the minister responsible for Bill 7 have any opening statements?

Hon. Cliff Cullen (Minister of Justice and Attorney General): I want to thank all the presenters this evening for sharing their thoughts. In particular, I want to thank Eric Dumschat, the legal director with MADD Canada for joining us and expressing MADD's support for Bill 7. I also want to acknowledge Justice Department staff for all their hard work in putting this particular legislation together; a lot of research that went into this work and appreciate the work that they have done to date on this legislation.

This legislation is designed to reduce the number of impaired driving fatalities that continue to plague Manitoba roads. In 2017, nearly one third of all motor vehicle fatalities involved impaired driving as a contributing factor. This translated to 23 lives lost with another 81 Manitobans injured, 27 of whom were injured seriously.

Last year, MPI—Manitoba Public Insurance estimates that we lost 70 people on our roads with impaired driving being a contributing factor in 32 of those deaths.

As of May 2nd, we have lost 15 people in 2019, with impaired driving being a contributing factor in 20 per cent of those fatalities.

Bill 7 takes action to stop this situation on our roads and we know that it will work because we have seen it work in British Columbia: BC's IRP law helped save 351 lives and reduced alcohol-related deaths by 50 per cent between 2010 and 2016. It has had a similar impact on alcohol-related injuries and collisions.

A University of Victoria study showed that BC saw a 23.4 per cent reduction in alcohol-related injury collisions and a 19.5 per cent reduction in property damage-only collisions.

I was greatly disappointed that the opposition would ignore these results and put false information on the record during second reading debate. And I do want to address some of the issues that they brought up during the second reading, so that they understand that this legislation will make our roads safer, and still respecting the due process of rights of Manitobans.

At roadside, a police officer who plans to use IRP will be required to advise drivers who register a warn or fail of their right to request a second

approved screening device test on a different device and, if the driver makes that request, then the police officer must make arrangements for the second test.

I can advise the committee that the lower of the two tests will be the one used by the police officer to determine whether to impose sanctions on the driver.

After a driver has received warn or IRP fail sanctions, the driver has one year to apply for a review of the driver's licence suspension, by submitting an application to the Registrar of Motor Vehicles for a written or oral hearing. If the driver's licence suspension is overturned, then it is also overturns other sanctions.

Drivers will also have the ability to apply to civil court through the Court of Queen's Bench for a judicial review of the registrar's decision.

Also, if the owner of the vehicle was not the driver of the vehicle, and had no way of knowing that the driver would use the vehicle to drive impaired, then he or she can make an innocent owner application to the vehicle seizure registry to have the vehicle released from impoundment. That being said, the driver of the vehicle would still face the other IRP sanctions unrelated to the ownership of the vehicle.

Given some of the other questions posed by the opposition at second reading, I also want to address how the monetary penalty will be levied.

The monetary penalty will be issued as part of the driver's licence suspension form, and it would be required to be paid as a prerequisite to regaining a driver's licence from Manitoba Public Insurance after the driver's licence suspension is over. If you don't pay the monetary penalty, you won't be able to drive and the penalty will be treated like an outstanding ticket fine.

For over 25 years, Manitoba has had roadside sanctions for impaired driving, including a three-month driver's licence suspensions and vehicle impoundment that do not involve court proceedings. Applying these administrative sanctions responds to a simple fact, that one life lost due to impaired driving is one life too many. Bill 7 builds on these existing sanctions so that we can further deter impaired driving in our province and reduce the number of deaths on our roads.

I am proud to have the strong support of MADD Canada for this legislation, and I want to again thank them for being here this evening.

I—we are also happy to have the support of Manitoba RCMP, the Winnipeg Police Service, the Brandon Police Service and the Manitoba First Nations Police Service, who all had representations here as we introduced this legislation last year.

I am optimistic this particular legislation will move forward, and we will—all members will support Bill 7.

Thank you very much, Madam—Mr. Chair.

Mr. Chairperson: We thank the minister.

Does the critic of the official opposition have any opening statements?

Ms. Nahanni Fontaine (St. Johns): Our NDP team understands that impaired driving is extremely serious and can cost millions of dollars in damages. But, more importantly, it can impact and take innocent lives.

We believe that repercussions are an important part of deterring people from driving while impaired. We want to protect the workers, families and seniors of Manitoba who may be harmed or killed due to impaired driving. Vehicle-related accidents are serious and can be life-threatening. This is especially true when accidents take place around crosswalks, playgrounds and schools.

* (19:40)

Through legislation certainly we need to show Manitobans that this is a serious issue to be taken seriously and that it is better to stay off the roads if you are impaired and find a different way home.

That said, there are legitimate concerns with the scope and manner of the provisions of the bill. The changes in this bill are broad and far-reaching. In particular, there is a large expansion of the scope of discretion afforded to police officers in making determinant—determinations of impairment. Tools and resources must also be given to police officers to ensure they're able to make use of discretionary powers in an impartial and fact-based manner.

We know that implicit bias and racial profiling are facts of life within the criminal justice system, and certainly when folks are driving we need to ensure that there is proper training and oversight to combat the structural biases against racialized and marginalized groups.

We also believe it is important to 'enshare'—ensure administrative penalties are, indeed, proportionate to the nature of the infraction.

While these are not criminal matters, they must nonetheless respect the principle of proportionality.

Finally, we must also be certain to respect the fundamental provisions of due process which grant the presumption of innocence to all individuals and citizens. This is a fundamental feature of the criminal justice system, and it is something that must be balanced and protected at all times.

Mr. Chairperson: We thank the member.

Does the critic of the second opposition party have any opening statements?

Hon. Jon Gerrard (River Heights): I will just say that the measures which are in this legislation following the example of British Columbia seem to be—have been accepted and to be effective. And we're looking forward to their implementation, but we'll be watching closely to see if there are any issues which arise.

Mr. Chairperson: We thank the member.

Clauses 1 and 2—pass; clause 3—pass; clause 4—pass; clause 5—pass; clause 6—pass; clauses 7 and 8—pass; clause 9—pass; clause 10—pass; clause 11—pass; enacting clause—pass; title—pass. Bill be reported.

**Bill 11—The Liquor, Gaming and
Cannabis Control Amendment Act
(Cider and Cooler Sales at Beer Vendors)**
(Continued)

Mr. Chairperson: Now we'll go into Bill 11.

Does the minister responsible for Bill 11 have an opening statement?

Hon. Colleen Mayer (Minister of Crown Services): Bill 11 amends The Liquor, Gaming and Cannabis Control Act to expand retail opportunities for all retail beer vendors to sell cider and spirit-based coolers.

I want to thank our presenter tonight from the Manitoba Hotel Association, also, as well as my Crown Services staff who—in attendance this evening to share their comments and the work that's put forward on this piece of legislation to make these—sorry—these amendments.

We appreciate the presenter taking the time out of his evening to come and discuss this legislation and be part of the democratic process.

This bill amends The Liquor, Gaming and Cannabis Control Act to permit an additional 137 rural beer vendors to sell cider and spirit-based

coolers. In addition, Manitoba Liquor & Lotteries plans to extend permission to private rural liquor vendors to sell single-serve domestic beer, previously only sold by hotel beer vendors and some rural liquor vendors that were granted an exception.

Customers across Manitoba will benefit from greater consumer choice and convenience from this small legislative change. It will provide the opportunity for private businesses to expand their product assortment to satisfy customer demand and increase their revenues.

Currently, hotel beer vendors are restricted to selling beer and malt-based coolers and can only sell spirited-based coolers and ciders under the certain conditions such as being located a specific distance from a liquor vendor.

This initiative is part of our government's priority to reduce red tape, to provide more choice and convenient for the consumer and the greater opportunity and flexibility for businesses. I'm proud that this bill has moved on to this stage, and I look forward to seeing these amendments in progress.

Thank you.

Mr. Chairperson: We thank the minister.

Does the critic for the official opposition have an opening statement?

Ms. Nahanni Fontaine (St. Johns): The NDP agrees with giving Manitobans more choices. Bill 11 will expand sales of coolers and—excuse me—cedars to—ciders, sorry to rural hotel vendors to provide opportunities to Manitoba's growing cider industry and give rural consumers more options. However, we want to make sure that rural and remote liquor store owners aren't hurt by changing legislation.

Bill 11 also allows private liquor outlets like rural grocery stores to sell single-serving domestic beers or king cans. The concern is how the Pallister government is continually making changes that put more revenue into private corporations rather than into public services and municipalities.

The minister for Crown corporations recently sent out a mandate letter to the head of Manitoba's Crown corporations, including to Manitoba liquors and lottery. The letter encouraged the extension of local brew and distillery pubs, and, of course, the NDP are always happy to support initiatives that help local businesses. However, the letter also emphasized, and I quote: Engaging with the private—pardon me, engaging with the private sector to

identify opportunities for increased participation in the liquor retail and distribution sectors. End quote.

This Pallister government has a history of privatizing Manitoba-owned organizations, and this is directive—this directive is a step towards the privatization of liquor in Manitoba. Manitoba Liquor & Lotteries currently provides yearly transfer of funds to the provincial government, which goes towards paying for public services, health care and education.

Certainly, privatization will put an end to those dollars. It will mean fewer dollars for public services and more in the pockets of the wealthy and the PC caucus's friends. Fewer public dollars will be used as another justification by this government for more cuts.

The Premier (Mr. Pallister) doesn't want to see—sorry, we do not want to see Manitoba Liquor & Lotteries, which provides hundreds of good-paying jobs, be privatized. Privatizing Manitoba Liquor & Lotteries will only serve to help the wealthy and not everyday Manitobans.

Manitobans want to keep their public organizations public. I hope the Premier and his ministers listen to the wishes of Manitobans before they try to privatize our Crown corporation.

Mr. Chairperson: We thank the member.

Does the critic of the second opposition party have any opening statements?

Hon. Jon Gerrard (River Heights): I would just like to say that it seems reasonable to extend the ability to sell coolers, cider at—all over Manitoba rather than a rather arbitrary rule in terms of the distance from the Manitoba Liquor Mart in the past, so we look forward to seeing this move forward.

Mr. Chairperson: We want to thank the member.

Clauses 1 and 2—pass; clauses 3 and 4—pass; enacting clause—pass; title—pass. Bill be reported.

Bill 15—The Liquor, Gaming and Cannabis Control Amendment Act (Cannabis Possession Restrictions)

Mr. Chairperson: So we'll move on to Bill 15.

Does the minister for Bill 15 have an opening statement?

* (19:50)

Hon. Cliff Cullen (Minister of Justice and Attorney General): Thank you, Mr. Chair, and I'm happy to put a few records—a few words on the record regarding Bill 15, The Liquor Gaming and Cannabis Control Amendment Act.

As members of this committee know, from the very beginning, our government has made the safety of Manitobans our No. 1 priority as we deal with the consequences of the federal government's decision to legalize cannabis.

Bill 15 continues with that approach by helping get illicit cannabis off our streets and improving the integrity of the legal market. This legalization creates a new provincial offence, prohibiting the possession of more than 30 grams of cannabis in a public place. It adds an additional offence when that cannabis is also not properly packaged, stamped and labelled according to federal government labelling requirements.

While federal legislation already prohibits public cannabis possession, the creation of the new provincial offences will allow for provincial inspectors to fine individuals and seize illicit cannabis.

Bill 15 will also give the police the discretion to ticket an individual for possession over 30 grams rather than go through the more complex process of laying a criminal charge.

At second reading, the member for River Heights (Mr. Gerrard) asked several questions about this legislation that I would like to address.

Firstly, he asked whether a vehicle, and his example, a private airplane in a public airport, would be considered a public place for the purposes of Bill 15. As defined in the legislation, a public place means a place, building, road or area to which the public has access and includes a vehicle at such a place, building, road or area.

The member also asked about how 30 grams of cannabis would be determined if it came in a form that was not dried. As stated in the legislation, this will be determined by regulation, but I can point members of the committee to schedule 3 of the federal Cannabis Act, which outlines equivalents for 30 grams of dried cannabis in various types of cannabis products such as oil. So we will be taking that schedule into consideration as we develop provincial regulations in this area.

In closing, I want to stress how important this legislation is to ensuring that we are protecting the integrity of the legal system and cracking down on black market cannabis in Manitoba.

Thank you, Mr. Chair.

Mr. Chairperson: We thank the minister.

Does the critic of the official opposition have an opening statement?

Ms. Nahanni Fontaine (St. Johns): Sorry. Sorry. Pardon me.

The NDP supports changes that will ensure cannabis is sold and consumed responsibly within our province. We support bringing cannabis legislation in Manitoba in line with federal laws.

We oppose the government's introduction of social—of a social responsibility fee on cannabis because we are concerned the fee would be counterintuitive to the point of legalization, which was to undercut the black market.

We also question the government's ban on growing cannabis plants at home, which is not in line with the federal government, who does allow such.

While this government has made it a priority to regulate cannabis, there has been—they have taken little action to address the meth crisis in our province, even refusing to acknowledge it when the chief of police has openly identified that we are currently within a meth crisis. Not long ago fentanyl and opioids were at crisis levels, and this government must invest in front-line services for those struggling with addictions, including long-term treatment beds and increased access to detox facilities in order to address the underlying causes of the addiction crisis.

They must also address the crime wave that is linked to the meth crisis. While the government should be taking action to keep Manitobans safe and comprehensively address the mental health and addictions crisis, they continue to underfund key services.

Cannabis legalization was meant as well to generate revenue that would be returned to cities and municipalities to offset the costs of enforcement and reinvest in our communities. And cannabis revenue was also meant to be put forward towards services, improving public health such as mental health and addiction services.

The Pallister government's claim that Manitoba won't make more off of cannabis and that the

government wouldn't share revenues with municipalities if they did, but these claims are nothing but a lack of commitment of taking action on mental health and addiction issues in our province.

The Premier and the government is not being straight with Manitobans about the revenue being generated from legalization. They booked up to \$100-million costs for this year but no revenue, even though they have multiple estimates within government.

Other jurisdictions have estimated their costs and their revenue, but the Pallister government continues to hide this from the public. This is one of the main reasons we opposed a social responsibility fee on cannabis.

While this bill in front of committee today is necessary to align us with federal laws and we will therefore support it, it is concerning to see this government's 'management'—management of cannabis revenues and addictions within our province. We should be using revenues from cannabis to help battle organized crime and addictions. That's what Manitobans want to see from this government.

Mr. Chairperson: We thank the member.

Does the critic for the second opposition party have an opening statement?

Hon. Jon Gerrard (River Heights): First, I want to thank the minister for his answers to my question. I presume that because an airport would be a public space and that presumably a private aircraft would be under the category of a vehicle that it would be prohibited to use cannabis in such a place.

The—I continue to have some concerns about how the government will treat the very great variety or variation in potency of different batches of cannabis, which, of course, is relevant to the impact or the effect that the cannabis will have on the individual taking it, and, of course, relative to, you know, how much cannabis is actually being—the effect of the cannabis which is actually being consumed and how much an individual would likely to use.

Although the federal equivalent sound like they will be helpful, I still remain skeptical and with some concern about whether, in fact, it is going to be as useful as it needs to be, given the variety and the variation in the potency that is experienced with different batches of cannabis and so on.

That being said, we're looking forward to seeing this legislation move forward, recognizing the importance of putting some guidelines in place, and we'll be watching very closely as to how it actually operates or works in a practical level following its implementation.

Mr. Chairperson: We thank the member.

Clauses 1 and 2—pass; clauses 3 and 4—pass; clauses 5 and 6—pass; enacting clause—pass; title—pass. Bill be reported.

**Bill 17—The Police Services Amendment Act
(Institutional Safety Officers)**

(Continued)

Mr. Chairperson: So now we'll go on to Bill 17.

Does the minister responsible for Bill 17 have an opening statement?

Hon. Cliff Cullen (Minister of Justice and Attorney General): I want to start by thanking Darlene Jackson from the Manitoba Nurses Union, Shelley Wiggins from the MGEU, and Craig Doerksen from the Health Sciences Centre for being here tonight and expressing their support for this legislation. Our government believes strongly in no Manitoban should feel unsafe at work or when accessing needed government services like health care. We know that security guards at the Health Sciences Centre hospital and health-care facilities throughout our province work hard every day to keep Manitobans safe. We also know that they face real challenges, including unclear powers which have limited their ability to act in certain situations to protect patients and other workers.

* (20:00)

Previously, Manitoba Justice issued special constable appointments to certain security staff to give them the authority and legal protection to enforce provincial laws. The previous government ceased that practice in 2011, based on legal advice that special constable appointments were ineffective at granting that authority. This created an enforcement gap that we are addressing with Bill 17. The new institutional safety officer designation will provide security guards with peace officer status and will grant them the ability to enforce certain provincial laws. The legislation will also allow our government to prescribe equipment, uniforms and rigorous training for officers to be established by regulation. Institutional safety officers will be the

first line of defence by providing an initial response to incidents that pose a threat to safety and security.

Hospitals and other institutions will also be able to establish protocols for officers to work with local police to transfer custody of individuals, respond to violent situations, detain and transfer intoxicated people and co-ordinate assistance when police are needed.

In closing, I want to once again thank the presenters for coming out to express their support for this important legislation. Our government will always stand up for the safety of front-line workers, patients and citizens in our province.

Thank you.

Mr. Chairperson: We thank the minister.

Does the critic for—of the official opposition have any opening statements?

Ms. Nahanni Fontaine (St. Johns): First and foremost, I think we would like to just say miigwech, thank each of the presenters that we had here tonight: Darlene Jackson, president for the Manitoba Nurses Union, Shelley Wiggins from MGEU, and Craig Doerksen from the Health Sciences Centre for their presentation. But, certainly, a special miigwech or thank you to Darlene Jackson on behalf of our caucus for all nurses in Manitoba and the work that they do, particularly in the midst of this chaos that the Premier (Mr. Pallister) has singlehandedly executed in the last three years. I know that we hear it on a daily basis, the enormous stress that Manitoba nurses are under because of the chaos that the Premier has created in his rush to cut services from our health-care system.

And I do want to—I made note of this during international—on international woman's day that, you know, fundamentally, the vast majority of Manitoba nurses are women, and so it is incumbent on us to see us not only as an attack on our front-line workers or in our health care and patient care, but it is fundamentally also an attack on women. And so I just want to again reiterate, you know, our appreciation for the work that they do, particularly when we are in the midst of a meth crisis, and, you know, the statistics that we heard from Darlene tonight were pretty shocking, that there are four or five incidents of meth-induced psychosis, violence incidents on a shift, I think is pretty shocking and pretty scary, and I think it is incumbent on all of us

as legislators to ensure that Manitoba nurses are protected and safe.

Mr. Chairperson: I want to thank the member.

Does the critic for the second opposition party have an opening statement?

Hon. Jon Gerrard (River Heights): Yes, I want to thank the presenters for being clear on the extent that violence is currently occurring in our hospitals and our emergency rooms. The dramatic increase that Darlene Jackson mentioned from four to five times per month to four to five times per shift is something more than a thirtyfold increase in such incidents and certainly speaks to the current situation in Manitoba.

I think it's pretty clear that institutional safety officers are needed, although the question, I think, would be perhaps also whether, in fact, the pattern that had been pre-2013, when there were the security officers could be appointed with police powers might have been an answer to the same question coming at from a different way. But here we are with institutional safety officers, and I look forward to, hopefully, towards seeing that we are better able to handle violent issues. There was a good discussion of how to handle such incidents and a strong feeling that the use of firearms in a hospital setting was not necessary; certainly not without having to call in the police. And so having institutional safety officers who are really well trained in de-escalating situations seems to be an imperative that needs to be addressed.

Thank you.

Mr. Chairperson: We want to thank the member.

Clause 1—pass; clause 2—pass; clause 3—pass; enacting clause—pass; title—pass; Bill be reported.

**Bill 19—The Residential Tenancies
Amendment Act
(Continued)**

Mr. Chairperson: So, we'll go on to bill—the last bill of the night, Bill 19.

Does the minister responsible for Bill 19 have an opening statement?

Hon. Cliff Cullen (Minister of Justice and Attorney General): I want to start by thanking Jerra 'freaser'—Fraser, counsellor with the Sexual Assault Crisis Program at Klinik Community Health Centre, for being here this evening and supporting Bill 19.

I also want to thank the other organizations who stood with our government when we introduced this legislation earlier this year, including Willow Place and Survivor's Hope Crisis Centre. These organizations are on the front line helping victims of domestic and sexual violence and we cannot thank them enough for everything they do for Manitobans.

Bill 19, The Residential Tenancies Amendment Act, will make it easier for victims of domestic and sexual violence to end a tenancy agreement so that they can escape danger and start on the path to healing. Under the current law, a tenant can only end a tenancy agreement early if they experience domestic violence or stalking and when they attempt to end that agreement, they must show that they have filed a police report and received a no-contact order from the court.

Under Bill 19, we are expanding protections to victims of sexual violence and no longer requiring that a victim must report violence to police or obtain a no-contact order. Instead, victims will be able to use a statement from a range of professionals, including doctors and social workers. This statement will be provided to Manitoba Justice Victim Services to receive an authorized certificate to present to the landlord which ensures that our victim services workers are engaging with victims to provide the safety planning information and support they need.

During second readings, several opposition members criticized provisions in the legislation that would do away with the appeal of the Residential Tenancies Commission decisions to the Court of Appeal. I want to make it clear that these appeals can only be made on the very limited grounds of matters of law or jurisdiction and that most other jurisdictions have long since ended this redundant additional appeal mechanism.

Over the last six years, leave to appeal was granted on only 12 of 129 applications, with the rest being either denied or withdrawn and the 12 that were granted were all related to a single rental property. So, in reality, there was only one appeal granted by the Court of Appeal over the last six years on a decision by the Residential Tenancies Commission.

In closing, I want to once again thank all those who have expressed their support for this important legislation. Our government will always stand up for victims and I look forward to seeing this legislation reported back to the House and, Mr. Chair, in closing

again, I want to thank all of the staff within Manitoba Justice who have been working so diligently on all of this legislation before us.

Thank you.

Mr. Chairperson: We thank the minister.

Does the critic of the official opposition have an opening statement?

* (20:10)

Ms. Nahanni Fontaine (St. Johns): I'd like to just acknowledge and say miigwech to Jerra Fraser from Klinik for coming to present to the committee tonight and with her very informative and robust presentation. Certainly, I think that we could all agree at the table here that all of us want to do better and the most that we can for victims of domestic violence, stalking or sexual assault. And so I also do just want to acknowledge the staff that I know work very hard on—in a variety of different fronts in the Department of Justice, some who I've had the pleasure of working with in the past and I just want to thank them for their dedication towards this as well.

Mr. Chairperson: We thank the member.

Does the critic for the second opposition party have an opening statement?

Hon. Jon Gerrard (River Heights): Yes. I would just like to comment on a couple of aspects.

The first is that we heard mention of damage deposits, of pet deposits, and certainly if tenants can leave a situation early, where they've been renting, there needs to be accommodation made to ensure that there is fair treatment with to—with regard to return of damage deposits and pet deposits because otherwise the renters could be put in a difficult financial situation, particularly if they're on low incomes.

The second point I would make is that the minister has mentioned appeals. Appeals, in general, are not meant to be frequent, and it would seem to me that if there was even one appeal which was important and significant that the right of appeal should not necessarily be stripped away. So I have some reservation still about taking away the right of appeal because it is something which would be used rarely in any event and to take away the option is of concern.

Thank you.

Mr. Chairperson: We want to thank the member.

Clauses 1 through 3—pass; clauses 4 through 6—pass; clauses 7 through 11—pass; clauses 12 through 16—pass; clauses 17 through 20—pass; enacting clause—pass; title—pass. Bill be reported.

That concludes the—all the bills and the hour being 8:13, what is the will of the committee?

Some Honourable Members: Committee rise.

Mr. Chairperson: The committee rise.

COMMITTEE ROSE AT: 8:13 p.m.

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